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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)

2012

OMB No. 1545-1150

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► 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.

For the 2012 calendar year, or tax year beginning , 2012, and ending Check if applicable D Employer identification number Address change 26-2493387 Global Banjara Baptist Ministries Name change Telephone number International, Inc. Initial return 1878 Stitt Street 260-568-3472 Terminated Wabash, IN 46992-2118 Amended return Group Exemption Number . Application pending Other (specify) Accounting Method: X Cash Accrual Check ► ☐ If the organization is not Website: ▶ required to attach Schedule B (Form www.abbmi 990, 990-EZ, or 990-PF) X 501(c)(3) 4947(a)(1) or 527 501(c) ( ) <(insert no.) Tax-exempt status (check only one) -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 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 **>** \$ 95,393 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 \$ Contributions, gifts, grants, and similar amounts received 95,371 SEP Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments. SCANNED 4 Investment income 22 5a Gross amount from sale of assets other than inventory 5 a 5 b b Less cost or other basis and sales expenses 50 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a **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) 6 b 6 c c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d 7a Gross sales of inventory, less returns and allowances 7 a b Less cost of goods sold 7 b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 70 NO COLO Other revenue (describe in Schedule O) 8 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 95,393 See Schedule 10 Grants and similar amounts paid (list in Schedule O) 10 89,125 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 13 13 2,007 14 Occupancy, rent, utilities, and maintenance . 14 15 Printing, publications, postage, and shipping 15 See Schedule O 16 Other expenses (describe in Schedule O) 16 370 17 Total expenses. Add lines 10 through 16. 17 91,502 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,891 19 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) 19 8,600. 20 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 21 12,491 BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012

Par	Balance Sheets. (see the Inst Check if the organization used Sche	tructions for Part II.)	estion in this Part II				П
	Oneck if the organization used Sche	duic o to respond to any qu	Socion in this i art ii	(A) Beginning	of ve	ar T	(B) End of year
22	Cash, savings, and investments	•	.		600		12,491.
23	Land and buildings .					23	
24	Other assets (describe in Schedule O)		.			24	
25	Total assets		ľ	. 8	600	. 25	12,491.
26	Total liabilities (describe in Schedule O)		. [		0	. 26	0.
	Net assets or fund balances (line 27 of c			8,	600	. 27	12,491.
Par	Statement of Program Service Ac	complishments (see the inst	rs for Part III.)		X	(Par	Expenses uired for section 501
1111-1	Check if the organization used Sch		uestion in this Part	III			and 501(c)(4)
Wnat	is the organization's primary exempt purpose? See	complishments for each of	its three largest pro-	gram services	as	orgar	nizations and section
mea	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service	ces provided, the nu	imber of person	is		(a)(1) trusts, optional thers.)
28							
20	During 2012, GBBMI raised Baptist Ministries (GBBM)						
	Banjara School in Gurrapu				^		
	(Grants \$ 89,125.) If the	is amount includes foreign g	rants, check here		<b>-</b>  X	28 a	89,125.
29							,
			<b></b>				
	(Grants \$ ) If the	is amount includes foreign g	rants, check here		<u>►</u> □	29 a	
30							
	705.55.6.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.					20	
21		is amount includes foreign g	rants, check here			30 a	
31	Other program services (describe in Sch (Grants \$ ) If the	edule O)	rante chack hara		<b>▶</b> □	31 a	
22	Total program service expenses (add lin	<u> </u>	rants, check here		<u>^</u>	32	89,125.
			lovoos Listanda	o ouon if not	الدعاء مع		
<u>ural</u>	List of Officers, Directors, 7 Check if the organization used Sci	hedule O to respond to any	oyees. List each on question in this Part	e even ir not compe IV	nsateo	(see th	e instructions for Part IV.)
		(b) Average hours per	(c) Reportable compensa	tion (d) Health	benefit	s,	(a) Estimated account of
	(a) Name and Title	week devoted to	(Forms W-2/1099-MISC (If not paid, enter -0-)	benefit plans,	and det	oyee erred	(e) Estimated amount of other compensation
		F 222	,	compe	isation		
	nglas Matthews	10		0.		0.	0.
	esident_ ccia Whitehorn	10		<u>v.</u>		υ.	U.
	rector	15		0.		0.	0.
	pert Crandall			<del>~  </del>		<u> </u>	<u> </u>
	easurer	5		0.		0.	0.
	nivasa Naik Khethavath						
	ce President	10		0.		0.	0.
Maı	ry Stoy						
	rector	1		0.		0.	0.
			1				
				<del></del>			
			2/14/12				F
BAA	l .	TEEA0812L C	15/14/13				Form <b>990-EZ</b> (2012)

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Page 2

Form 990-EZ (2012) Global Banjara Baptist Ministries

	m 990-EZ (2012) Global Banjara Baptist Ministries 26-249338		Р	age <b>3</b>
Pa	rt V.; Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sched	ule	0	X
	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	1	Yes	No
33	provide a detailed description of each activity in Schedule Q	33		Х
34	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).	34		х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities			<del></del>
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	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	35 b		<b> </b>
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
36	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	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a  0.			
	<ul> <li>b Did the organization file Form 1120-POL for this year?</li> <li>a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were</li> </ul>	37 b		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39				
	a initiation fees and capital contributions included on line 9 . 39a N/A			
	b Gross receipts, included on line 9, for public use of club facilities			1
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1
	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0 .  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	40 b		Х
	c 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 • 0.			
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization   ▶0.			
	e 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	40 e		X
41				
	a The organization's books are in care of ► Robert Crandall Telephone no. ► 260-5  Located at ► 1878 Stitt Street Wabash IN ZIP + 4 ► 46992  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:►			No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?. If 'Yes,' enter the name of the foreign country.	42 c		X
	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   a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			N/A N/A No
	of Form 990-EZ  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	44 a		X
	instead of Form 990-EZ Countries of the organization receive any payments for indoor tanning services during the year?	44 b 44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	44 d		
	a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a		X
	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)	45 b		X

Form <b>990-</b>	EZ (2012) Global Banjara Bapt	ist Ministries		26-249	93387 Page 4
46 Did the	he organization engage, directly or indirective indirective for public office? If 'Yes,' complete	ctly, ın political campaı Schedule C, Part l	gn activities on behalf c		Yes No 46 X
Part VI	Section 501(c)(3) organizations	only	47.40		
	All section 501(c)(3) organization for lines 50 and 51.	ns must answer qu	uestions 47-49b and	d 52, and complete	the tables
	Check if the organization used Schedul	e O to respond to any	question in this Part VI		П
	Oricek if the organization used conceder	e e te respond to any	question in this rait tr	<u></u> .	Yes No
comp	ne organization engage in lobbying activities plete Schedule C, Part II				. 47 X
	e organization a school as described in se		·	dule E	48 X
	he organization make any transfers to an es,' was the related organization a section		related organization?		49a   X   X
	blete this table for the organization's five high		yees (other than officers,	directors, trustees and ke	
	oyees) who each received more than \$100,00				<u> </u>
	(a) Name and title of each employee paid more than \$100,000	(b) 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				,	
				===	
					<u>-</u>
				:	
	number of other employees paid over \$1				
51 Comp	olete this table for the organization's five high pensation from the organization. If there is	nest compensated indepensated indepense 'none.'	endent contractors who ea	ach received more than \$	100,000 of
	Name and address of each independent contractor paid		(b) Type	of service	(c) Compensation
None		<del></del>		······	
None					
				•	
		<del></del> .	1		
				· <del>-</del>	
	number of other independent contractors	_			
	he organization complete Schedule A? Note trusts must attach a completed Sch				► X Yes No
	es of perjury, I declare that I have examined this return, and complete Declaration of prepare (other than office				
true, correct, a	and complete Declaration of preparer (other than office	r) is based on all information of	of which preparer has any knowl	ledge.	10 - 12
Sian	Signature of officer	relate-	<del></del>	Date Thy	1 10,2019
Sign Here	Robert TV. Cran  Type or print name and title	dall, Tre	esure	0	
	Print/Type preparer's name	Preparer's signature	Date	Check I if	TIN
Paid	13.01610	1 Uppe	$- \frac{3/3}{}$	13 Check in self-employed	1206234243
Preparer	Firm's name ► Targeted Service	es PC	<del> </del>		
Use Only	Firm's address ► <u>5927 Hosler Rd</u>			Firm's EIN	01-0727068
	Leo, IN 46765			Phone no (26	
May the IF	RS discuss this return with the preparer sh	nown above? See instr	uctions		. ► X Yes  No
					Form <b>990-EZ</b> (2012)

#### **SCHEDULE A** (Form'990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

Global Banjara Baptist Ministries

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

26-2493387

			national, In							<u>49338</u>		
Parti				us (All organizations					See ı	nstruct	tions.	
The o	rganızatı	on is not a priva	ate foundation beca	use it is (For lines 1 thro	ough 11,	check o	nly one	box.)				
1	A ch	A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).										
2	A sc	hool described i	n section 170(b)(1)	(A)(ii). (Attach Schedule I	E)							
3	A ho	spital or a coop	erative hospital sen	vice organization describe	ed in <b>se</b> e	ction 17	0(b)(1)(A	A)(iii).				
4	∏ A m	edical research	organization operat	ed in conjunction with a l	nospital (	describe	ed in sec	tion 17	0(b)(1)(	A)(iii) E	nter the ho	spital's
	nam	e, city, and state	e	·	·							
5	An o	rganızatıon opera b)(1)(A)(iv). (Co	ited for the benefit of	a college or university own	ned or op	erated b	y a gove	rnmenta	l unit de	scribed in	section	
6				governmental unit descr	ibed in s	ection	170(b)(1)	(A)(v).				
7	쁜 in se	ečtion 170(b)(1)(	<b>A)(vi).</b> (Complete F			•	ental un	it or fron	n the ge	neral pub	olic describe	t
8	∐ A co	mmunity trust d	escribed in <b>section</b>	170(b)(1)(A)(vi). (Comple	te Part	II )						
9	relate unrela	rganization that no ed to its exempt f ated business taxat nplete Part III.)	ormally receives: (1) r unctions — subject to ale income (less section	more than 33-1/3% of its sup o certain exceptions, and (2 511 tax) from businesses acq	port fron ?) no mor uired by th	n contribi e than 3 ne organi;	utions, m 3-1/3% o zation afte	embersh of its sup er June 30	np fees, a port from 0, 1975 S	and gross n gross ii See sectio	s receipts fro nvestment ii in 509(a)(2).	m activities acome and
10	∐ An o	rganization orga	anized and operated	d exclusively to test for pa	ublic saf	ety. See	section	า 509(a)	(4).			
11		orted organization	ns described in section in section in and complete li	clusively for the benefit of, to on 509(a)(1) or section 509 nes_11e through 11h.	(a)(2). S	ee <b>sec</b> tio	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	ourposes ox that de	of one or mo escribes the	re publicly type of
	a	Type I t	Type II	c Type III - Functio	nally inte	egrated	•	d 🗌 .	Type III	- Non-f	unctionally	ıntegrated
е	□ other	hecking this box than foundation on 509(a)(2).	t, I certify that the omanagers and other	organization is not control than one or more publicly	lled directions	tly or in d organiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	lified persoi )(1) or	าร
f	If the	, , , ,	eived a written deteri	mination from the IRS that	ıs a Type	I, Type	II or Typ	e III sup	porting o	organızat	ion,	
g	Sinc	e August 17, 20	06, has the organiz	ation accepted any gift of	r contrib	oution fr	om any	of the fo	ollowing	persons	57	
												Yes No
	(i)	A person who below, the gov	directly or indirectly erning body of the s	r controls, either alone or supported organization?	togethe	r with po	ersons d	lescribe	d in (ii)	and (III)	11 g (i)	
	(ii)	A family memb	er of a person desc	cribed in (i) above?							11 g (ii)	
	(iii)	A 35% controll	ed entity of a perso	in described in (i) or (ii) a	above?						11 g (iii)	
h	Prov	ide the following	information about	the supported organization	on(s)						1, 8 ()	<u> </u>
		me of supported organization	(iı) 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?		(vi) Is the organization in column (i) organized in the US?		(vii) Amount of monetary support			
					Yes	No	Yes	No	Yes	No		
					1					1		
<u>(A)</u>												
(B)												
(C)												
<del>. , _</del>							<del> </del>					
<u>(D)</u>				<u> </u>								
<u>(E)</u>	_											_
Total												
BAA	For Pap	erwork Reduction	on Act Notice, see t	he Instructions for Form	990 or 9	990-EZ.			Schedule	A (Forn	n 990 or 990	)-F7) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v) (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)											
n A. Public Support											

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	41,120.	109,958.	176,286.	119,676.	95,371.	542,411.
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	Total. Add lines 1 through 3	41,120.	109,958.	176,286.	119,676.	95,371.	542,411.
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)						131,610.
6	<b>Public support.</b> Subtract line 5 from line 4						410,801.
Sec	tion B. Total Support		<u>.</u>				
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4 .	41,120.	109,958.	176,286.	119,676.	95,371.	542,411.
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	Total support. Add lines 7 through 10						542,594.
12	Gross receipts from related activ	rities, etc (see inst	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	<b>-</b>
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20	· ·		e 11, column (f))		14	75.71%
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	0.00%
16 a	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pub	did not check the lolicly supported or	box on line 13, ar ganization	nd the line 14 is 3	3-1/3% or more, c	theck this box
ŀ	33-1/3% support test — 2011. If t and stop here. The organization	the organization d qualifies as a put	id not check a boo olicly supported or	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 8	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how
	or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances test. The organiza	s' test, check this tion qualifies as a	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization	IV how the ▶
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions
RΔΔ	<del></del>		<del></del> _		Sch	edule A (Form 99	0 or 990-E7) 2012

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)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include						
2	any 'unusual grants.') Gross receipts from admis-	<del></del>	<del></del>			<del></del> .	<del></del>
_	sions, 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						
4	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	ļ .					
	organization without charge .			Ì		i	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1,						
	2, and 3 received from						
	disqualified persons .						
L	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						
c	: Add lines 7a and 7b						
8	Public support (Subtract line	2124 .V	1		A VANAGE PAR		S
	7c from line 6)	and production of the second	Cray Contract		No Andrews	THE RESIDENCE OF THE PERSON OF	
	tion B. Total Support	4 > 0000	41.0000				<del></del>
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6				<del></del> -		
iva	Gross income from interest, dividends, payments received	1					
	on securities loans, rents,	j					
	royalties and income from similar sources	; I					
ь	Unrelated business taxable		<del></del>	-	· · · · · · · · · · · · · · · · · · ·		
	income (less section 511	į					
	taxes) from businesses acquired after June 30, 1975	<b>}</b>					
_	Add lines 10a and 10b						
	Net income from unrelated business		<del></del>				
••	activities not included in line 10b,				•		ł
	whether or not the business is						
12	regularly carried on .						<del></del>
12	Other income. Do not include gain or loss from the sale of						
	čapital assets (Explain in Part IV.)						}
13	Total support. (Add Ins 9, 10c, 11, and 12)	<u> </u>					<del> </del>
14	First five years. If the Form 990		ation's first, seco	nd third fourth o	r fifth tax year as	a section 501/c	)(3)
	organization, check this box and	stop here			- mar tan your do		<u> </u>
	tion C. Computation of Pu						
	Public support percentage for 20		- · · ·	ne 13, column (f)).	•	15	
	Public support percentage from	<del></del>		••		16	%
	tion D. Computation of Inv						
17	Investment income percentage f			-	mn (f))	17	<u>*</u>
18	Investment income percentage f					18	<b>⊥</b> .
19 a	i <b>33-1/3% support tests – 2012.</b> If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, a	and line 15 is more	e than 33-1/3%,	and line 17
Ь							
	<b>33-1/3% support tests – 2011.</b> If line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	ie organization qu	alifies as a public	ly supported or	ganization ►
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instruction	s ►
RΔΔ			TEE ADADSI	00/00/10		land to A /F	000 er 000 E70 0010

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

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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.

Open to Public Inspection

Employer identification number

Name of the organization Global Banjara Baptist Ministries 26-2493387 <u>International</u> Part III, line 28 (continued) SCHOOL PROJECT: Aletheia Banjara School (ABS): This year there are 356 students from more than 25 villages. The children range from lower kindergarten through sixth grade, are taught in English by 12 teachers and are supported by a principal and one administrator. Nine staff assist the school in the kitchen, on campus, and in classrooms. Aletheia places a high priority on educating girls. In 2009, there were only 64 girls in the school. By 2012, the number of girls had grown to 118 (33% of the total served). The literacy rate for Banjara women is only 3%. Aletheia is very proud to see this growth and its goal is to reach a 50-50 ratio with boys in the student body. Aletheia provides opportunities and facilities to acquire knowledge through classroom teaching and extra-curricular activities. The academic program is designed to prepare students not only for college, but also for life beyond college. Serving pre-school to high school aged children, ABS provides a God-centered curriculum in the classical Indian tradition, nurturing and challenging students to attain their fullest potential. Qualified and committed teachers are not just dispensers of information, but are mentors, coaches, and positive role models. Co-curricular activities enrich the educational program. Through athletics, fine arts, participation in AWANA Clubs, and organizations, students gain real-world experience in team work, leadership, and organizational skills. Aletheia's classical approach to education helps students learn to think beyond facts, acquiring wisdom and eloquence in process. Students are being taught to think critically, speak articulately, and write persuasively. The school provides free power-packed nutritious drinks; lunch consisting of a vegetable curry, dal and half polished rice, and a boiled egg; and purified drinking water. Students undergo a medical checkup once every six months

and a health record is maintained for each child

Global Banjara Baptist Ministries International, Inc.	26-2493387
Discovering God's creation through SCIENCE: Students recen	tly participated in a
school-wide_science_fairProjects_covered_geography,_geolog	y, physical science,
ecology, biology and neurology. Special guests of the science	e fair included the
Deputy Educational Officer of the Nalgonda district and over	500 public school
students. ABS_students_prepared_over_70_individual_science_p	projects and mastered
oral presentations of their work	
Visit of ICS-Singapore: Students from the International Co	ommunity School
(Singapore) visited ABS to teach basic English skills. The g	group_included
instructors from Canada, Korea and the United States. Studen	nts from ICS taught
English in the mornings and various games and songs in the af	ternoons.
Students acted like Teachers: The birthday of Dr. S. Radh	nakrishnan, the second
President of India, is celebrated as Teachers' day on Septemb	per 5th. It was fun to
watch the students enact the role of teachers. The teachers w	vere honored in
recognition of their services to the school. The students con	nducted games and
competitions for the teachers and prizes were distributed.	
CAPITAL IMPROVEMENTS:	
Community Trough: International Community School (ICS) als	so_worked_on_building_a
water trough to be used by the community. Banjara people love	e animals. Almost every
family owns a few cattle. But the villages don't have a conv	venient place for the
animals_to_drink_water. Global_Banjara_Baptist_Ministries_ide	entified this need and
brought it to the management of ICS. ICS was kind enough to c	consider the need and
the President of ICS supported the opening of the trough. We	thank ICS for its help.
"Go Green" tree planting: As a part of the community devel	opment activities of
Aletheia Banjara School, a unique "Go Green" tree planting wa	as organized on July 12,
2012 to bring awareness of global warming and the necessary p	preventive steps to take
to protect the environment. More than 10,000 plants were give	en to the students of

Name of the organization Global Banjara Baptist Ministries	Employer identification number
International, Inc.	26-2493387
Aletheia to distribute in their villages. This initiation was	very much appreciated
by the parents, villagers, and the local authorities. "Go Green"	has enabled Aletheia
to_surge_into_local_communities	·
MICRO-BUSINESSES	
GBBMI continues to sponsor six micro-businesses in the region	on. These businesses
include two buffalo milking projects, one goat herd, two groces	cy stores, and one
grain grinding operation.	
MEDICAL EDUCATION	
Awareness Camps: Global Banjara Baptist Ministries conducted	l_various_Awareness
Camps_throughout_the_year Topics_included_HIV/AIDS,_education	nal, social, and
medical_issues, and governmental plans for rural development. T	These camps opened
doors for us to interact with the needy and, in most cases, all	lowed_us_to_share_the
Gospel and win many for Christ.	
AGRICULTURAL SUPPORT	
Helping Banjara Farmers: GBBM provided awareness and assista	nce to Banjara
farmers on modern crop management, which helped significantly	ncrease crop
production. This mission also attracted non-believers in the co	emmunity, which
allowed us to share the Gospel of Christ.	·
VISITS FROM GBBMI MISSIONARY TEAMS AND OTHERS	
Regional Revival Meetings were conducted in the months of Ap	oril and May. Brother
Lynn Brechbill from Lincoln, Nebraska shared the message from C	God at these
gatherings.	· <b></b>
MINISTERIAL ACTIVITIES	·
Motorcycle Purchase: Banjara villages are scattered over a w	vide area. Banjara
ministers cover many villages. Most people are available for mi	nistry in the morning
and evening. Little or no transportation is available to Banja	ara villages and then
only during daylight hours. Many Banjara villages have no prop	er roads. When we go

Name of the organization Global Banjara Baptist Ministries International, Inc.	Employer identification number
out on foot, we come across snakes and scorpions in certain se	asons. With a
motorcycle, one minister now can visit several places in a day	, whereas he used to
be able to visit only one village. He can take his wife or ano	ther_believer_with
him, since there is no additional cost. At the end of the day	, he can return home
to be with his family. It also gives him more time flexibility	because he doesn't
have to rush for a limited public transport or wait for many h	ours for a packed
auto-rickshaw.	
Youth Rally: A one-day youth rally was conducted on June 2n	d in the Kodad. More
than 150 Banjara men and women attended this meeting from the	surrounding towns and
villages. Reverend Srinivas Naik shared the Word of God with t	his group and several
attendees dedicated their lives to Jesus.	
Amazing Testimonies:	
Dhansingh, a boy who is physically challenged, attends our	school. During his
first year, his mother used to carry him to school in her arms	. For his second year,
he was provided with a wheel chair. The following year, he re	ceived hand
stretchers. Dhansingh now is walking on his own without any su	pport. Still using the
stretchers, he plays with the other kids and is able to kick t	he soccer ball. He was
miserable the first year he came to school, but today he is on	e of the happiest boys
here. GLORY to GOD ALMIGHTY who has blessed the life of this b	ooy through Aletheia
Banjara School.	
Sridevi's son was suffering from a very rare kidney infecti	on which has no
permanent cure, which will require medication for the rest of	his life. The boy was
vomiting everything that he ate and drank. His health was dete	riorating day-by-day
and his growth was stunted. GBBM Pastor Joseph became aware of	the situation and
visited the disturbed parents. He imparted the Word of God and	started praying for
healing. The parents, Pastor and other Banjara believers condu	cted fasting prayers.
Miraculously, the boy started recovering and regained complete	health. He now <u>li</u> ves

Schedule <b>O</b> (Form 990 or 990-EZ) 2012		Page 2
Name of the organization Global Banjara Baptist Ministries International, Inc.	Employer identification number 26–2493387	
normally. Sridevi acknowledges that it is only the act of Lord	Jesus Christ that	
healed her son and praised the Lord for His wonderful healing.	This incident has	
lead Sridevi and her husband to accept the Lord Jesus Christ as	s their savior.	,
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	on, training and	
fund raising in the United States of America.	· <b></b>	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Co	ntracts	
(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, direc	tly or	
indirectly, on a personal benefit contract?	i	No
	· <b></b>	
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2012

## **Schedule O - Supplemental Information**

\* Page 4

**Client GBBMI** 

Global Banjara Baptist Ministries International, Inc.

26-2493387

8/08/13

06 28AM

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

89,125.

Form 990-EZ, Part I, Line 16 Other Expenses

Office Expenses ...

Total \$

(Rev January 2013)

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

OMB No 1545-1709

Department of the Internal Revenue								
• If you are	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).								
				atic 3-month extention on a previously fi				
request an ex Associated V	required to file tlension of time Vith Certain Po	Form 990-T), or an additional (not to file any of the forms listed in Part I	automatic) I or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele ith the exception of Form 8870, Information to the IRS in paper format (see instruction Charities & Nonprofits.	ctronic Return	cally file Form n for Transfers	1 8868 10	
Part l	Automatic	3-Month Extension of Time.	Only sub	omit original (no copies needed).				
A corporation	n required to f	ile Form 990-T and requesting an a	iutomatic 6-	month extension - check this box and o	čomple	ete Part I only	► 🗍	
All other corp income tax r	porations (inci eturns.	luding 1120-Ć filers), partnerships,	REMICs, an	nd trusts must use Form 7004 to request Enter filer's identif				
	Name of exempl	organization or other filer, see instructions.			Employ	yer identification n	umber (EIN) or	
Type or print		anjara Baptist Ministrional, Inc.				2493387 ocial securily num	nber (SSN)	
File by the due date for filing your return See				x_ID #0136453163 000				
instructions.	1 '	IN 46992-2118						
Enter the Re			r (file a sep	arate application for each return)			01	
Application Is For			Return Code	Application is For			Return Code	
Form 990 or I	Form 990-EZ		01	Form 990-T (corporation),			07,	
Form 990-Bl			02	Form 1041-A			08	
Form 4720 (ir			03	Form 4720		09		
Form 990-PF		)	04	Form 5227 Form 6069		10		
	(section 401(a (trust other th	or 408(a) trust)	05 06	Form 8870	-	12		
Telephon  If the org	ganization doe	-568-3472 s not have an office or place of bus	FAX No	e United States, check this box				
check th				Exemption Number (GEN) . If ox ► and attach a list with the na				
1 I reque until The ex  X If the t	st an automation 8/15	the organization's return for: r 20 12 or inning , 20 ed in line 1 is for less than 12 mont	anization rel	turn for the organization named above.	nal retu	ırn		
		for Form 990-BL, 990-PF, 990-T, 47 s. See instructions		enter the tentative tax, less any	3 a	\$	0.	
b If this payme	application is ints made. Inc	for Form 990-PF, 990-T, 4720, or 6 lude any prior year overpayment al	069, enter a lowed as a	any refundable credits and estimated tax credit	3 b	\$	0.	
EFTPS	Electronic F		instructions		3 с	\$	0.	
Caution. If you		make an electronic fund withdrawal w	ith this Form	8868, see Form 8453-EO and Form 8879-8	EO for			