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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 private foundations)

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| Check if applicable Address change Name change Initial return Initial return Final return/terminated Amended return  Amended return  B Check if applicable C Global Banjara Baptist Ministries 26-2493387 E Telephone number 254-749-546 F Group Exemption   | 58                             |
|--|--------------------------------|
| Name change Initial return Initial return Final return/terminated Amended return  Amended return  Global Banjara Baptist Ministries International, Inc.  F.O. Box 248 Leo, IN 46765  F. Group Exemption  | •                              |
| Initial return  Initial return  Final return/terminated Amended return  International, Inc.  P.O. Box 248 Leo, IN 46765  F Group Exemption   | •                              |
| Final return/terminated Leo, IN 46765  P.O. Box 248 Leo, IN 46765  F Group Exemption   | •                              |
| Amended return Leo, 1N 46765   | -                              |
|  | -                              |
| Application pending  | tion ic mot                    |
| G Accounting Method X Cash Accrual Other (specify) ► H Check ► if the organiza   |                                |
| Website: ► www.gbbmi.org   required to attach Schedule   |                                |
| J Tax-exempt status (check only one) — X 501(c)(3) 501(c)( ) ◄(Insert no ) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-  | ·PF)                           |
| K Form of organization X Corporation Trust Association Other   |                                |
|  | 111,941.                       |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  | 1)                             |
| Check if the organization used Schedule O to respond to any question in this Part I  | <u> </u>                       |
| 1 Contributions, gifts, grants, and similar amounts received 1   | <u>111,924.</u>                |
| Program service revenue including government fees and contracts  |                                |
| 3 Membership dues and assessments 3  |                                |
| 4 Investment income.   | 17.                            |
| 5 a Gross amount from sale of assets other than inventory  |                                |
| b Less. cost or other basis and sales expenses 5 b   |                                |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  |                                |
| 6 Gaming and fundraising events  |                                |
| a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach 55,000) of contributions  |                                |
| 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)   |                                |
| 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)   |                                |
| 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  See Schedule O  11   |                                |
| b Less cost of goods sold 7b   |                                |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7c   |                                |
| 8 Other revenue (describe in Schedule O)   |                                |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | 111,941.                       |
| 10 Grants and similar amounts paid (list in Schedule O) See Schedule O 10  | 106,540.                       |
| 11 Benefits paid to or for members   | <del></del>                    |
| F   40 Calarina attention and annious bonefits   | ·········                      |
| P 13 Professional fees and other payments to independent contractors   | 3,048.                         |
| The salaries, other compensation, and employee benefits  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage and shipping in the sh |                                |
| F 15 Printing, publications, postage) and shipping 15  |                                |
| 16 Other expenses (describe in Schedule O)  See Schedule 0  16   | 1,034.                         |
| 17 Total expenses. Add lines 10 through 16   | 110,622.                       |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)   | 1,319.                         |
| NS 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)   | c                              |
|  | 6,416.                         |
|  | 7 705                          |
|  | 7,735.<br><b>990-EZ</b> (2014) |

|            | 990-EZ (2014) Global Banjara E   |   |   | 26   | -249            | 3387 Page <b>2</b>                         |
|------------|--|---|---|--|-----------------|--|
| Par        | Balance Sheets (see the instr<br>Check if the organization used Scheo  | ructions for Part II)                                   | estion in this Part II  |  |                 | П  |
|            | Check if the organization used sched   | dule O to respond to any que                            | stion in this rait in   | (A) Beginning of ye  | ar              | (B) End of year                            |
| 22         | Cash, savings, and investments   |   |   | 6,416  | . 22            | 7,735.                                     |
| 23         | Land and buildings   | •   |   |  | 23              |  |
| 24         | Other assets (describe in Schedule O)  |   |   | <del></del>  | 24              |  |
| 25         | Total assets .   |   | ·   | 6,416  |                 | 7,735.                                     |
| 26         | Total liabilities (describe in Schedule O)  Net assets or fund balances (line 27 of c  | column (P) must agree with I                            |   | 0<br>6,416   |                 | 7,735.                                     |
|            | t III Statement of Program Service Acc   |   |   | 0,410  | .   27          | Expenses                                   |
| [Pai       | Check if the organization used Sch   | nedule O to respond to any q                            | uestion in this Part  | ııı 🗓  | (Rea            | uired for section 501                      |
| What       | is the organization's primary exempt purpose? See  | Schedule O  |   |  | (c)(3           | ) and 501(c)(4)                            |
| Desc       | cribe the organization's program service ac<br>sured by expenses. In a clear and concise<br>efited, and other relevant information for e | complishments for each of i                             | ts three largest prog   | ram services, as   | orgai           | nizations, optional<br>thers)              |
| bene       | efited, and other relevant information for e   | ach program title                                       |   |  |                 |  |
| 28         | Aletheia Banjara School (  |   |   | <u>d facilities</u>  |                 |  |
|            | to acquire knowledge thro  | <u>ugh_classroom_teac</u>                               | hing and  |  |                 |  |
|            | extra-curricular activitie (Grants \$ 106.540.) If the   | es. <u>Please see S</u><br>s amount includes foreign gr | chedule_0   | <u>-</u> [X]   | 28 a            | 106,540.                                   |
| 29         | (Grants \$ 106,540.711 till  | s amount meddes foreign gr                              | ants, check here  | <u> </u>   | 204             | 100,540.                                   |
| 23         |  | <del>-</del>  |   |  | 1               |  |
|            |  |   |   |  | 1               |  |
|            | (Grants \$ ) If thi  | s amount includes foreign gr                            | ants, check here  |  | 29 a            |  |
| 30         |  |   |   |  |                 |  |
|            |  |   |   |  | 1               |  |
|            | 70-70-4  | s amount includes foreign gr                            |   |  | 20.0            |  |
| 21         | (Grants \$ ) If thi Other program services (describe in Scho   |   | ants, check here  |  | 30 a            |  |
| 31         |  | s amount includes foreign gi                            | ants, check here  | ▶ [  | 31 a            |  |
| 32         | Total program service expenses (add In   |   |   | <b>•</b>   | 32              | 106,540.                                   |
|            | rt IV List of Officers, Directors, 1   |   | loyees (list each one   | even if not compensated —  | see the         |  |
|            | Check if the organization used Sch   |   |   |  |                 |  |
| <u> </u>   | (a) Name and title   | (b) Average hours per<br>week devoted to<br>position    | (c) Reportable compensa<br>(Forms W-2/1099-MISC<br>(If not paid, enter -0-) | (d) Health beneft contributions to employees benefit plans, and decompensation | loyee<br>ferred | (e) Estimated amount of other compensation |
|            | llie Gomez   | 10  | <del></del>   | 0.   | 0.              | 0.   |
|            | esident<br>rcia Whitehorn  | 10  |   | 0.   | <u> </u>        | <u> </u>                                   |
|            | rector   | 15  |   | 0.   | 0.              | 0.   |
|            | bert Crandall  |   |   |  |                 |  |
| Tr         | easurer  | 6   |   | 0.   | 0.              | 0.   |
|            | inivasa Naik Khethavath  |   |   | _  | _               |  |
|            | ce President   | 10  |   | 0.   | 0.              | 0.   |
|            | ry Stoy  | 3   |   | 0.   | 0.              | 0.   |
| <u> DT</u> | rector   |   |   | -  | <u> </u>        | <u> </u>                                   |
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|            |  |   | -   | <del></del>  |                 | <del> </del>                               |
|            |  |   |   |  |                 |  |
| RΔ         | Λ  | TEEA0812L 0   | 05/28/14  |  |                 | Form <b>990-EZ</b> (2014)                  |

| Form | 990-EZ (2014) Global Banjara Baptist Ministries   | 26-249338                                       | 7    | P          | age <b>3</b> |
|------|---|---|------|------------|--------------|
| Par  |   | quirements in See Sched                         | ule  | 0          | [X]          |
| 33   | Did the organization engage in any significant activity not previously reported to the IRS?   | question in this Part V                         |      | Yes        | No           |
|      | If 'Yes,' provide a detailed description of each activity in Schedule O   |   | 33   |            | X            |
| 34   | Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) | amended documents if they reflect               | 34   |            |              |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from b   | ousiness activities                             |      |            |              |
| 1.   | (such as those reported on lines 2, 6a, and 7a, among others)?  |   | 35 a | <b> </b>   | X            |
| C    | If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an ewas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 501(c)(6).          | on 6033(e) notice.                              | 35 b |            |              |
|      | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to secti reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part II                           | 1   | 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   |            | Х            |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions  | 37a 0.  |      |            |              |
|      | Did the organization file <b>Form 1120-POL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key   | omplovoo er wore                                | 37b  |            | X            |
|      | any such loans made in a prior year and still outstanding at the end of the tax year covered to   | by this return?                                 | 38 a |            | X            |
| t    | If 'Yes,' complete Schedule L, Part II and enter the total amount involved .  | 38b N/A   |      | $\vdash$   |              |
| 39   | Section 501(c)(7) organizations Enter.  |   | 1    |            |              |
|      | Initiation fees and capital contributions included on line 9  | 39 a N/A  | 4    |            |              |
|      | Gross receipts, included on line 9, for public use of club facilities   | 39 b N/A  |      |            |              |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the section 4911 ► 0., section 4912 ► 0.; section 4955   | •   |      |            |              |
| b    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an   | v section 4958 excess                           |      |            |              |
|      | benefit transaction during the year, or did it engage in an excess benefit transaction in a prior reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I                               | or year that has not been                       | 40 b |            | х            |
| C    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations are managers or disqualified persons during the year under sections 4912, 4955, and 4958.                      | ation   |      |            |              |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimburs  |   |      |            |              |
|      | by the organization .   | 0.  |      |            | Í            |
| e    | All organizations At any time during the tax year, was the organization a party to a prohibite shelter transaction? If 'Yes,' complete Form 8886-T  | d tax   | 40 e |            | X            |
| 41   | List the states with which a copy of this return is filed  IN   |   |      |            |              |
|      |   |   |      |            |              |
| 42 a | The organization's  | <b>-</b>  |      |            |              |
|      | books are in care of Millie Gomez  Located at P.O. Box 248, Leo, IN   | Telephone no. ► <u>254-7</u><br>ZIP + 4 ► 46765 | 49-5 | <u>468</u> |              |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other  |   |      | Yes        | No           |
|      | financial account in a foreign country (such as a bank account, securities account, or other fi   | nancial account)?                               | 42 b |            | X            |
|      | If 'Yes,' enter the name of the foreign country ►   |   |      |            |              |
|      |   |   |      |            |              |
|      |   |   |      |            |              |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac  | • •   |      |            |              |
| C    | At any time during the calendar year, did the organization maintain an office outside the U S If 'Yes,' enter the name of the foreign country   | ,   | 42 c | i          | <u> </u>     |
|      | - Too, order the flame of the foreign country   |   |      |            |              |
|      |   |   |      |            |              |
| 43   | Section 4947(a)(1) papayament abaritable trusts filing Form 900 F7 in liquid Form 1041.   | analı hava                                      |      |            | 37 / 3       |
| 73   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year  | . ► 43  |      | ´ L        | N/A<br>N/A   |
|      |   |   |      | Yes        |              |
| 44 a | Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be of Form 990-EZ  | completed instead                               | 44 a |            | X            |
| 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  Did the organization receive any payments for indoor tanning services during the year?  |   | 44 b | -          | X            |
|      | If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?   |   | 440  |            |              |
|      | If 'No,' provide an explanation in Schedule O   |   | 44 d |            |              |
|      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning         | of section 512/hW12\2 If 'Vac'                  | 45 a | -          | X            |
|      | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)       | or account arrenal (19), 11 162,                | 45 h | [          | ~~           |

| f 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 business address of each independent contractor  (b) Type of service   (c) Compensation  NOTE  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A? Note all section 501(c)(5) organizations must attach a com                 | Form <b>990-E</b> | <b>Z</b> (2014) Global Banjara Bapt   | <u>ist Ministries</u>                                | <u> </u>   | 26-249  | 3387           | Р        | age 4       |
|---|-------------------|---|--|--|---|----------------|----------|-------------|
| candidates for public office? If "Yes," complete Schedule C, Part I   Section 501(c)) organizations only   All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.   Check if the organization length of the programment of lines 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI   Yes, lines 50 and 51.   Check if the organization used Schedule O to respond to any question in this Part VI   Yes, complete Schedule C, Part III   Section 501(c)(1)(A)(iii)? III "Yes, complete Schedule E   All Section 501(c)(A)(iii)? III "Yes, complete Schedule E   Al                    |                   |   |  |  |   |                | Yes      | No          |
| Part VI Section 501(c)(3) organizations only All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule 0 to respond to any question in this Part VI  47 Did the organization sepage in biologying activities or have a section 501(h) election in effect during the tax year? If Yes,' complete Schedule C, Part II 48 Is the organization as school as described in section 170(b)(X)(v)? If Yes,' complete Schedule C, Part II 48 Is the organization was any transfers to an exempt non-charitable related organization?  bit Yes,' was the related organization as section 52 organization?  complete the table for the organization as section 52 organization from the organization with set better the organization in the                    | 46 Did th         | ne organization engage, directly or indirect states for public office? If 'Yes.' complete | ctly, in political campa<br>Schedule C. Part I       | ign activities on behalf of                          | of or in opposition to                                | 46             |          | x           |
| All section 501 (c)(3) organizations must answer guestions 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, organization as section 170(b)(1)(A)(ii)? If Yes, organization section 501 (b) 48 bit the organization as school as described in section 170(b)(1)(A)(iii)? If Yes, organization Schedule E  48 Is the organization as school as described in section 170(b)(1)(A)(iii)? If Yes, organization?  49 bit the organization as school as described in section 527 organization?  50 Complete this table for the organization in the properties of the school or the organization?  (a) Name and tide of each employee paid over \$100,000 of compensation from the organization. If there is no note, either None?  (b) Average hears por to go and the form of the organization of the organization. If there is no note, either None?  (c) Principle this table for the organization. If there is no note, either None?  (d) Name and tide of each employees paid over \$100,000  7 Total number of other employees paid over \$100,000  7 Total number of other employees paid over \$100,000  7 Total number of other employees paid over \$100,000  7 Total number of other employees paid over \$100,000  7 Total number of other employees paid over \$100,000  8 Total number of other employees paid over \$100,000  9 Total number of other employees paid over \$100,000  10 Total number of other independent contractors each receiving over \$100,000  11 Total number of other independent contractors each receiving over \$100,000  12 Total number of other independent contractors each receiving over \$100,000  13 Total number of other independent contractors each receiving over \$100,000  14 Total number of other independent contractors each receiving over \$100,000  15 Total number of other independent contractors each receiving over \$100,000  16 Total number     |                   |   |  |  |   |                |          |             |
| Check if the organization used Schedule O to respond to any question in this Part VI  72 Die 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 III  83 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E  849 a Did the organization make any transfers to an exempt non-charitable related organization?  950 Complete this table for the organization 5 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 titls of each employee  (b) Average hours  (c) Peportable compensation  (d) Peportable compensation  (d) Peportable compensation  (e) Schedule C, Part None  (organization to make any transfer to the organization of the highest compensated more than \$100,000 of compensation from the organization from the organization of the highest compensated in the organization from the organization of the term of the organization of the organization from the organization of the term of the is none, entri None  (d) Name and business address of each independent contractors each receiving over \$100,000  4 Total number of other independent contractors each receiving over \$100,000  4 Total number of other independent contractors each receiving over \$100,000  4 Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A? Note All section 501(c)(3) organizations and to the period of the transfer is based or all information of which prepare has any hrowledge and belief,              | ,                 | All section 501(c)(3) organizatio   |  | uestions 47-49b and                                  | d 52, and complete                                    | the table      | s        |             |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," and "Yes No momplete Schedule C, Part III 48 Is the organization a school as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E 48 X 49 a Did the organization make any transfers to an exempt non-charitable related organization?  b If "Yes," was the related organization a section 527 organization?  50 Complete this table for the organization from the highest compensation from the organization of the section fearweld more than \$100,000 of compensation from the organization. If there is none, enter None (a) Name and table of each employee spaid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  f Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  f Total number of other independent contractors each receiving over \$100,000  d Total number of other independent contractors each receiving over \$100,000  f Total number of other independent contractors each receiving over \$100,000  f Total number of other independent contractors each receiving over \$100,000  g Total number of other independent contractors each receiving over \$100,000  f Total number of other independent contractors each receiving over \$100,000  f Total number of other independent contractors each receiving over \$100,000  g Total number of other independent contractors each receiving over \$100,000  g Total number of other independent contractors each |                   |   | e O to respond to any                                | guestion in this Part VI                             |   |                |          |             |
| 47 Dut 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 48 Is the organization as school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Is the organization as school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 48 Is X Is a bit five, it was the related organization as section 527 organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, frustises and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None'  (a) Name and tists of each employee  |                   | Check if the organization used Schedul  | e O to respond to any                                | question in this Fart VI                             | <del></del>   |                | Vec      | No          |
| 49.a Dit the organization make any transfers to an exempt non-charitable related organization?  b if Yes, was the related organization a section 527 organization?  50 Complete this table for the organization from the organization if from the organization if there is none, enter None  (a) Name and title of each employee paid over \$100,000 or compensation from the organization if there is none, enter None  f Total number of other employees paid over \$100,000 organization if there is none, enter None  (b) Type of service  (c) Proposition compensation from the organization if there is none, enter None  (d) Name and business address of each independent contractor  (e) Type of service  (e) Type of service  (e) Compensation  (f) Total number of other employees paid over \$100,000  49.a Little services and the organization in the enter None  (o) Name and business address of each independent contractor  (e) Type of service  (e) Compensation  (f) Type of service  (g) Compensation  (h) Type of service  (g) Compensation  (h) Type of service  (g) Type of se                 |                   |   | or have a section 501(h                              | n) election in effect during                         | the tax year? If 'Yes,'                               | 47             | 103      |             |
| b If "Yes," was the related organization a section \$27 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and title of each employee  Provide devoked for the organization of the employee (b) Average hours per week devoked for position (c) Approximate provided to position (c) Approximation (c)                   |                   | •   |  | ,  | dule E  | 48             |          | X           |
| 50 Complete this table for the organization? five highest compensated employees (other than officers, directors, frustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, entire *None*  (a) Name and title of each employee  (b) Average hours per week devoted to problem  (c) Reportable compensation  (d) Reportable compensation  (e) Compensation  (e) Compensation  (e) Total number of other employees paid over \$100,000  (e) Complete this table for the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization is there is none, enter *None*  (e) Type of service  (e) Compensation  (e) Compensation  (f) Total number of other employees paid over \$100,000  (h) Name and business address of each independent contractor  (e) Type of service  (e) Compensation  (f) Total number of other employees paid over \$100,000  (e) Type of service  (f) Typ               |                   | •   | •  | e related organization?                              |   |                |          | <u>X</u>    |
| employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None"  (a) Name and title of each employee  (b) Average hours per week devoided to position  (c) Reportable compensation benefits, (d) Health benefits, (e) Estimated amount of other compensation. If Total number of other employees paid over \$100,000   |                   |   |  | aveas (ather than afficers                           | directors trustees and k                              |                |          | L           |
| (a) Name and title of each employee   |                   |   |  |  |   | Су             |          |             |
| f 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 business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note all section 501(c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)(3) organizations must attach a complete of Schedule A: Note all section 501 (c)  |                   | (a) Name and title of each employee   | (b) Average hours<br>per week devoted<br>to position | (c) Reportable compensation<br>(Forms W-2/1099 MISC) | contributions to employee benefit plans, and deferred |                |          |             |
| 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  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  Sign  Here  Print/Type preparer's name   | None              |   |  |  |   |                |          |             |
| 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  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  Sign  Here  Print/Type preparer's name   |                   |   |  |  |   |                |          |             |
| 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  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  Sign  Here  Print/Type preparer's name   |                   |   |  |  |   |                |          |             |
| 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  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  Sign  Here  Print/Type preparer's name   |                   |   |  |  |   | <u> </u>       |          |             |
| 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  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  Sign  Here  Print/Type preparer's name   | -                 |   |  |  |   |                |          |             |
| 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  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  Sign  Here  Print/Type preparer's name   |                   |   |  |  |   |                |          |             |
| (a) Name and business address of each independent contractor  None  d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A?  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  Signature of others.  Signature of others.  Print/Type preparer's name  Pr                   | 51 Comp           | plete this table for the organization's five high   | nest compensated indep                               | pendent contractors who ea                           | ach received more than \$                             | 3100,000 of    |          |             |
| d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  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  Print/Type or print name and title  Print/Type preparer's name  Preparer's stagature  Date  Check If PTIN  Check I                   |                   |   |  | <b>(b)</b> Type                                      | of service  | (c) Com        | pensatio | n           |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  | None              |   |  | -  |   |                |          |             |
| Did the organization complete Schedule A? Note. All section 501 (c) (3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  |                   |   |  |  |   |                |          |             |
| Did the organization complete Schedule A? Note. All section 501 (c) (3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  |                   |   |  | -  |   |                |          |             |
| Did the organization complete Schedule A? Note. All section 501 (c) (3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  |                   |   |  | 1  |   |                |          | <del></del> |
| Did the organization complete Schedule A? Note. All section 501 (c) (3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  |                   |   |  |  |   |                |          |             |
| Did the organization complete Schedule A? Note. All section 501 (c) (3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  |                   |   |  | _  |   |                |          |             |
| Did the organization complete Schedule A? Note. All section 501 (c) (3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  |                   |   |  |  |   | <u> </u>       |          |             |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  |                   |   |  | -  |   |                |          |             |
| Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Print/Type or print name and title  Print/Type preparer's name  | <b>d</b> Total    | number of other independent contractors   | s each receiving over                                | \$100,000  | •   | <u> </u>       |          |             |
| Sign Here  Print/Type preparer's name   | <b>52</b> Did tl  | he organization complete Schedule A? N  |  |  | attach a  | ► X Yes        | · [      |             |
| Sign Here    Date   1/16/2015   | Under penaltie    | es of perjury, I declare that I have examined this return,                                | , including accompanying sche                        | edules and statements, and to the                    | e best of my knowledge and be                         | elief, it is   |          |             |
| Type or print name and title  Print/Type preparer's name  | 11 40, 40, 40,    | The complete Decidation of property (care transfer  | ,  |  |   |                |          |             |
| Type or print name and title  Print/Type preparer's name  Preparer's sugature  Date  Check I PTIN  C                    | Sign<br>Here      | Signature of officer  | m  |  | Date 11/16/   | 12019          | <br>     |             |
| P. GULDRY 1 1/11/15 Check 1 1 106234243   |                   | 1 '` - '  |  |  |   |                |          |             |
|   | Paid              | Print/Type preparer's name  P. Oylyor   | Preparer a signature                                 |  | - I Chock   Life                                      | _              | 424      | <b>43</b>   |
| Preparer Firm's name ► <u>Targeted Services PC /</u>  | Preparer          |   | es PC  |  |   |                |          |             |
| Use Only         Firm's address ►         5927 Hosler Rd         Firm's EIN         ► 01-0727068  | Use Only          |   |  |  |   |                |          |             |
|   |                   | Leo, IN 46765   | <del></del>  |  | Phone no (2)  |                |          |             |
|   | May the IR        | RS discuss this return with the preparer sl   | hown above? See inst                                 | ructions   |   |                |          | No (2014)   |
| l Leo. IN 46765   Phone no (260) 627-2544   | May the IR        |   | hown above? See inst                                 | ructions   |   |                |          |             |
|   |                   |   |  |  |   | Form <b>99</b> |          |             |

#### **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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Global Banjara Baptist Ministries

OMB No 1545-0047

Employer identification number

Open to Public Inspection

|                |     | Internation   |   |  |  |                         | 26-249338   |   |
|----------------|-----|---|---|--|--|-------------------------|---|---|
| Part           | İ   | Reason for Public Cha   | rity Status (All or   | ganizations must o   | omple                                      | te this                 | part.) See instruct                                     | ions.   |
| The o          | rga | nization is not a private found   |   |  |  |                         |   |   |
| 1              |     | A church, convention of church  | es, or association of ch  | nurches described in <mark>sect</mark>   | ion 170(l                                  | b)(1)(A)(i              | ).  |   |
| 2              | П   | A school described in section   | 1 170(b)(1)(A)(ii). (Att  | ach Schedule E)  |  |                         |   |   |
| 3              | П   | A hospital or a cooperative h   | ospital service organi  | ization described in <b>sec</b>  | tion 170                                   | (b)(1)(A                | )(iii).   |   |
| 4              | П   | A medical research organizat  | tion operated in conju  | unction with a hospital of   | describe                                   | d in sec                | tion 170(b)(1)(A)(iii) Er                               | nter the hospital's                             |
|                | ш   | name, city, and state.  |   | •  |  |                         |   | ·   |
| 5              |     | An organization operated for the 170(b)(1)(A)(iv). (Complete F  | e benefit of a college o  | or university owned or ope   | erated by                                  | a gover                 | nmental unit described in                               | section   |
| 6              |     | A federal, state, or local gove   | ernment or governme   | ntal unit described in s   | ection 1                                   | 70(b)(1)                | (A)(v).   |   |
| 7              | X   | An organization that normally run section 170(b)(1)(A)(vi). (0  | eceives a substantial p<br>Complete Part II )                                       | art of its support from a  | governme                                   | ental uni               | t or from the general pub                               | lic described                                   |
| 8              | Ш   | A community trust described   | in section 170(b)(1)(A  | <b>A)(vi).</b> (Complete Part I  | l)   |                         |   |   |
| 9              |     | An organization that normally refrom activities related to its exemples investment income and unrel June 30, 1975 See section 5 | empt functions – subject<br>ated business taxable<br>5 <b>09(a)(2).</b> (Complete F | ct to certain exceptions, a<br>e income (less section !<br>Part III )                                | and (2) n<br>511 tax)                      | o more t<br>from bu     | han 33-1/3% of its suppo<br>usinesses acquired by t     | rt from gross                                   |
| 10             | Ш   | An organization organized ar  |   | - '  | -  |                         |   |   |
| 11             |     | An organization organized an or more publicly supported or lines 11a through 11d that de  | rganizations describe   | d in section 509(a)(1) o   | r sectio                                   | n 509(a)                | (2). See section 509(a)                                 | t the purposes of one (3). Check the box in     |
| а              |     | Type I. A supporting organization organization(s) the power to recomplete Part IV, Sections A                                   | gularly appoint or elect  | d, or controlled by its sup<br>a majority of the director  | ported o                                   | rganızatı<br>tees of t  | on(s), typically by giving<br>he supporting organizatio | the supported<br>in <b>You must</b>             |
| b              |     | Type II. A supporting organiz management of the supporting must complete Part IV, Secti   | organization vested in  | ontrolled in connection the same persons that co   | with its<br>ontrol or                      | support<br>manage       | ed organization(s), by the supported organization       | naving control or on(s) You                     |
| С              |     | Type III functionally integrated. organization(s) (see instruction  | A supporting organizat  | ion operated in connection olete Part IV, Sections   | n with, ar<br><b>A, D, an</b> e            | nd function <b>d E.</b> | onally integrated with, its s                           | supported                                       |
| d              |     | Type III non-functionally integr<br>functionally integrated The o<br>instructions) You must com                                 | rated. A supporting organization generally plete Part IV, Section                   | anization operated in cor<br>must satisfy a distribu<br>s A and D, and Part V.                       | nection<br>tion requ                       | with its s<br>uiremen   | supported organization(s)<br>t and an attentiveness     | that is not requirement (see                    |
| е              |     | Check this box if the organizatintegrated, or Type III non-fu   | ation received a writtenctionally integrated a                                      | en determination from t<br>supporting organization   | he IRS 1                                   | that is a               | Type I, Type II, Type I                                 | Il functionally                                 |
| f              | Er  | iter the number of supported o  | organizations   |  |  |                         |   |   |
| g              | Pr  | ovide the following information   | n about the supported   | d organization(s)  |  |                         |   |   |
| · <del>-</del> |     | (i) Name of supported<br>organization   | (II) EIN  | (iii) Type of organization<br>(described on lines 1-9<br>above or IRC section<br>(see instructions)) | (iv) 1:<br>organizat<br>in your g<br>docun | on listed               | (v) Amount of monetary support (see instructions)       | (vi) Amount of other support (see instructions) |
|                |     |   |   |  | Yes  | No                      |   |   |
| (A)            |     |   | _   |  |  |                         |   |   |
|                | _   |   |   |  |  |                         |   | · · · · · · · · · · · · · · · · · · ·           |
| (B)_           |     |   |   |  |  |                         |   |   |
| (C)            |     |   |   |  |  |                         |   |   |
| (D)            |     |   |   |  |  |                         |   |   |
| (E)            |     |   |   | - <del>-</del>   |  |                         |   |   |
| Total          |     |   |   |  |  |                         |   |   |
| BAA            | Fo  | Paperwork Reduction Act N   | otice, see the Instruc  | tions for Form 990 or 9  | 90-EZ.                                     |                         | Schedule A (Form  | 990 or 990-EZ) 2014                             |

Schedule A (Form 990 or 990-EZ) 2014 Global Banjara Baptist Ministries 26-2493387

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

|                              |   | ,        | ., 0(0)(   | . '/\' ' |
|------------------------------|---|----------|------------|----------|
| (Complete only if you check  | ked the box on line 5, 7, or 8 of Part I or if the organization failed to quali | fy under | r Part III | If the   |
| organization fails to qualif | fy under the tests listed below, please complete Part III)                      |          |            |          |

| Sec          | tion A. Public Support  |  |                                       |  |  |   |                 |
|--------------|---|--|---------------------------------------|--|--|---|-----------------|
| begi         | nɗar year (or fiscal year<br>nning in) ►  | <b>(a)</b> 2010                          | <b>(b)</b> 2011                       | <b>(c)</b> 2012                        | <b>(d)</b> 2013                                | <b>(e)</b> 2014                         | (f) Total       |
| 1            | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')   | 176,286.                                 | 119,676.                              | 95,371.                                | 133,925.                                       | 111,924.                                | 637,182.        |
| 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  | 176,286.                                 | 119,676.                              | 95,371.                                | 133,925.                                       | 111,924.                                | 637,182.        |
| 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)                       |  |                                       |  |  |   | 163,767.        |
| 6            | Public support. Subtract line 5 from line 4   |  |                                       |  |  |   | 473,415.        |
| Sec          | tion B. Total Support   |  |                                       |  |  |   |                 |
| Cale<br>begi | ndar year (or fiscal year<br>nning in) ▶  | <b>(a)</b> 2010                          | <b>(b)</b> 2011                       | <b>(c)</b> 2012                        | <b>(d)</b> 2013                                | <b>(e)</b> 2014                         | (f) Total       |
| 7            | Amounts from line 4   | 176,286.                                 | 119,676.                              | 95,371.                                | 133,925.                                       | 111,924.                                | 637,182.        |
| 8            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 42.                                      | 47.                                   | 22.                                    | 15.  | 17.                                     | 143.            |
| 9            | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on   |  |                                       |  |  |   | 0.              |
| 10           | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |  |                                       |  |  |   | 0.              |
| 11           | <b>Total support.</b> Add lines 7 through 10  |  |                                       |  |  |   | 637,325.        |
| 12           | Gross receipts from related active  | ities, etc (see inst                     | ructions)                             | <u> </u>                               |  | 12                                      | 0.              |
| 13           | First five years. If the Form 990 is organization, check this box and   | for the organization stop here           | 's first, second, thir                | rd, fourth, or fifth ta                | ax year as a section                           | n 501(c)(3)                             | ▶ □             |
| Sec          | tion C. Computation of Pul  | blic Support P                           | ercentage                             |  |  |   |                 |
| 14           | Public support percentage for 20  | 014 (line 6, column                      | (f) divided by line                   | e 11, column (f)).                     |  | 14                                      | 74.28 %         |
| 15           | Public support percentage from 2  | 2013 Schedule A,                         | Part II, line 14                      |  |  | 15                                      | 74.09%          |
| 16 a         | 16a 33-1/3% support test – 2014. 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 stop here. The organization qualifies as a publicly supported organization. |  |                                       |  |  |   |                 |
| b            | b 33-1/3% support test — 2013. 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 stop here. The organization qualifies as a publicly supported organization   |  |                                       |  |  |   |                 |
| 17 a         | 10%-facts-and-circumstances te<br>or more, and if the organization<br>the organization meets the 'facts   | meets the 'facts-a                       | nd-circumstances                      | ' test, check this                     | box and <b>ston her</b>                        | e. Explain in Part \                    | /I how          |
|              | 10%-facts-and-circumstances te<br>or more, and if the organization<br>organization meets the 'facts-and   | meets the 'facts-a<br>d-circumstances' t | nd-circumstances<br>est The organizat | ' test, check this tion qualifies as a | box and <b>stop her</b> e<br>publicly supporte | e. Explaın ın Part \<br>ed organızatıon | VI how the ►    |
| 18           | Private foundation. If the organize   | zation did not che                       | ck a box on line 1                    | 3, 16a, 16b, 17a,                      | or 17b, check thi                              | s box and see insti                     | ructions ►      |
| BAA          |   |  |                                       |  | Sch  | edule A (Form 990                       | or 990-EZ) 2014 |

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

| A. Public Support  |
|--|
| to qualify under the tests listed below, please complete Part II )   |
| (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 fail |
|  |

|            | tion A. Public Support   |                           |                          |                      | ,                    |                 |                |
|------------|--|---------------------------|--------------------------|----------------------|----------------------|-----------------|----------------|
|            | dar year (or fiscal yr beginning in)  Gifts, grants, contributions  and membership fees  received. (Do not include   | (a) 2010                  | <b>(b)</b> 2011          | (c) 2012             | (d) 2013             | <b>(e)</b> 2014 | (f) Total      |
|            | any unusual grants.)   |                           |                          | ļ <u>-</u>           |                      |                 |                |
| 2          | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose                                   |                           |                          |                      |                      |                 |                |
| 3          | Gross receipts from activities that are not an unrelated trade or business under section 513.  |                           |                          |                      |                      |                 |                |
| 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 organization without charge  |                           |                          |                      |                      |                 |                |
|            | Total. Add lines 1 through 5<br>Amounts included on lines 1,<br>2, and 3 received from<br>disqualified persons   |                           |                          |                      |                      |                 |                |
| b          | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year   |                           |                          |                      |                      |                 |                |
| C          | Add lines 7a and 7b  |                           |                          |                      |                      |                 |                |
| 8          | Public support (Subtract line 7c from line 6)  |                           |                          |                      |                      |                 |                |
| <u>Sec</u> | tion B. Total Support  | , <del></del>             |                          | <del></del>          |                      |                 |                |
| Calen      | dar year (or fiscal yr beginning in) 🟲 👚   | (a) 2010                  | <b>(b)</b> 2011          | (c) 2012             | (d) 2013             | <b>(e)</b> 2014 | (f) Total      |
| 9          | Amounts from line 6  |                           |                          |                      |                      |                 |                |
|            | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses |                           |                          |                      |                      |                 |                |
|            | acquired after June 30, 1975   |                           |                          |                      |                      |                 |                |
| 11         | Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .   |                           |                          |                      |                      |                 |                |
| 12         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                           |                          |                      |                      |                 |                |
|            | Total support. (Add lines 9, 10c, 11 and 12.)  |                           |                          |                      |                      |                 |                |
|            | First five years. If the Form 990 organization, check this box and   | stop here                 | ·                        | nd, third, fourth, c | or fifth tax year as | a section 50°   | 1(c)(3)        |
|            | tion C. Computation of Pu  |                           |                          |                      |                      |                 |                |
|            | Public support percentage for 20   | • •                       | •                        | ne 13, column (f)    | ).                   | <b>⊢</b>        | 15 %           |
|            | Public support percentage from   |                           |                          |                      | <u> </u>             |                 | 16 %           |
|            | tion D. Computation of Inv   |                           |                          |                      |                      | <del></del>     |                |
| 17         | , ,  | · ·                       |                          | - ·                  | ımn (f))             |                 | 17 %           |
| 18         | Investment income percentage t   |                           |                          |                      |                      |                 | 18 %           |
|            | i <b>33-1/3% support tests – 2014.</b> I<br>is not more than 33-1/3%, check  | k this box and <b>sto</b> | <b>p here.</b> The orgar | nization qualifies   | as a publicly supp   | orted organiz   | ation •        |
|            | 33-1/3% support tests – 2013. In line 18 is not more than 33-1/3%  | 6, check this box a       | and stop here. Th        | ne organization qu   | ualifies as a public | ly supported    | organization - |
| 20         | Private foundation. If the organi  | zation did not che        | ck a box on line         | 14, 19a, or 19b, o   | check this box and   | see instructi   | ons 🕨 📗        |

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Section A. | All S | pporting | Organizations |
|------------|-------|----------|---------------|
|------------|-------|----------|---------------|

|      |  |     | Yes           | No |
|------|--|-----|---------------|----|
| 1    | Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  | 1   |               |    |
| 2    | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)   | 2   |               |    |
| 3 8  | a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below   | 3a  |               |    |
| I    | b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination  | 3b  |               |    |
| (    | c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use   | 3с  |               |    |
| 4 8  | a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below   | 4a  |               |    |
| ı    | b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations   | 4b  |               |    |
| (    | c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes   | 4c  |               |    |
| 5 6  | a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | 5a  |               |    |
| l    | b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b  |               |    |
| •    | c Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5с  |               |    |
| 6    | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI  | 6   |               |    |
| 7    | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)   | 7   |               |    |
| 8    | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)   | 8   |               |    |
| 9 :  | a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>   | 9a  | · <del></del> |    |
| ı    | <b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>   | 9b  |               |    |
|      | c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI  | 9с  |               |    |
| 10 : | a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer (b) below   | 10a |               |    |
| ı    | <b>b</b> Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)  | 10b |               |    |

| Sched | dule A (Form 990 or 990-EZ) 2014 Global Banjara Baptist Ministries   | 26-2493387  | F              | age 5          |
|-------|--|---|----------------|----------------|
| Part  | t IV   Supporting Organizations (continued)  |   |                |                |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?  |   | Yes            | No             |
|       | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c  | e) below the  | ļ              |                |
| -     | governing body of a supported organization?  | 11a   | <u> </u>       |                |
| b     | A family member of a person described in (a) above?  | 11b   |                |                |
| С     | A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide of  | detail in Part VI 11c   |                |                |
| Sect  | tion B. Type I Supporting Organizations  |   |                |                |
|       |  |   | Yes            | No             |
| •     | Did the directors, trustees, or membership of one or more supported organizations have the power to record elect at least a majority of the organization's directors or trustees at all times during the tax year? If Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization had more than one supported organization, describe how the powers to appoint the organization had more than one supported organization, describe how the powers to appoint the organization of the organization had the powers to appoint the organization had been supported organization. | No,' describe in<br>anization's activities<br>int and/or remove |                |                |
|       | directors or trustees were allocated among the supported organizations and what conditions or rapplied to such powers during the tax year  | estrictions, if any,  |                |                |
| 2     | Did the organization operate for the benefit of any supported organization other than the support that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI I benefit carried out the purposes of the supported organization(s) that operated, supervised, or c supporting organization   | how providing such  |                |                |
| Sect  | tion C. Type II Supporting Organizations   |   |                |                |
|       |  |   | Yes            | No             |
| 1     | Were a majority of the organization's directors or trustees during the tax year also a majority of the director of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control of supporting organization was vested in the same persons that controlled or managed the support   | or management of the  |                |                |
| Sect  | tion D. All Type III Supporting Organizations  | es ergamianto,  | 1              |                |
|       |  |   | Yes            | No             |
| _     |  |   |                |                |
|       | Did the organization provide to each of its supported organizations, by the last day of the fifth morganization's tax year, (1) a written notice describing the type and amount of support provided  | during the prior tax  |                |                |
|       | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (organization's governing documents in effect on the date of notification, to the extent not previous  |   | - <del> </del> |                |
|       |  |   |                |                |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)   |   |                |                |
|       |  |   |                |                |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations had voice in the organization's investment policies and in directing the use of the organization's income.  | ome or assets at  |                |                |
|       | all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported on this regard  | organizations played 3  | \              |                |
| Sect  | tion E. Type III Functionally-Integrated Supporting Organizations  |   |                |                |
| 1     | Check the box next to the method that the organization used to satisfy the Integral Part Test during the   | year (see instructions):  |                |                |
| а     | The organization satisfied the Activities Test Complete line 2 below   |   |                |                |
| b     | b The organization is the parent of each of its supported organizations Complete line 3 below  | /.  |                |                |
| С     | The organization supported a governmental entity Describe in Part VI how you supported a govern  | ment entity (see instructions)                                  |                |                |
| 2     | Activities Test. Answer (a) and (b) below.   |   | Yes            | No             |
| а     | a Did substantially all of the organization's activities during the tax year directly further the exemp  | t purposes of the   | }              |                |
|       | supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify the organizations and explain how these activities directly furthered their exempt purposes, how the responsive to those supported organizations, and how the organization determined that these ac   | e organization was  |                |                |
|       | substantially all of its activities  | 2a  | <u></u>        |                |
| b     | <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Pai  | rt VI the reasons for   |                |                |
|       | the organization's position that its supported organization(s) would have engaged in these activiorganization's involvement  | ities but for the 2b  | ,              |                |
| 3     | Parent of Supported Organizations Answer (a) and (b) below.  |   |                |                |
| а     | a Did the organization have the power to regularly appoint or elect a majority of the officers, direc<br>each of the supported organizations? Provide details in Part VI   | etors, or trustees of   | .              | <u> </u>       |
|       |  |   | <u>'</u>       | <del> </del> - |
| b     | b Did the organization exercise a substantial degree of direction over the policies, programs, and activitie<br>supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this   | regard 3t   | ,              | <u> </u>       |
| BAA   |  | Schedule A (Form 990 or 99                                      | 0-EZ) 2        | 2014           |

| Section C — Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1 |              |
| 2                                | Enter 85% of line 1   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3   | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |              |

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

BAA

Schedule A (Form 990 or 990-EZ) 2014

BAA

a b c

Breakdown of line 7

d Excess from 2013e Excess from 2014

Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)

Excess distributions carryover to 2015. Add lines 3<sub>1</sub> and 4c.

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

Open to Public Inspection at www.irs.gov/form990. Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Global Banjara Baptist Ministries International,

26-2493387

OMB No 1545-0047

2014

## Part III, line 28 (continued)

#### SCHOOL PROJECT:

The Aletheia Banjara School (ABS): This year there are 373 students, an increase of 17 over last year. The children come from more than 31 villages, an increase of six over last year's total of 25. The children range from lower kindergarten through 7th grade; seventh grade has been added this year. They are taught in English by 14 teachers and are supported by a principal, an administrator and 10 staff who assist the school in the kitchen, on the campus and in the classrooms.

One of the goals of Aletheia is to educate more females. When the school started in 2009, there were only 64 girls in the school; in 2012, there were 118 (33% of student body). Now there are 133 female students, which is 36% of the total served. The number of young women served by Aletheia continues to rise. The literacy rate for Banjara women is only 3%. Aletheia is very proud to see this growth. Our goal is to achieve a 55-45 ratio with boys in the student body.

Aletheia provides opportunities and facilities to acquire knowledge through classroom teaching and extra-curricular activities. This year there has been commendable improvement in the students' English and communication skills. Not only can they speak more fluently in English, the students are able to write better, both in grammar and spelling. In addition to improving in English, we also have seen considerable improvement in both Hindi and Telugu. They are able to speak more fluently and to read and to write correctly in these languages.

The mathematical skills of the students also have improved. The lower grade students (Kindergarten to second grade) are easily able to perform basic mathematics, like addition, subtraction, multiplication and division. The upper grade students are able to understand and to solve more advanced problems in

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reports, we are excited to see that the students who were identified as academically weak last year have greatly improved their academic performance this year.

A Special Story for 2014: Respite to the polio-affected:

Dhansingh Nunsavath is a polio-affected boy from GurrapuThanda. His parents showed interest in educating Dhansingh only after Aletheia was established. Aletheia honored their desire and admitted him in the school. He was more or less a vegetable, unable to walk or to perform small physical errands. His mother used to carry him to the school every morning and take him back home in the evenings, and in her absence fellow students carried him. He was unable to stand on his own. Even if he did, he could not stand for long. Realizing that Dhansingh had taken the illness to heart, the school, including the students, did everything to pep-up Dhansingh.

Now he is able to walk without any support and rarely uses crutches. There has been a wonderful transformation in the life of Dhansingh. He even started kicking a football and running along with other children. Through Character Building classes, the teachers made Dhansingh know about Jesus Christ. This attitude of the school and children has brought a miraculous change in Dhansingh and his parents too have come to learn about the Lord. In fact, his condition was so deplorable that he was unconcerned even if flies and insects invaded his face and body. Today he is neatly and impeccably dressed.

Initially, Dhansingh was unable to grasp, to understand, or even converse with others. To make him understand the class lessons was a gigantic task. He had to repeat Lower Kindergarten (LKG) as he couldn't learn even the alphabet. Today he impresses his teachers by doing homework and scoring above average marks in all subjects.

Those who have seen Dhansingh a few years back may not be able to believe the physical and mental growth he achieved. Aletheia takes pride in the role it played in the transformation that took place in Dhansingh. It was a challenging task and

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the teachers, staff and students together took up this challenge and achieved success. We praise the Lord Jesus Christ for Dhansingh and strongly believe that He has a special purpose for him.

#### Beyond Academics:

In addition to academics, the students have learned social skills such as polite communication and proper etiquette. Attendance has improved; almost all of the students are now aware that attendance is important to learning. We also have seen improvement in the personal hygiene of the students which includes attending school in proper, neat and tidy uniforms. They have learned to take care and to value their text books, note books and school bags. It is amazing to hear the children of illiterate and poor parents, mostly daily wage earners, talking about their ambitions, dreams and goals to become doctors, engineers and national level civil servants. This gradual widening of their positive outlook is due to the school atmosphere and the constant motivation and encouragement given by the teachers. Outreach to Parents:

This year the teachers and the Principal frequently visited the surrounding villages and counseled parents and students with regard to: (a) student attendance; (b) student and family health and hygiene; and (c) good habits of students and parents, especially with respect to parent language and behavior in the presence of their children. The parents were quite appreciative of the concern of the school for their children. They readily agreed to follow the advice given by the teaching staff. They could positively feel and understand the underlying Christian spirit and attitude towards the community. The positive response of the community towards the work of the school is quite amazing and encouraging given that the Banjara community is traditionally against Christianity. During one of the teacher-parent meetings, some parents asked to pray for their children.

Adult Literacy Centers:

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At the end of this academic year, ABS started a unique program on an experimental basis. In one village, ABS students of higher classes began an evening adult literacy center, where they taught their own illiterate parents to read and write in Telugu. These adults were enthusiastic, since basic literacy helps them conduct business in various banks, government offices, and civic organizations. Literacy also provides the ability to read Gospel tracts and helps them to read the Bible on their own. We wish to start such centers in more villages in the next academic year. Visitors to Aletheia Banjara School:

Many supporters and partners from other countries visited the Aletheia Banjara School in 2014. Many of them return on a regular, if not annual, basis. Some brought gifts for the school and the students. Some visitors taught special English classes and conducted Vacation Bible School. One visitor, Mr. Steve Griffith, was a treat to all the student body, and 25 students whom he and his wife support were specially blessed to meet him in person. Each visitor shared deep love and support for our school, the students and the ministry we serve.

#### Capital Improvements:

In 2014, construction progressed on new classrooms. When finished, we will have at least six class rooms. Four new bathrooms have been added as part of the project. The pool is being used for construction work as well as teaching the students how to swim. New sports items were also purchased for the school.

#### OTHER MINISTRIES:

#### HIV/AIDS Awareness Seminars and HIV Treatment:

Because of illiteracy and poverty, the people of Banjara villages are one of the most HIV/AIDS affected groups in this part of India. GBBM is providing a wide range of informational strategies on the issue including several awareness seminars and ongoing campaigns for all age groups.

'Positive Patients' is one of many favorite programs. GBBM is working with doctors

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

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and health organizations to bring treatment to the Banjara people.

Agricultural-Technical Support:

One of GBBM's goals is to help Banjara farmers. GBBM continues to provide assistance by teaching modern crop management techniques and farming practices.

#### 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:

Global Banjara Baptist Ministries 2-2-62/3/E/1, New Vinayaknagar

Amberpet, Hyderabad, Andhra Pradesh

India None

Relationship of Donee:

Cash Amount Given:

\$ 106,540.

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

Information Technology Office Expenses Travel

\$ 120. 790. 124. 034 Total \$

### 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.

#### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No