# EXTENDED TO NOVEMBER 15, 2023 Short Form

Form **990-EZ** 

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		e 2022 calendar year, or tax year beginning	, 2022,	and ending		
В	Check i applicat	G Name of organization			D Employer i	dentification number
L	Addr	ress change				
L		e change SING UNTO GOD, INC.				973601
[]	Initia	Number and street (or P.O. box if mail is not delivered to street addressed in the street addressed in	ress)	Room/suite	E Telephone	
L	term	mateu ====================================				233-3822
Ļ	Ame	City or town, state or province, country, and ZIP or foreign postal co	ode		<b>F</b> Group Exe	mption
		ation pending ROCKVILLE, MD 20852			Number	1 1
		nting Method: X Cash Cash Other (specify)				X if the organization is
	Websi					d to attach Schedule B
			ert no.) 4947(a)(1)	or 527	(Form 990)	).
		of organization: X Corporation Trust Association	Other			
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20				154 455
		n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	r Fried Balances	/ th- !t	\$	154,455.
P	art I			•		
	٠.	Check if the organization used Schedule 0 to respond to any question in this				7,134.
	1					
	2	Program service revenue including government fees and contracts				107,929.
	3	Membership dues and assessments				7,492.
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory				
	b	Less: cost or other basis and sales expenses				
	°	Gain or (loss) from sale of assets other than inventory (subtract line 5b from li	ine 5a)		5c	
	6	Gaming and fundraising events:				
īue	a	3 31	6a			
Revenue	١,	. , ,	of contribution	0		
æ	"	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of si		5		
		gross income and contributions exceeds \$15,000)				
	١,		0.			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b			6d	
	7a				ou	
	'a	Less: cost of goods sold				
		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule 0)	SEE SCHED	ULE O	8	31,900.
	9	Total revenue Add lines 1 2 3 4 5c 6d 7c and 8		·×	9	154,455.
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule 0)	SEE SCHED	ULE O	10	1,700.
	11	Benefits paid to or for members	<del></del>			
s	12	Salaries, other compensation, and employee benefits				
ıse	13	Professional fees and other payments to independent contractors				500.
Expenses	14	Occupancy, rent, utilities, and maintenance				
ũ	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule 0)	SEE SCHED	ULE O	16	144,895.
	17	Total expenses. Add lines 10 through 16			17	147,095.
<u> </u>	18	Francis of (deficit) for the constant for the deficit of the defic			10	7,360.
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				·
Ass	1	(must agree with end-of-year figure reported on prior year's return)			19	0.
Net Assets	20					0.
	21					7,360.

Forr	m 990-EZ (2022) SING UNTO GOD, INC.		8	37-	397	3601	Page
_	art II Balance Sheets (see the instructions for Part II)			-			
	Check if the organization used Schedule O to resp	oond to any question	in this Part II				
			) Beginning of year	Τ	(	<b>B)</b> End of y	ear
22	Cash, savings, and investments		0.	. 22	<u> </u>	7	,360
23				23			<u> </u>
24				24			
25			0.			7	,360
26			0.				0
27			0.			7	,360
	art III Statement of Program Service Accomplishmen					Expense	
•	Check if the organization used Schedule O to resp	,	•	Х	(Requi	ired for sec	
Wh.	at is the organization's primary exempt purpose? SEE SCHEDULE O		III tilis i ait iii			(3) and 50	
					organi others	zations; op	tional for
	cribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant inform		s. In a clear and concise			•,	
	SING UNTO GOD WORKS TO ELEVATE THE	· •	OMMUNAL				
20	SINGING AND MEANINGFUL WORSHIP.	TRACTICE OF C	OMMONAL				
	SINGING AND MEANINGFUL WORDHIF.						
	(O + A ) ((II)			_		3.1	,518
	(Grants \$ ) If this amount includes foreign of PROVIDES FINANCIAL SUPPORT FOR CONF	grants, check here	עאזידי אכי		28a		, 510
29	THEIR PRIMARY FOCUS THE PROMOTION O						
	TRANSFORMATIVE POWER OF UNITING VOI		<u> </u>				
						110	071
	(Grants \$ ) If this amount includes foreign g	grants, check here			29a		,874
30							
•	(Grants \$ ) If this amount includes foreign g	grants, check here			30a		
31							
	(Grants \$ ) If this amount includes foreign g	grants, check here			31a	1/5	202
32	Total program service expenses (add lines 28a through 31a)art IV List of Officers, Directors, Trustees, and Key E	mployoon			32		,392
Pa		• •	· ·	ee the	nstruction	ons for Part I	v)
	Check if the organization used Schedule O to resp					T	
		(b) Average hours per week devoted to	compensation (Forms	cont	ealth bene ributions	to lamau	Estimated
	(a) Name and title	per week devoted to	W-2/1099-MÌSC/ 1099-NEC)	emplo plans,	oyee bene and defer		nt of other pensation
~=		position	(if not paid, enter -0-)	con	npensatio	1 00111	Portoution
	INA DRANGEL	0.00				_	0
	IAIR	2.00	0.			0.	0
	DAM BURNS					_	•
	CE-CHAIR	2.00	0.			0.	0
	EORA KAYE						_
	ECRETARY	2.00	0.			0.	0
	AN GOODIS		_			_	_
	REASURER	2.00	0.			0.	0 .
	/IAL ABRAHAM						
	TRECTOR	2.00	0.		(	0.	0
	AUL BERMAN						
	IRECTOR	2.00	0.			0.	0
	AM BLUSTIN						
	RECTOR	2.00	0.			0.	0
JC	SH BREITZER						

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DIRECTOR

DIRECTOR

DIRECTOR

MELISSA FREY DIRECTOR

MARK PELAVIN

CRAIG TAUBMAN

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Sch. O to respond to any question in t			T T
	Instructions for Fart v.) Check if the organization used Sch. O to respond to any question in t	115 Fai		X No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		165	NO
00	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	.   55		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reporte			
	on lines 2, 6a, and 7a, among others)?	. 35a		Х
	olf "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	. 35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			l
	requirements during the year? If "Yes," complete Schedule C, Part III	. 35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			_ v
07.	complete applicable parts of Schedule N  Lenter amount of political expenditures, direct or indirect, as described in the instructions  37a  37a	36		X
		7 • 37b		Х
<ul> <li>b Did the organization file Form 1120-POL for this year?</li> <li>38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made</li> </ul>				
in a prior year and still outstanding at the end of the tax year covered by this return?				
b	of If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	38a		X
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			l
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	. 40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0	<u>-</u>		
u	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
۵	by the organization	-		
٠	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed <b>NONE</b>			
	The organization's books are in care of SING UNTO GOD Telephone no. 301-2	233-3	822	
	Located at 11316 HOUNDS WAY, ROCKVILLE, MD ZIP+4	2085	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	. 42b		X
	If "Yes," enter the name of the foreign country	-		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40		v
C	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	. 42c		X
49	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	_		
43	and enter the amount of tax-exempt interest received or accrued during the tax year 43			0.
	and office the amount of tax exempt interest received of accrace during the tax year			•
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1.00	1
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	. 44b	L	Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	I If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	. 44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	. 45b		

Form **990-EZ** (2022)

Vest   No   No   Part VI   Section 501(c)(S) organizations on the state of the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?   17 vis.; complete Schedule; C, Part I   Associon 501(c)(S) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.	Form	ı 990-EZ (	(2022) SING UNTO GOD,	INC.				87-3973	601	ı	Page <b>4</b>
If Yes, 'complete Schedule C, Part I   Section S01(c)(3) Organizations Only All section S01(c)(3) organizations must answer questions 47-49b and \$2, and complete the tables for lines 50 and 51.  Check if the organization used Schedule Oto respond to any question in this Part VI  47								[		Yes	No
All section 501(c)(3) Organizations Only All section 501(c)(3) organizations was an envery questions 47.49b and 52, and complete the tables for lines 50 and 51.  Check if the organization range in lobbying activities or have a section 501(c) election in effect during the tax year?  If Yes, complete Sch. C, Part II  47 Did the organization argues in lobbying activities or have a section 501(c) election in effect during the tax year?  If Yes, complete Sch. C, Part II  48 X  49 a bit the organization activate as described in section 170(b) (1)A,(h))? If Yes, complete Schedule E  48 I X  49 a bit the organization activate as described in section 170(b) (1)A,(h))? If Yes, complete Schedule E  50 Complete this table for the organization? for highest compensation employees certain the organization in the organization. It there is none, enter Your.  (a) Name and title of each employee  (b) Average develors per week develors position  Final number of other employees paid over \$100,000  11 Total number of other employees paid over \$100,000  12 Domplete this table for the organizations? She highest compensation for highest compensation for the organization. In these is none, enter the organization organization or organization or organization. In these is none, enter the organization organization organization. In these is none, enter the organization organization organization organization. In these is none, enter the organization organization organization organization. In these is none, enter the organization organization organization organization. In these is none, enter the organization organization organization organization organization organization organization organization organization. In these is none, enter the organization organization organization organization organization organization. In these is none, enter the organization organiz	46						•		46		x
Check if the organization used Schedule O to respond to any question in this Part VI  147 old the organization engage in lobbying activities or have a section 50 ((n) election in effect during the tax year?  147 If Yes, Complete Schedule E  48	Pa										
Vest   No   If the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?     47				•	•	•					
47			Check if the organization used Schedule	O to respond to any	question in this	Part VI					No
If Yes, complete Sch. C, Part II  ### Sit the organization activated selection of make any transfers to an exempt non-charitable related organization?  ### Did the organization make any transfers to an exempt non-charitable related organization?  ### Did the organization make any transfers to an exempt non-charitable related organization?  ### Did the organization rake any transfers to an exempt non-charitable related organization?  ### Did part of complete instable for the organization is the highest compensated amployees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'Rone:  ### (4) Name and title of each employee  ### NONE  ### Did name and title of each employee is none and independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'Rone:  ### NONE  ### Total number of other employees paid over \$100,000  ### Total number of other independent contractors seach received independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'Rone:  ### NONE  ### Total number of other independent contractors seach receiving over \$100,000  ### Total number of other independent contractors seach receiving over \$100,000  ### Total number of other independent contractors seach receiving over \$100,000  ### Total number of other independent contractors seach receiving over \$100,000  ### Total number of other independent contractors seach receiving over \$100,000  ### Total number of other independent contractors seach receiving over \$100,000  ### Total number of other independent contractors seach receiving over \$100,000  ### Total number of other independent contractors seach received more than \$100,000 of compensation from the organization. If there is none, enter 'Rone:  ### Total number of other independent contractors seach received more than \$100,000 of compensation from the organiza	47	Did the o	organization engage in lobbying activities or have	e a section 501(h) elect	ion in effect durir	ng the tax ve	ear?	[		162	NO
48 Is the organization as chool as described in section 170(b)(1)(4)(ii)? If "Yes," complete Schedule E 49 Life organization of the programment of the organization as section 527 organization?  49 Did the organization as section 527 organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter Wone:  (a) Name and title of each employee  (b) Average hours  (a) Name and title of each employee privered devoted to position  For very extended organization.  (b) Average hours  (c) Reportangle extended organization in the organization. If there is none, enter Wone:  (a) Name and title of each employee privered devoted to position  For very extended organization.  (b) Average hours  (c) Reportangle extended organization in the organization. If there is none, enter Wone:  (a) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If the school is not to organization. If there is none, enter Yene:  NONE  (a) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization. If the school is not organization. If the school is not organization in the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If the school is not organization is the left of the received more than \$100,000 of compensation from the organization is the left of the organization is the left of the school is not organized to organize the organization is the left of the school is not organized to organized the left of the school is not organized to organize the left of the school is not organized to organize the left of the school is not organized to organize the left organized to organized the left of the left of the school is not				. ,		-			47		х
b If Yes," was the related organization a section \$27 organization?  6 Complete his table for the organization from the highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None.*  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable per week devoted to position  (d) Reportable per week devoted to position  (e) Average hours per week devoted to position  (f) Reportable per week devoted to position  (e) Average hours per week devoted to position  (f) Reportable per week devoted to position  (f) Reportable per week devoted to position  (g) Reportable per week devoted to position per week devoted to the position p		Is the or	ganization a school as described in section 170(	(b)(1)(A)(ii)? If "Yes," co	mplete Schedule	E			48		
Total number of other employees paid over \$100,000											Х
### Total number of other employees paid over \$100,000    Total number of other employees paid over \$100,000   All Name and business address of each independent contractors with each received more than \$100,000 of compensation from the organization. If there is none, enter Ybone."    A   Total number of other employees paid over \$100,000											
(a) Name and title of each employee private (b) Average hours per week devoted to position  (b) Average hours per week devoted to position  (c) Separate (c) programment (compensation from the compensation from the compensation from the compensation (compensation)  (d) Head to the compensation (compensation from the compensation from the compensation (compensation)  (e) Estimated (c) Compensation (compensation from the compensation from the compensation from the compensation (compensation from the companization. If there is none, enter "None." NONE  (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (compensation from the compensation complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Part Proparer (other than officer) is based on all information of which preparer has any knowledge.  CANTOR ROSALIE WILL, EXECUTIVE DIRECTOR Types print serve are on the DEBRA A. MOSES, CPA CPA Print year print serve are on the DEBRA A. MOSES, CPA CPA Firm's name OSTERMAN, POLILACK & MOSES, LLC Firm's address 4 34 0 EAST WEST HIGHWAY, SUITE 201 Finns address 4 340 EAST WEST HIGHWAY, SUITE 201 Finns address 4 340 EAST WEST HIGHWAY, SUITE 201 Finns address 4 340 EAST WEST HIGHWAY, SUITE 201 Finns address 4 340 EAST WEST HIGHWAY, SUITE 201 Finns address 4 340 EAST WEST HIGHWAY, SUITE 201 Finns address 4 340 EAST WEST HIGHWAY, SUITE 201 Finns address 4 340 EAST WEST HIGHWAY, SUITE 201 Finns address 4 340 EAST WEST HIGHWAY, SUITE 201	50	-			•	ers, director	s, trustees, and key el	npioyees) wno e	acn red	ceivea	more
NONE    Print   Propagation   Print		ιιαιιψιο		T thore is none, enter it		hours	(c) Reportable	(d) Health benefits	s, (e)	) Estim	ated
## Total number of other employees paid over \$100,000  1 Total number of other employees paid over \$100,000  2 Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' NONE  (a) Name and business address of each independent contractor (b) Type of service (c) Compensation  1 Total number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' NONE  (a) Name and business address of each independent contractor (b) Type of service (c) Compensation  Did the organization complete Schedule A? Note: All section \$01(c)(3) organizations must attach a complete Schedule A. If yes a compensation of the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Bern Cantro R OSALIE WILL, EXECUTIVE DIRECTOR  Types open name and this  Print/Type preparer's name  Preparer's signature  Cantro R OSALIE WILL, EXECUTIVE DIRECTOR  DEBRA A. MOSES, CPA CPA  Firm's and Sess A 34 O EAST WEST HIGHWAY, SUITE 201  Phone no. (301)652–8590  BETHESDA, MD 20814			, ,		per week dev	oted to	compensation (Forms	employee benefit	amo	unt of	other
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  22 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  CANTOR ROSALIE WILL, EXECUTIVE DIRECTOR  Type or print name and thile  DEBRA A. MOSES, CPA  Paid  Preparer's signature  DEBRA A. MOSES, CPA  PERA PROSALIE WILL, EXECUTIVE DIRECTOR  Type or print name and thile  DEBRA A. MOSES, CPA  PO0131518  Firm's address 4340 EAST WEST HIGHWAY, SUITE 201  Phone no. (301) 652–8590  BETHESDA, MD 20814			NON	E	positio	n	1099-NEC)		o cor	npens	ation
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' NONE  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  22 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here  CANTOR ROSALIE WILL, EXECUTIVE DIRECTOR  Type or print name and thile  DEBRA A. MOSES, CPA  Paid  Preparer's signature  DEBRA A. MOSES, CPA  PERA PROSALIE WILL, EXECUTIVE DIRECTOR  Type or print name and thile  DEBRA A. MOSES, CPA  PO0131518  Firm's address 4340 EAST WEST HIGHWAY, SUITE 201  Phone no. (301) 652–8590  BETHESDA, MD 20814											
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Total number of other independent contractors each receiving over \$100,000  (f) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of other independent contractors each receiving over \$100,000  (g) Total number of ot									+		
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(a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A land to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  CANTOR ROSALIE WILL, EXECUTIVE DIRECTOR Type or print name and title  Preparer Use Only  Print/Type preparer's name  Preparer's signature  DEBRA A. MOSES, CPA CPA  PO0131518  Prim's name OSTERMAN, POLLACK & MOSES, LLC  Firm's EIN 52-2137561  Phone no. (301)652-8590  BETHESDA, MD 20814			e this table for the organization's five highest co	mpensated independen			ived more than \$100,	000 of compens	ation fr	om the	Э
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Dubber of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign					1	(1-)	Towns of sounds	(-)	2		
Date  Paid Preparer Use Only  Paid Print/Type preparer's name  Preparer Use Only  Paid Prim's name  OSTERMAN, POLLACK & MOSES, LLC  Firm's address  4340 EAST WEST HIGHWAY, SUITE 201  BETHESDA, MD 20814  SX Yes No  XX Yes No  No With preparations must attach a statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Date  CANTOR ROSALIE WILL, EXECUTIVE DIRECTOR  Type or print name and title  DEBRA A. MOSES,  DEBRA A. MOSES, CPA CPA  Firm's name OSTERMAN, POLLACK & MOSES, LLC  Firm's EIN 52-2137561  Phone no. (301)652-8590  BETHESDA, MD 20814		(a)	Name and business address of each independer	it contractor		(D)	Type of service	(C)	Sompe	nsatioi	n
Date  Paid Preparer Use Only  Paid Print/Type preparer's name  DEBRA A. MOSES, CPA CPA Firm's name  OSTERMAN, POLLACK & MOSES, LLC Firm's address  4340 EAST WEST HIGHWAY, SUITE 201 BETHESDA, MD 20814  Sign Alto the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a  X Yes No  X Yes No  X Yes No  X Yes No  Date  A Nose Nowledge and belief, it is strue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Date											
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True, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer	Unde										
Sign Here  CANTOR ROSALIE WILL, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check if self- employed  PTIN  DEBRA A. MOSES, CPA CPA  Firm's name  OSTERMAN, POLLACK & MOSES, LLC  Firm's address  4340 EAST WEST HIGHWAY, SUITE 201  BETHESDA, MD 20814							•	•	igo uno	. 501101	, 10 10
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Paid Preparer Use Only  Print/Type or print name and tittle  Preparer's signature Date  Check if self- employed Self- employed PO 0131518 PO 0131518 Po 0131518 Prim's name OSTERMAN, POLLACK & MOSES, LLC Firm's address 4340 EAST WEST HIGHWAY, SUITE 201 BETHESDA, MD 20814	Sig	n						Date			
Print/Type preparer's name	не	re		, EXECUTIVE	E DIRECT	OR					
Paid Preparer Use Only         DEBRA A. MOSES, CPA CPA         DEBRA A. MOSES, CPA CPA         Firm's name Prim's EIN 52-2137561         Phone no. (301)652-8590           BETHESDA, MD 20814         BETHESDA, MD 20814         Phone no. (301)652-8590			· · · · · · · · · · · · · · · · · · ·	Preparer's signature		Date	Check	if I PTIN			
Preparer Use Only   DEBRA A. MOSES, CPA   CPA     P00131518	De:	al		-	OSES,			- I			
Use Only Firm's name OSTERMAN, POLLACK & MOSES, LLC Firm's ell 52-2137561 Phone no. (301)652-8590 BETHESDA, MD 20814					•			P00	131	518	
BETHESDA, MD 20814		-					Firm's EIN				
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	May	the IDC 4	-					Γ.	<u> </u>		No

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SING UNTO GOD, INC.

Employer identification number 87 - 3973601

Pai	tΙ	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instructions.	
he c	organi	ization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chi	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
2		A school described in secti				, ,,		
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4		A medical research organization						the hospital's name
•		city, and state:	a operated co	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				and morphian o manne,
5		<u> </u>	or the benefit of a co	ullege or university owner	d or opera	ted by a d	overnmental unit descri	hed in
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)							
6			•	nontal unit described in	postion 17	70/6\/4\/4\	(v)	
7		A federal, state, or local gov	_					l public described in
′		An organization that normal	•	initial part of its support i	rom a gov	emmemai	unit or from the genera	i public described in
		section 170(b)(1)(A)(vi). (Co		(4)(A)(ci) (Commisto Davi				
8	=	A community trust describe						h U
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	ge or
40	v	university:						
10	Λ	An organization that normal						
		activities related to its exem						
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	. ,				201 111	
11		An organization organized a	•	*	-			,
12		An organization organized a	· ·	· · · · ·	· ·		•	
		more publicly supported or	-					Check the box on
		lines 12a through 12d that	• •			•		
а		Type I. A supporting orga	•	•	•			
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting
		organization. You must c						
b		Type II. A supporting orga	•					-
		control or management of			ame perso	ons that co	ontrol or manage the su	pported
		organization(s). You mus						
С		Type III functionally inte					• •	ted with,
		its supported organization		•				
d		☐ Type III non-functionally	= ::					
		that is not functionally int	-	•	-		•	tiveness
		requirement (see instructi	•	•				
е		Check this box if the orga					a Type I, Type II, Type II	
		functionally integrated, or		nally integrated support	ing organi	zation.		
Ť		r the number of supported o	-					
9		ride the following information  Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(-,	(described on lines 1-10	Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I	or if the organizati	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	listed below, plea	ase complete Part	III.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	( ) 2010	#1.0040	( ) 0000	/ n 2004	( ) 0000	(0 T )
	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
0	and income from similar sources  Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					+	
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the	,	,			L .	
	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	%
	Public support percentage from 2021						%
	33 1/3% support test - 2022. If the						ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, ch	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported orga	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	7b, check this box	and see instruction	nsL

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, <u> </u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					46,527.	46,527.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					107,929.	107,929.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					154,456.	154,456.
	Amounts included on lines 1, 2, and					-	
	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						154,456.
Se	ction B. Total Support					•	<u> </u>
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(-,	(=,=====	(-,	(-,	154,456.	154,456.
	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					154,456.	154,456.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	ine 8, column (f), o	divided by line 13,	column (f))			100.00 %
	Public support percentage from 2021					16	100.00 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	.00 %
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
19	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	X
k	33 1/3% support tests - 2021. If the	•			•		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation If the organization	n did not check a	hay on line 14 10	a or 10h chack t	hie hov and eee in	etructione	

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	3		
	9a		
	0.		
	9b		
	9с		
	10a		
	461		
ماريا	10b	~ 000	

Pa	t IV Supporting Organizations (continued)			
	(oonanasa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	<b>;).</b>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructio	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Cu		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functions	ally integra	ted Type III supporting org	anization (see

Schedule A (Form 990) 2022

instructions).

OCH	ddie A (1 01111 990) 2022 2 2210 2211 2 2 2 2	,		77 03700 = 1 age 1
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s <b>3</b>	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,		
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SING UNTO GOD, INC. Employer identification number 87-3973601

BING ONIO GOD, INC.	07 3373001
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
SCHOLARSHIP REVENUE	20,500.
SPONSORSHIP REVENUE	11,400.
TOTAL TO FORM 990-EZ, LINE 8	
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS	S PAID:
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: HIAS	
GRANTEE ADDRESS: 1300 SPRING ST, SUITE 500 SILVER SPRING	
GRANTEE RELATIONSHIP: NONE	
DATE OF GIFT: 06/15/22	
AMOUNT GIVEN:	1,700.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
COMPUTER SUPPLIES AND EXPENSES	1,957.
CONFERENCE EXPENSES	110,878.
CONTRACT - TEACHER EXPENSE	29,246.
INSURANCE	750.
LICENSES AND PERMITS	600.
OFFICE SUPPLIES AND EXPENSES	54.
PROFESSIONAL DEVELOPMENT	611.
TELECOM	300.
WEBSITE	499.

Schedule O (Form 990) 2022 Page **2** 

Name of the organization SING UNTO GOD, INC.	Employer identification number 87-3973601
TOTAL TO FORM 990-EZ, LINE 16	144,895.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUG WAS E	
ELEVATE THE PRACTICE OF COMMUNAL SINGING AND MEANINGFUL W	ORSHIP.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	'IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	UNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	