Depart of the Treasury

Return of Organization Exempt From Income Tax

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

◆ Do not enter social security numbers on this form as it may be made public.

2019 Open to Public

OMB No 1545-0047

Internal	Revenue Service	◆ Go to www	ırs gov/Form990 fo	r instructions and the late	st information		Inspection
A Fo	or the 2019 c	alendar year, or tax year beginning	, ;	and ending			
	ck if applicable	C Name of organization				D Employer i	dentification number
\neg	iress change	Bannu, In	ıc				
≒	•	Doing business as				45-25	41934
_ Nar	me change	Number and street (or P O box if mail is not delive	red to street address)		Room/suite	E Telephone	
Initi	al return	100 Main St					
	al return/	City or town, state or province, country, and ZIP or	foreign postal code				
1	ninated	Berlin	NH 03570			G Gross receip	ots\$ 353,460
Am	ended return	F Name and address of principal officer					
App	olication pending	Charanjit Veeramal	la		H(a) Is this a	group return for sub	oordinates? Yes No
		444 Grafton St			H(b) Are all	subordinates includ	led? Yes No
		Berlin	NH 03	3570 T) /) in	No," attach a list (s	ee instructions)
Ta	x-exempt status			947(a)(1) or 527			
		ww.partnersinglobalh			H/c) Group	exemption number	_
			Other ◆	j 1,	Year of formation		State of legal domicile N
Par	rm of organization		Other 🗸		. rear or formation	2011	state of legal domicile
Tai		ummary		 			
	•	escribe the organization's mission or mos	•	•			: .
3		organization is exclusive	_	·			iric
d coveringing		ooses, including the making	-		_		
	_	ify as exempt under sect					
	2 Check th	is box ♦ ☐ if the organization discontin	ued its operations of	or disposed of more than	25% of its net	assets	
	3 Number	of voting members of the governing body	(Part VI, line 1a)			3	6
ı	4 Number	of independent voting members of the go	verning body (Part	VI, line 1b)		4	6
ŀ	5 Total nur	mber of individuals employed in calendar	year 2019 (Part V,	line 2a)		5	0
	6 Total nur	mber of volunteers (estimate if necessary))	RECEIVE	ח	6	0
	7a Total unr	elated business revenue from Part VIII, c	olumn (C), line 12		 ol	7a	C
	b Net unre	lated business taxable income from Form	990-T, line 39	14AV 9 4 30	20 Z	7b	C
				MAY 2 0 20			Current Year
	8 Contribut	tions and grants (Part VIII, line 1h)			学 6	03,729	353,460
1	9 Program	service revenue (Part VIII, line 2g)		OGDEN, L	7		0
	10 Investme	ent income (Part VIII, column (A), lines 3,	4, and 7d)	OODEN, C			0
	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11€	∋)			0
	12 Total rev	enue – add lines 8 through 11 (must equa	al Part VIII, column	(A), line 12)	6	03,729	353,460
		nd similar amounts paid (Part IX, column			5	15,099	401,101
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				0
		other compensation, employee benefits	•), lines 5–10)			O
1	-	onal fundraising fees (Part IX, column (A),	•	,,			0
		draising expenses (Part IX, column (D), li	· ·	0		, ,	
L		penses (Part IX, column (A), lines 11a-11		•		11,730	4,808
		penses Add lines 13–17 (must equal Part		o 25\	5	26,829	405,909
1	•			e 23)	<u>_</u>	76,900	-52,449
	is Kevenue	less expenses Subtract line 18 from line	14		Beginning of		End of Year
	20 Total ass	sets (Part X, line 16)				05,355	52,906
		ollities (Part X, line 26)				0	
ΞI		•	lino 20		1	05,355	52,906
		ts or fund balances Subtract line 21 from gnature Block	mic 20		<u> </u>	,	
		perjury, I declare that I have examined this reti	ura inalisatina access	annung ashadulas and state	ments and to the	hest of my kee	uladge and holief it is
		perjury, i declare that I have examined this reti omplete. Declaration of preparer (other than of					wieuge and belief, it is
	T N		A 4				/
	- -	Charteny-Reddy Versim				Date	12020
gn	[•	_	Dung	مد سمالت ک	Balc	
re		Charanjit Veeramall	<u>a</u>	rres	ident		
		ype or print name and title	1. 1.			r	- DTIN
	Print/Typ	e preparer's name	Preparer's signature	i Drucill	Date	Check	If PTIN
d	David	Driscoll	David Drisco		05/	07/20 self-empl	
pa	rer Firm's na					Firm's EIN 66	90-0112170
e O	nly	240 Dells Road		ox 440			
	rer Firm's na	dress " Littleton, NH	03561			Phone no	<u>603-444-6733</u>
ay th	ne IRS discus	ss this return with the preparer shown abo	ve? (see instruction	ns)			Yes No
		uction Act Notice, see the separate instruct					1 Form 990 (2019

orm 990 (2019) Ba :	nnu, Inc		45-2	541934	Page 2
4	ment of Program	•	lishments or note to any line in this P	eart III	X
i Briefly describe to The organic purposes,	he organization's missio ization is e including t	n xclusively he making (for charitable, of distributions	educational and to organizations Internal Revenue	scientific that
			es during the year which were not		
prior Form 990 o					Yes X No
services?	_	-	anges in how it conducts, any pro	gram	Yes X No
4 Describe the organization expenses Section	· -	rice accomplishments 4) organizations are r	s for each of its three largest prog equired to report the amount of gi rice reported		
4a (Code Providing)(Expenses \$ subsidies fe		ncluding grants of \$) (Revenue \$)
4b (Code Provide su)(Expenses \$ ibsidies for		ncluding grants of \$) (Revenue \$,
4c (Code Providing)(Expenses \$ subsidies for		ncluding grants of \$ Assistance) (Revenue \$)
4d Other program se (Expenses \$	ervices (Describe on Sch 401,101	including grants of		Revenue \$)
4e Total program se	rvice expenses ◆	405,9	09		Form 990 (2019)
DAA					FORTH 333 (2019)

P	배t fV Checklist of Required Schedules			1
۸.			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		_
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	"		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	·	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			l
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			٠
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				•
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		^
f	,	11f		x
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	'''		
12a	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1.20		-
Ü	"Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	- · · · · · · · · · · · · · · · · · · ·			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_X_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			•
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		

Forn	n 990 (2019) Bannu, Inc	45-25419	34	F	Page
P	art IV Checklist of Required Schedules (continued)			
۰,				Yes	No
22	Did the organization report more than \$5,000 of grants of Part IX, column (A), line 2? If "Yes," complete Schedule		on	i	x
23	Did the organization answer "Yes" to Part VII, Section A			+	├ ^
20	organization's current and former officers, directors, trus			1	
	employees? If "Yes," complete Schedule J	,,,,	23		x
24a	Did the organization have a tax-exempt bond issue with	an outstanding principal amount of more than		1	Π
	\$100,000 as of the last day of the year, that was issued	after December 31, 2002? If "Yes," answer lines	; 24b		
	through 24d and complete Schedule K If "No," go to line	e 25a	24a	1	X
b	Did the organization invest any proceeds of tax-exempt	bonds beyond a temporary period exception?		ч	<u> </u>
С	Did the organization maintain an escrow account other t	han a refunding escrow at any time during the ye		1	
	to defease any tax-exempt bonds?		24c	1	\vdash
d	3		24d	1	₩
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizat				x
b	transaction with a disqualified person during the year? If is the organization aware that it engaged in an excess b	•	25a	' 	┢
U	year, and that the transaction has not been reported on	•	•		
	If "Yes," complete Schedule L, Part I	any or the organization o prior to this coo or coo	25b	,	X
26	Did the organization report any amount on Part X, line 5	or 22, for receivables from or payables to any ci			
	or former officer, director, trustee, key employee, creato				
	controlled entity or family member of any of these perso	ns? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance	to any current or former officer, director, trustee,	, key		
	employee, creator or founder, substantial contributor or				
	member, or to a 35% controlled entity (including an emp	loyee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction v	• • • • • • • • • • • • • • • • • • • •	, Part		
а	IV instructions, for applicable filing thresholds, condition A current or former officer, director, trustee, key employe		2 16		
a	"Yes," complete Schedule L, Part IV	ee, creator or founder, or substantial contributor	28a		x
b	A family member of any individual described in line 28a'	P If "Yes." complete Schedule L. Part IV	28b	1	X
c	A 35% controlled entity of one or more individuals and/o	•			
	"Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-control	ash contributions? If "Yes," complete Schedule	M 29		X
30	'Did the organization receive contributions of art, historic	al treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule		30	1	X
31	Did the organization liquidate, terminate, or dissolve and		N, Part I	ļ	X
32	Did the organization sell, exchange, dispose of, or trans	fer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	and the second s	32	 	X
33	Did the organization own 100% of an entity disregarded sections 301 7701-2 and 301 7701-3? If "Yes," complete		tions 33		x
34	Was the organization related to any tax-exempt or taxab	•			—
J-T	or IV, and Part V, line 1	ic charge in res, complete conceded in, rain ii,	34		x
35a	Did the organization have a controlled entity within the n	neaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any pay				
	controlled entity within the meaning of section 512(b)(13		35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization r	make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Pa		36		X
37	Did the organization conduct more than 5% of its activiti				
	and that is treated as a partnership for federal income ta		· · · · · · · · · · · · · · · · · · ·	 	X
38	Did the organization complete Schedule O and provide of	•		x	
	19? Note: All Form 990 filers are required to complete Sart V Statements Regarding Other IRS F		38	1 4	<u> </u>
r	Check if Schedule O contains a response	-			
	•	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter		a 0		
b	Enter the number of Forms W-2G included in line 1a Er		ь О		
С	Did the organization comply with backup withholding rule		1c		
	reportable gaming (gambling) winnings to prize winners'	•	16	1	

reportable gaming (gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 22 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes." enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6h Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b þ Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 10b h Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

Form 990 (2019) Bannu, Inc

45-2541934 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 6 1b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 8a X The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ◆ NH 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records lacktriangle20 100 Main St Charanjit Veeramalla

NH 03570

Berlin

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Form 990 ((2019)	Bannu,	Inc

4	5	-2	5	1	1	۵	3	1	

Page 7

Part VII	Compensat	ion of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees	, and
	Independen	t Contractors							

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(1) Morgan Phillips O. 0 Director O. 0 (2) Narahari Rangisetti O. 0 (3) Rajitha Siddineni Director O. 0 (4) Sushmitha Jeeri Treasurer O. 0 (5) Kyle Knuppel Secretary O. 0 (6) Charanjit Veeramalla President O. 0 (8)	000 000 000 000 000	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations O
Director	00	х								
(2) Narahari Rangisetti 0.0 Director 0.0 (3) Rajitha Siddineni 0.0 Director 0.0 (4) Sushmitha Jeeri 0.0 Treasurer 0.0 (5) Kyle Knuppel 0.0 Secretary 0.0 (6) Charanjit Veeramalla 0.0 President 0.0	00	х								
(2) Narahari Rangisetti 0.0 Director 0.0 (3) Rajitha Siddineni 0.0 Director 0.0 (4) Sushmitha Jeeri 0.0 Treasurer 0.0 (5) Kyle Knuppel 0.0 Secretary 0.0 (6) Charanjit Veeramalla 0.0 President 0.0	00	х						0	0	
Director 0.0 (3) Rajitha Siddineni Director 0.0 (4) Sushmitha Jeeri Treasurer 0.0 (5) Kyle Knuppel Secretary 0.0 (6) Charanjit Veeramalla President 0.0 (7)	00							o	0	0
(3) Rajitha Siddineni 0.0 Director 0.0 (4) Sushmitha Jeeri Treasurer 0.0 (5) Kyle Knuppel Secretary 0.0 (6) Charanjit Veeramalla President 0.0 (7)	00				<u> </u> 			0	0	^
(3) Rajitha Siddineni 0.0 Director 0.0 (4) Sushmitha Jeeri Treasurer 0.0 (5) Kyle Knuppel Secretary 0.0 (6) Charanjit Veeramalla President 0.0	00	x								0
Director	00	x								
(4) Sushmitha Jeeri Treasurer (5) Kyle Knuppel Secretary (6) Charanjit Veeramalla President (7)	00	X		l	1					
Treasurer				1				0	0	0
Treasurer 0.0 (5) Kyle Knuppel Secretary 0.0 (6) Charanjit Veeramalla President 0.0 (7)							,			
(5) Kyle Knuppel Secretary (6) Charanjit Veeramalla O.0 President (7)		1			İ					
Secretary 0.0 (6) Charanjit Veeramalla 0.0 President 0.0 (7)	00			X				0	0	0
Secretary 0.0 (6) Charanjit Veeramalla 0.0 President 0.0 (7)										
(6) Charanjit Veeramalla 0.0 President 0.0 (7)	00				1	1 [
President 0.0 (7)	00			X				0	0	0
President 0.0 (7)										
(7)	00		l							
	00			X				0	0	0
(8)										
(5)				-			-			
(9)		-								
(10)										
(11)										

,	(A) Name and title	3	(B) Average hours per week (list any	bo	x, unle	Pos heck ss pe	more rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) imated a of oth ompens from the	er ation	
			hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganızatı	on and	\$
	-														
															
											-				
	Subtotal								•						
c d 2	Total from conti Total (add lines	1b and 1c)					e lıs	ted a	♦ •	e) who received more than	\$100,000 of				
3		ion list any fo	ormer officer, dir	ecto	r, tru					ee, or highest compensate				Yes	No_
4		I listed on line	e 1a, is the sum	of re	port	able	com	pens	atio	on and other compensation complete Schedule J for su		-	4		X
5 Sect		ered to the or	ganization? If "Y							y unrelated organization or for such person	ındıvıdual		5		X_
1	Complete this tak compensation fro	om the organi	ve highest comp zation Report c (A) business address	ensa omp	ted i	nder tion i	end for ti	ent o	ontr	ractors that received more dar year ending with or with Descrip	than \$100,000 of in the organization's tax ye (B) tion of services	ear	Co	(C)	ion
	······································														
							,								
2	Total number of i	ndependent an \$100,000	contractors (incli of compensation	iding fror	but n the	not l	imite aniz	ed to ation	tho:	se listed above) who	0			000	(2019)

		(2019) Banr	ıu,	Inc				45	<u> -2541934 </u>		Page 9
Pa	rt V			f Revenue	aine a	resnor	se or note	to any line in this	s Part VIII		
		Officer	- 5011	edule O com	anis c	1 (3)	ise of flote	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated camp Membership due Fundraising eve Related organiz Government grants (co All other contributions, and similar amounts in Noncash contributions Total. Add lines	es ents ations ontribution grifts, grifts, grifts, grifts, grifts, grifts, grifts, grifts, grifts at include	ons) ants, led above d in lines 1a-1f	1a 1b 1c 1d 1e 1f 1g	\$	353,460	353,460	501,		
Program Service Revenue	2a b c d e f		2a-2	f			Business Code				
Other Revenue	b c d 8a b c c 9a b c 10a	Investment inco other similar am Income from inv Royalties Gross rents Less rental expenses Rental inc or (loss) Net rental incom Gross amount from sales of assets other than inventory Less cost or other basis and sales exps Gain or (loss) Net gain or (loss) Net gain or (loss) Gross income from (not including \$ of contributions rep See Part IV, line 16 Less direct exp Net income or (I Gross income from See Part IV, line 16 Less direct exp Net income or (I Gross sales of in returns and alloo Less cost of go	7a 7b 7c 7c 7c 7s) 7c	(i) Real (i) Real (ii) Real (ioss) (ii) Securities (iii) Securities (iii) Securities (iv) Secu	8a 8b events 9a 9b	(II)	Personal Other				
Miscellaneous Revenue	11a b c	Net income or (I	<u>loss) f</u> e	rom sales of inve			Business Code				
	е	Total. Add lines	11a-	11d			•				

353,460

12 Total revenue. See instructions

Form 990 (2019) Bannu, Inc

Part 1X Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) (B) (C) Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 401,101 401,101 individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (nonemployees) a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 4,808 4,808 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) b C d e All other expenses 405,909 405,909 0 Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 105,355 1 9,906 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 43,000 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 Investments---program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 105,355 52,906 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ◆ |X| Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 105,355 52,906 27 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ◆ and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 52,906 105,355 32 Total net assets or fund balances 52,906 105,355 Total liabilities and net assets/fund balances

Form 990 (2019)

orm	1 990 (2019) Bannu, Inc	45-2541934			Pa	ge 12
	et XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line	in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1_1_	3	53,	460
2	Total expenses (must equal Part IX, column (A), line 25)		2		05,	
3	Revenue less expenses Subtract line 2 from line 1		3		52,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32,	column (A))	4	1	.05,	<u>355</u>
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must	equal Part X, line				
	32, column (B))		10		<u>52,</u>	906
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line	ın this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accr	ual Other				
	If the organization changed its method of accounting from a prior year or chec	ked "Other," explain in				•
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an inde	pendent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the	e year were compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated ar	d separate basis				
b	Were the organization's financial statements audited by an independent according	untant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the	e year were audited on a				
	separate basis, consolidated basis, or both				1	
	Separate basis Consolidated basis Both consolidated ar	d separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume	s responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an	independent accountant?		2c		
	If the organization changed either its oversight process or selection process d	uring the tax year, explain on				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an au	dit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?			3a	↓	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organ	nization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps to	ken to undergo such audits		3b	<u> </u>	<u></u>

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

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 4947(a)(1) nonexempt chantable trust

♦ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

Bannu, Inc

Employer identification number 45-2541934

Pa	ırt l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part) See instructio	ns				
he	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12, o	check only	y one box)	. 1				
1	Ň	A church, cor	nvention of churches, or ass	ociation of churches described	ın sectioi	170(b)(1	1)(A)(i).	DV				
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))		U 1				
3	П			ce organization described in sec			iii).					
4	П	•	•	d in conjunction with a hospital of				ospital's name.				
	ш	city, and state	-	,				•				
5		-		of a college or university owned	or operat	ed by a q	overnmental unit described in					
•	لسا	_	b)(1)(A)(iv). (Complete Part	•		, 3						
6	\Box			overnmental unit described in s	ection 17	'0(b)(1)(A	ı)(v).					
7	X	An organizati		substantial part of its support fro								
8	\Box			170(b)(1)(A)(vi). (Complete Part	: 11)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university										
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11			=	exclusively to test for public safe								
12	П	_		exclusively for the benefit of, to				ses				
	_	of one or mor	re publicly supported organiz	ations described in section 509	9(a)(1) or	section (509(a)(2). See section 509(a)(3).				
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g											
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the											
	supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having											
	b			pervised or controlled in conflec- ting organization vested in the s								
				Part IV, Sections A and C.	same per	ons mac	control of manage the support	Cu				
	С	Type III f	unctionally integrated. A s	upporting organization operated tructions) You must complete				rith,				
	d			I. A supporting organization ope				on(s)				
				organization generally must sa								
		requirem	ent (see instructions) You n	nust complete Part IV, Section	ns A and	D, and P	art V.					
	е			eived a written determination fron- n-functionally integrated support			s a Type I, Type II, Type III					
	f		nber of supported organizati									
	9	Provide the fo	ollowing information about th	e supported organization(s)	ı	-	Г					
()		e of supported	(ii) EiN	(iii) Type of organization		organization or governing	(v) Amount of monetary	(vi) Amount of other support (see				
	org	ganization		(described on lines 1–10 above (see instructions))	1	ment?	support (see instructions)	instructions)				
					Yes	No	·					
(A)	·											
(B)												
(C)												
(D)												
(E)												
ota												

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support				. <u></u>		
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	489,732	429,835	680,282	603,729	353,460	2,557,038
2	Tax revenues levied for the organization'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	489,732	429,835	680,282	603,729	353,460	2,557,038
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)						
6	Public support. Subtract line 5 from line 4						2,557,038
Sec	tion B. Total Support			·			
Caler	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	489,732	429,835	680,282	603,729	353,460	2,557,038
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						2,557,038
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her						•
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2019 (line 6			n (f))		14	100.00%
15	Public support percentage from 2018 Scho					15	100.00%_
16a	33 1/3% support test—2019. If the organ				3 1/3% or more, c	heck this	▶ €9
	box and stop here. The organization quali	,					▶ [X]
b	33 1/3% support test—2018. If the organ				5 is 33 1/3% or mo	ore, check	▶ □
	this box and stop here. The organization	•	•		401	4.4	
17a	10%-facts-and-circumstances test—201	_					
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	icts-and-circumstar	nces" test The org	janization qualifies	as a publicly supp	опеа	▶ □
	organization	A 1611.	4.4	h	- 40h 47	1 1	
b	10%-facts-and-circumstances test—201	-				line	
	15 is 10% or more, and if the organization				=	blick	
	Explain in Part VI how the organization me	ets the facts-and-	circumstances" te	st i ne organizatio	n quaimes as a pu	unciy	▶ □
40	supported organization	d not obsolv a bassa	un lino 12 16- 16	170 or 17h obs	ck this have and an	a	- _
18	Private foundation. If the organization did	a not check a box o	mine is, ioa, ibi	, ווא, טוווס, cne	CK this box and se	5	▶ □
	instructions			.,			

-ho	dule A (Form 990 or 990-EZ) 2019 Ban	nu, Inc			4.5	5-2541934	Page
	art III Support Schedule for O		Described in S	ection 509(a)(2041334	
	(Complete only if you chec					I to qualify under	Part II
•	If the organization fails to						<i>J</i> a.e
ec	tion A. Public Support	·			'		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants contributions, and membership fees						
	received (Do not include any "unusual grants")					+ / +	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
ŀ	Tax revenues levied for the organization'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	!					
3	Total. Add lines 1 through 5						
'a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
}	Public support. (Subtract line 7c from line 6)		· /				
ec	tion B. Total Support						
aler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
)	Amounts from line 6						
)a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	l					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
?	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
3	Total support. (Add lines 9, 10c, 11,					Ι Τ	
ļ	and 12) First five years. If the Form 990 is for the		st, second, third, for	urth, or fifth tax ye	l ar as a section 50	1(c)(3)	
	organization, check this box/and stop here tion C. Computation/of Public Su		tage				<u> </u>
	Public support percentage for 2019 (line 8,	~ ~		on (f)		15	%
; ;	Public support percentage for 2019 (line 8, Public support percentage from 2018 Sche		="	ın (r))		16	%
ec	tion D. Computation of Investme						
,	Investment income percentage for 2019 (li			s, column (f))		17	%
12	Investment income percentage from 2018 33 1/3% support tests—2019. If the organ			14 and line 15 in	more than 33 1/3	18 % and line	%
а	17 is not more than 33 1/3%, check this bo						▶ [
b	33 1/3% support tests—2018. If the organ						
	line 18 is not more than 33 1/3%, check thi	is box and stop h	ere. The organizati	on qualifies as a p	oublicly supported	organization	▶ ∟

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Schedule A (Form 990 or 990-EZ) 2019

Supporting Organizations

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

Section A. All Supporting Organizations

- 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
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in 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 10b below
 - 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		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
			-
	5b 5c		
i			
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10 <u>a</u>		
(Fc	10b rm 99	0 or 990-	EZ) 2019
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Schedu	ule A (Form 990 or 990-EZ) 2019 Bannu, Inc	45-2541934		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11	а	
b	A family member of a person described in (a) above?	11	b	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in P	art VI. 11	С	
Sect	ion B. Type I Supporting Organizations			
		_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised,	or		
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppo	rted		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	<u>1</u>	<u> </u>	
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 F	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization		2	_l
Sect	ion 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 direct			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how contr			
	or management of the supporting organization was vested in the same persons that controlled or manage			
<u> </u>	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations			T
		Г	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies	II		
_	organization's governing documents in effect on the date of notification, to the extent not previously provi		<u> </u>	+
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part		.	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	+
3	By reason of the relationship described in (2), 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	,		
<u>C4</u>	supported organizations played in this regard		<u> </u>	
	ion 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 year	ear (see instructions)		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below		-1	
С	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity	ient entity (see instructions	5)	
•	Netwytice Test Anguer (a) and (b) helew		Yes	No
	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes	s of	163	110
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purpos			
			-	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2.	a	
	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or n		-	+
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or need the organization's supported organization(s) would have been engaged in? If "Ves." explain in Part VII			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI is	,no		
	reasons for the organization's position that its supported organization(s) would have engaged in these	2	<u>.</u>	
_	activities but for the organization's involvement	-2	_	+ -
3	Parent of Supported Organizations Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	,	,	
	trustees of each of the supported organizations? Provide details in Part VI.	3.	a	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

em	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Ty	ype III	supporting organization	(see
	instructions)			

3 4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2019

<u> 13-234.</u>	L 7 3 4		Page
tinued)			
_		 	

	Type in North andreading integrated occupyon	Capporting C.gamea	10110 001711114047	
· Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose			
	organizations, in excess of income from activity	• •		
3	Administrative expenses paid to accomplish exempt purposes of supp			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6	•		
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required-explain in Part VI) See			
	instructions			<u> </u>
3	Excess distributions carryover, if any, to 2019	-		
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018	+		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u> </u>	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
-	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2015	-		
	Excess from 2016	+		
	Excess from 2017			
	Excess from 2018 Excess from 2019	-		
•	EXCESS FOR ZUIM			

Schedule A (Form 990 or 990-EZ) 2019

Bannu, Inc

45-2541934

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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, 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 F (Form 990)

Statement of Activities Outside the United States

◆ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ◆ Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 14b

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

Open to Public Inspection

Employer identification number

	Bannu, Inc	45-2541934	
Part I	General Information on Activities Outside the United States. Complete if the organization	ganization answered "Yes"	on

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to Yes X No award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
India					
(1)	1		Health clinic	Health services	326,281
India (2)	1		Educational facility	Educational services	32,697
India					
(3)	1		Poverty Assistance	Poverty assistance	42,123
(4)					
(5)					
(6)					_
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					· · · · · · · · · · · · · · · · · · ·
(17)					
3a Subtotal	3				401,101
b Total from continuation sheets to Part I			: '		
c Totals (add lines 3a and 3b)	3		1	,	401,101

(a) Name of	15, ror any recip	lient who received	Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed	an be duplicated if	additional spac	se is needed	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	
	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(I) Method of valuation (book, FMV, appraisal, other)
5			Health clinic	326,281				
(2)			Educational faciliti	32,697				
(3)			Poverty asst	42,123				
(5)	,							
(9)								
. (2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
Enter total number of rec by the IRS, or for which t	cipient organizations the grantee or couns	listed above that a	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	gn country, recognized	as tax-exempt		•	

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Schedule F (Form 990) 2019 Bannu, Inc

45-2541934

למן ואלם כן הושוה כן מספוסומונים	(b) Region	be of grant or assistance (b) Region (c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	cash disbursement	noncash assistance	of noncash assistance	(book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(48)							

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Bannu, Inc

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Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions

Part I, Line 3 - Activities per Region

Region	Ежр	enditures	Investment	.s
India	\$	326,281	\$	0
India	\$	32,697	\$	0
India	\$	42,123	\$	0

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Bannu, Inc

Employer identification number 45-2541934

Form 990, Part III, Line 4d - All Other Accomplishments

Provide subsidy for health care, education and poverty relief

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Reviewed by board of directors

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request