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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

**2011**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service**A** For the 2011 calendar year, or tax year beginning , 2011, and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C**  
Global Banjara Baptist Ministries  
International, Inc.  
1878 Stitt Street  
Wabash, IN 46992-2118

**D** Employer identification number

26-2493387

**E** Telephone number

260-568-3472

**F** Group Exemption Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► N/A**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (ck only one) — ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 119,723.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

|           |                                                                                                                                                                                                            |           |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received                                                                                                                                                 | <b>1</b>  | 119,676. |
| <b>2</b>  | Program service revenue including government fees and contracts                                                                                                                                            | <b>2</b>  |          |
| <b>3</b>  | Membership dues and assessments                                                                                                                                                                            | <b>3</b>  |          |
| <b>4</b>  | Investment income                                                                                                                                                                                          | <b>4</b>  | 47.      |
| <b>5a</b> | Gross amount from sale of assets other than inventory                                                                                                                                                      | <b>5a</b> |          |
| <b>5b</b> | Less: cost or other basis and sales expenses                                                                                                                                                               | <b>5b</b> |          |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                                                                                    | <b>5c</b> |          |
| <b>6</b>  | Gaming and fundraising events                                                                                                                                                                              | <b>6</b>  |          |
| <b>6a</b> | Gross income from gaming (attach Schedule G if greater than \$15,000)                                                                                                                                      | <b>6a</b> |          |
| <b>6b</b> | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | <b>6b</b> |          |
| <b>6c</b> | Less: direct expenses from gaming and fundraising events                                                                                                                                                   | <b>6c</b> |          |
| <b>6d</b> | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                         | <b>6d</b> |          |
| <b>7a</b> | Gross sales of inventory, less returns and allowances                                                                                                                                                      | <b>7a</b> |          |
| <b>7b</b> | Less: cost of goods sold                                                                                                                                                                                   | <b>7b</b> |          |
| <b>7c</b> | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                                                                             | <b>7c</b> |          |
| <b>8</b>  | Other revenue (describe in Schedule O)                                                                                                                                                                     | <b>8</b>  |          |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.                                                                                                                                             | <b>9</b>  | 119,723. |
| <b>10</b> | Grants and similar amounts paid (list in Schedule O) See Schedule O                                                                                                                                        | <b>10</b> | 161,316. |
| <b>11</b> | Benefits paid to or for members                                                                                                                                                                            | <b>11</b> |          |
| <b>12</b> | Salaries, other compensation, and employee benefits                                                                                                                                                        | <b>12</b> |          |
| <b>13</b> | Professional fees and other payments to independent contractors                                                                                                                                            | <b>13</b> | 2,680.   |
| <b>14</b> | Occupancy, rent, utilities, and maintenance                                                                                                                                                                | <b>14</b> |          |
| <b>15</b> | Printing, publications, postage, and shipping                                                                                                                                                              | <b>15</b> | 93.      |
| <b>16</b> | Other expenses (describe in Schedule O) See Schedule O                                                                                                                                                     | <b>16</b> | 214.     |
| <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16.                                                                                                                                                            | <b>17</b> | 164,303. |
| <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                                                                            | <b>18</b> | -44,580. |
| <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)                                                           | <b>19</b> | 53,180.  |
| <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                       | <b>20</b> |          |
| <b>21</b> | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                                                                                    | <b>21</b> | 8,600.   |

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

98 JB

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

|                                                                                | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments                                              | 53,180.               | 22 8,600.       |
| 23 Land and buildings                                                          |                       | 23              |
| 24 Other assets (describe in Schedule O)                                       |                       | 24              |
| 25 Total assets                                                                | 53,180.               | 25 8,600.       |
| 26 Total liabilities (describe in Schedule O)                                  | 0.                    | 26 0.           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 53,180.               | 27 8,600.       |

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

|                                                                                                                                                                                                                                                                                                               |     |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------|
| 28 During 2009, GBBMI raised and provided funds to Global Banjara Baptist Ministries (GBBM) for the completion of the Aletheia Banjara School in Gurrapu Thanda, India. Please see Schedule O.<br>(Grants \$ 119,676.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> | 28a | 119,676. |
| 29 _____<br>_____<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                            | 29a |          |
| 30 _____<br>_____<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                                                            | 30a |          |
| 31 Other program services (describe in Schedule O)<br>(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>                                                                                                                                                           | 31a |          |
| 32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>                                                                                                                                                                                                             | 32  | 119,676. |

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

| (a) Name and address                                               | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Douglas Matthews<br>1878 Stitt Street<br>Wabash, IN 46992          | President<br>10                                          | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Marcia Whitehorn<br>1878 Stitt Street<br>Wabash, IN 46992          | Director<br>15                                           | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Robert Crandall<br>1878 Stitt Street<br>Wabash, IN 46992           | Treasurer<br>5                                           | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Srinivasa Naik Khethavath<br>1878 Stitt Street<br>Wabash, IN 46992 | Vice President<br>10                                     | 0.                                                                        | 0.                                                                                      | 0.                                         |
| Mary Stoy<br>1878 Stitt Street<br>Wabash, IN 46992                 | Director<br>15                                           | 0.                                                                        | 0.                                                                                      | 0.                                         |
| _____<br>_____<br>_____                                            |                                                          |                                                                           |                                                                                         |                                            |
| _____<br>_____<br>_____                                            |                                                          |                                                                           |                                                                                         |                                            |
| _____<br>_____<br>_____                                            |                                                          |                                                                           |                                                                                         |                                            |
| _____<br>_____<br>_____                                            |                                                          |                                                                           |                                                                                         |                                            |
| _____<br>_____<br>_____                                            |                                                          |                                                                           |                                                                                         |                                            |
| _____<br>_____<br>_____                                            |                                                          |                                                                           |                                                                                         |                                            |
| _____<br>_____<br>_____                                            |                                                          |                                                                           |                                                                                         |                                            |
| _____<br>_____<br>_____                                            |                                                          |                                                                           |                                                                                         |                                            |

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

|                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O                                                                                                                                                                |     | X  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)                                                             |     | X  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                  |     | X  |
| <b>35b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O                                                                                                                                                                                            |     |    |
| <b>35c</b> 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 requirements during the year? If 'Yes,' complete Schedule C, Part III                                                                                                      |     |    |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N                                                                                                                                      |     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.                                                                                                                                                                                                            |     |    |
| <b>37b</b> Did the organization file Form 1120-POL for this year?                                                                                                                                                                                                                                                                |     | X  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?                                                                                          |     | X  |
| <b>38b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A                                                                                                                                                                                                                             |     |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                                                                                                |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A                                                                                                                                                                                                                                             |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A                                                                                                                                                                                                                                    |     |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> 0.; section 4912 <b>40a</b> 0.; section 4955 <b>40a</b> 0.                                                                                                                             |     |    |
| <b>40b</b> Section 501(c)(3) and 501(c)(4) 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 of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I |     | X  |
| <b>40c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>40c</b> 0.                                                                                                                         |     |    |
| <b>40d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>40d</b> 0.                                                                                                                                                                                           |     |    |
| <b>40e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T                                                                                                                                                              |     | X  |
| <b>41</b> List the states with which a copy of this return is filed <b>41</b> IN                                                                                                                                                                                                                                                 |     |    |

**42a** The organization's books are in care of **42a** Robert Crandall Telephone no. **42a** 260-568-3472  
Located at **42a** 1878 Stitt Street Wabash IN ZIP + 4 **42a** 46992-2118

**42b** 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 account)? **42b** Yes No X  
If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**42c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c** Yes No X  
If 'Yes,' enter the name of the foreign country: \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43** ☐ N/A ☐ N/A

|                                                                                                                                                                                                                                                               | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ                                                                                                                 |     | X  |
| <b>44b</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                                                                                                          |     | X  |
| <b>44c</b> Did the organization receive any payments for indoor tanning services during the year?                                                                                                                                                             |     | X  |
| <b>44d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O                                                                                                                |     |    |
| <b>45a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?                                                                                                                                        |     | X  |
| <b>45b</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) |     | X  |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 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

|    | Yes | No |
|----|-----|----|
| 47 |     | X  |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

|    | Yes | No |
|----|-----|----|
| 48 |     | X  |

49a Did the organization make any transfers to an exempt non-charitable related organization?

|     | Yes | No |
|-----|-----|----|
| 49a |     | X  |

b If 'Yes,' was the related organization a section 527 organization?

|     | Yes | No |
|-----|-----|----|
| 49b |     | X  |

50 Complete this table for the organization's 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 'None.'

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| None                                                           |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |
|                                                                |                                                          |                                                   |                                                                                         |                                            |

e Total number of other employees paid over \$100,000

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 address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| None                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

e 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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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 ☐ Signature of officer Robert J. Crandall, Treasurer Date 6/6/2012  
☐ Type or print name and title Robert J. Crandall, Treasurer

Paid Preparer Use Only Print/Type preparer's name P. Oppor Preparer's signature [Signature] Date 6/3/12 Check ☐ if self-employed PTIN 1200234243  
 Firm's name Targeted Services PC Firm's EIN 01-0727068  
 Firm's address 5927 Hosler Rd Phone no (260) 627-2544  
Leo, IN 46765

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**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 charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **Global Banjara Baptist Ministries  
International, Inc.**

Employer identification number  
**26-2493387**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 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 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III — Functionally integrated      d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

|            | Yes | No |
|------------|-----|----|
| 11 g (i)   |     |    |
| 11 g (ii)  |     |    |
| 11 g (iii) |     |    |

**h** Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                         |
| (A)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                         |
| (B)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                         |
| (C)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                         |
| (D)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                         |
| (E)                                |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                         |
| Total                              |          |                                                                                             |                                                                           |    |                                                                    |    |                                                               |    |                         |

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                          | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)                                                                                                   |          | 41,120.  | 109,958. | 176,286. | 119,676. | 447,040.  |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                      |          |          |          |          |          | 0.        |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                              |          |          |          |          |          | 0.        |
| 4 <b>Total.</b> Add lines 1 through 3                                                                                                                                                                  | 0.       | 41,120.  | 109,958. | 176,286. | 119,676. | 447,040.  |
| 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). |          |          |          |          |          | 119,134.  |
| 6 <b>Public support.</b> Subtract line 5 from line 4                                                                                                                                                   |          |          |          |          |          | 327,906.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                                        | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4                                                                                                                                                                                                                | 0.       | 41,120.  | 109,958. | 176,286. | 119,676. | 447,040.  |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                                     |          | 57.      | 37.      | 42.      | 47.      | 183.      |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                                                                                 |          |          |          |          |          | 0.        |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                                   |          |          |          |          |          | 0.        |
| 11 <b>Total support.</b> Add lines 7 through 10                                                                                                                                                                                      |          |          |          |          |          | 447,223.  |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                                                                    |          |          |          |          | 12       | 0.        |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input checked="" type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                                | 14 | % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                                      | 15 | % |
| 16a <b>33-1/3% support test – 2011.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>                                                                                                                                                                       |    |   |
| b <b>33-1/3% support test – 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>                                                                                                                                                                        |    |   |
| 17a <b>10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>    |    |   |
| b <b>10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                 |    |   |

BAA

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 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.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶                                                                                                                                       | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)                                                                        |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                          |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶                                                                                                                                                                               | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6                                                                                                                                                                                              |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                                                 |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                                                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                                                                    |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                                                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.)                                                                                                                                                                    |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                   |           |   |
|---------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)). | <b>15</b> | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                 |           |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                                                           | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17                                                                                                                                                                                                                                  | <b>18</b> | % |
| <b>19a 33-1/3% support tests – 2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>         |           |   |
| <b>b 33-1/3% support tests – 2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>                                                                                                                                                   |           |   |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **Global Banjara Baptist Ministries  
International, Inc.**

Employer identification number  
**26-2493387**

**Part III, line 28 (continued)**

**SCHOOL PROJECT:**

The school educates 283 Banjara children from 23 villages in the region. The children range from lower kindergarten through fifth grade, are taught in English by ten teachers and supported by a principal and one administrator. Eight non-teaching staff assist the school in the kitchen, on campus, and in the class room.

Parents of a student, Dhansingh are so grateful to the school management and the donors who have provided their child with a set of hand stretchers. Dhansingh is able to walk now with the help of those hand stretchers. Fellowship Bible Church brought the hand stretchers for this boy all the way from Texas.

Parents are so happy to see their children improving their ability to read and write in English and for the information that they are learning at the school. They are always thankful to the school for providing a "power-drink" (a nutritious drink), eggs and Dal (lentils, full of protein) twice a week, and healthy vegetables with lunch.

Jessica Meehan, a specialist in English-as-a-Second-Language and member of Fellowship Bible Church in Waco, Texas, came to the school in November, 2011 to conduct a special 3-day workshop for teachers. The workshop provided our teachers with new ideas for helping the children develop their English speaking ability. Ms. Meehan encourages our teachers with her natural, God-given charm. It was so pleasing and encouraging when she said: "The students of Aletheia know many more things than what I had expected".

A new activity at Aletheia Banjara School began in 2011 with parents visiting the school to check on their wards' performance. These visits have helped to develop a great rapport between teachers and parents.

Two doctors from the United States visited the school during 2011 to perform

Name of the organization **Global Banjara Baptist Ministries  
International, Inc.**

Employer identification number  
**26-2493387**

health care updates on the children.

**GBBMI PROVIDED FUNDS FOR CAPITAL IMPROVEMENTS:**

A new floor was added to the school. The new floor includes five new classrooms and visitor accommodations with an attached bathroom. The addition provides sufficient classrooms for this year and next year.

A new transformer was installed to supply electricity directly to the school. In the villages, electricity is available only a few hours during the day and often is turned off at night. The transformer enables the school to have electricity for a greater number of hours during the day and throughout the night.

A second well was drilled at the school.

New desks and other furniture were acquired with the help of one of our donor families, Steve and Melinda Griffith.

Individuals and families in the United States continue to sponsor Banjara students with scholarships that support individual students for the entire school year.

In spite of all our efforts, many students were forced to drop out during the year because of the drought in the region. Parents must relocate to other towns and cities to find work since they are unable to grow crops in their villages. Parents very much want their children to go to Aletheia Banjara School, but relocation forces them to take their children out of school. These parents are asking for a boarding school. A few of the children actually cry when they must leave the school.

**MICRO-BUSINESSES**

GBBMI continues to sponsor six micro-businesses in the region. These businesses include two buffalo milking projects, one goat herd, two grocery stores, and one grain grinding operation.

Name of the organization Global Banjara Baptist Ministries  
International, Inc.

Employer identification number  
26-2493387

### MEDICAL EDUCATION

GBBM continues to conduct awareness camps on HIV/AIDS and to provide medical help to those who are HIV positive.

### AGRICULTURAL SUPPORT

GBBM continues to assist farmers by providing skills training.

### VISITS FROM GBBMI MISSIONARY TEAMS AND OTHERS

Fellowship Bible Church (FBC), Waco, Texas:

A health screening/medical camp was conducted at Aletheia Banjara School by two doctors and a nurse from FBC in November, 2011. Every student underwent a thorough health check-up. The physicians checked eyesight, hearing, height and weight. The children received drugs for worms and a three to four month supply of vitamins.

The students' parents, grandparents, aunts and uncles were invited to the medical camp. The doctors worked nonstop from 8:30 a.m. to 6:30 p.m. in order to treat everyone who came to the health screening. It was a great blessing to the community. We extend a special thank you to Dr. Mike Hardins and his team.

Collierville Bible Church, Collierville, Tennessee:

An eight-member team including GBBMI's President, Douglas Matthews, visited the school in November, 2011 and conducted a workshop for Aletheia teachers on "Character Building" lessons. Character building lessons are unique at Aletheia to shape every child's personality and to develop his / her character. Every Saturday, the children receive these Bible-based lessons. To understand what we are doing, one has to go through the lessons that we teach. Aletheia is so grateful to Ms. Rochelle Fleming and her team members for their hard work.

Mobberly Baptist Church, Longview, Texas:

The Mission's pastor and a retired missionary from Mobberly Baptist Church visited India in September, 2011. Mobberly is one of our strong church partners for reaching the Banjara community. The missionaries visited several Banjara villages and to

Name of the organization **Global Banjara Baptist Ministries  
International, Inc.**

Employer identification number  
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provide guidance and encouragement.

Humanitarian Needs Survey:

A professor from Baylor University who attends Fellowship Bible Church visited India and conducted a multi-dimensional survey on Banjara People in the region of the school. He investigated the Banjara lifestyle, impact of education, economic conditions, political climate and different ways to remove poverty and to aid development. We are hoping that the survey will identify which projects are the most critical for meeting the community's needs.

#### MINISTERIAL ACTIVITIES

Training for Banjara Ministers:

One of the pastors of Fellowship Bible Church conducted a seminar for Banjara ministers and leaders over the course of three days. The participants appreciated the training very much. The participants said that the teaching was fabulous and very practical. The same group received a one-day training on health and basic hygiene by the doctors team who conducted the medical camp for students and parents. The participants work directly with the Banjara community, so what they were taught here was very helpful.

A monthly training for pastors and leaders is being conducted with the support of Collierville Bible Church. This training is vital to GBBM ministers because most of them lack formal training.

A seminar for Banjara lay leaders was conducted this year by Lyle and Leona Irvin. Over 75 Banjara lay leaders (men & women) benefitted from the teachings of this veteran navigators couple from Omaha, Nebraska.

GBBM India has total 25 full-time and bi-vocational ministers working in 167 villages of Andhra Pradesh and Karnataka states who conduct worship services in 93 locations. These ministers baptized 102 people and started 13 new churches during 2011. GBBM India continues to develop social and spiritual leaders, share the Gospel

Name of the organization **Global Banjara Baptist Ministries International, Inc.**

Employer identification number  
**26-2493387**

to reach the Banjara for Christ, start new churches, baptize new believers and provide discipleship.

Reverend Srinivas Naik Khethavath, Vice-President of GBBMI International and K Sujatha Naik, Vice-President of GBBM India, visited the United States in October, 2011. They visited partner churches to explain what God is doing through GBBMI among the Banjara in India. As part of their visit, Reverend Naik and Sujatha visited Collierville Bible Church in Memphis, Tennessee; Fellowship Bible Church and Lorena Elementary School in Waco, Texas; Lexington Baptist Church in Corpus Christi, Texas; Mobberly Baptist Church in Longview, Texas; e3 Partners in San Diego, California; and Paseo del Rey Church in Chula Vista, California.

Audio Bibles for Banjara Churches:

Faith Comes By Hearing (FCBH) has provided 50 "Audio Bible Proclaimers" to use at churches. This gift enables our small churches to have weekly Bible studies and makes the Scriptures accessible to illiterate Banjara believers. A brother from Fellowship Bible Church in Waco, Texas, was instrumental in providing these audio Bibles.

Youth Conference:

A Banjara Youth Conference was conducted in August, 2011. Over five hundred young men and women attended from 7 districts of Andhra Pradesh, and three other states of India. Reverend Dr. Jim Fleming of Collierville Baptist Church preached the Word; eighty to ninety prayed to Jesus to come into their hearts, and over 40 participants were baptized during and after the meeting.

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

To support the community service, agricultural and humanitarian aid projects of Global Banjara Baptist Ministries in India, through organization, training and fund raising in the United States of America.

Name of the organization Global Banjara Baptist Ministries  
International, Inc.Employer identification number  
26-2493387**Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

2011

## Schedule O - Supplemental Information

Page 5

Client GBBMI

Global Banjara Baptist Ministries  
International, Inc.

26-2493387

6/03/12

08:47AM

## Form 990-EZ, Part I, Line 10

## Grants and Similar Amounts Paid In Excess of \$5,000

Class of Activity:

Donee's Name:

Donee's Address:

Grant

Global Banjara Baptist Ministries

2-2-62/3/E/1, New Vinayaknagar

Amberpet, Hyderabad, Andhra Pradesh

India

Relationship of Donee:

Cash Amount Given:

None

\$ 161,316.

## Form 990-EZ, Part I, Line 16

## Other Expenses

Wire transfer/bank fees . . . . .

. . . \$ 214.  
Total \$ 214.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Enter filer's identifying number, see instructions**

|                                                                                            |                                                                            |  |                                                |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|------------------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions               |  | Employer identification number (EIN) or        |
|                                                                                            | Global Banjara Baptist Ministries International, Inc.                      |  | <input checked="" type="checkbox"/> 26-2493387 |
|                                                                                            | Number, street, and room or suite number. If a P.O. box, see instructions. |  | Social security number (SSN)                   |
|                                                                                            | 1878 Stitt Street Indiana Tax ID #0136453163 000                           |  | <input type="checkbox"/>                       |
| City, town or post office, state, and ZIP code For a foreign address, see instructions     |                                                                            |  |                                                |
| Wabash, IN 46992-2118                                                                      |                                                                            |  |                                                |

Enter the Return code for the return that this application is for (file a separate application for each return). 

| Application Is For                          | Return Code | Application Is For       | Return Code |
|---------------------------------------------|-------------|--------------------------|-------------|
| Form 990                                    | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                                 | 02          | Form 1041-A              | 08          |
| Form 990-EZ                                 | 01          | Form 4720                | 09          |
| Form 990-PF                                 | 04          | Form 5227                | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                | 12          |

- The books are in the care of. ► Robert Crandall

Telephone No. ► 260-568-3472 FAX No ► 260-563-7723

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ☒ calendar year 20 11 or
- ☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                              |           |    |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 0. |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Paperwork Reduction Act Notice, see Instructions.**

Form 8868 (Rev 1-2012)