EXTENDED TO NOVEMBER 15, 2019 2949332006114

Return of Organization Exempt From Income Tax

| OMB No. 1545-004

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Аŀ	or the	2018 calendar year, or tax year beginning and	enging		
B c	heck if	C Name of organization		D Employer identific	cation number
	Addres change Name	BEAUTIFUL FEET MINISTRIES OF TANZANIA		01 5	006650
\vdash	_change		0		006658
<u> </u>	_return Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
L.,	return/ termin-	POST OFFICE BOX 355	<u> </u>		742-1352
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	210,621.
<u> </u>	_return	CONWAI, SC 29328		H(a) Is this a group re	
L	_tion pendin	F Name and address of principal officer OOM LONG	~ 2	for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		e: BETHEFEET.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association \ Other	L Year	of formation: 2016 N	State of legal domicile: SC
Pa	rt I	Summary			
à		Briefly describe the organization's mission or most significant activities: TO C			
Activities & Governance		EVANGELIZING AND RELIEVING THE POOR AND			
ern	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
Š		Number of voting members of the governing body (Part VI, line 1a)		3	10
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	•	. 4	10
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	3
Σ̈́	6	Total number of volunteers (estimate if necessary)		6	20
₹ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
<u>a</u>	8	Contributions and grants (Part VIII, line 1h)	¬ ⊢	0.	210,621.
Revenue	l	Program service revenue (Part VIII, line 2g) RECEIVED	\sim	0.	<u> </u>
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)) -	0.	0.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d 📆 , 10N @ht 11🔌 2019	있 느	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8	0.	210,621.
	13	Grants and similar amounts paid (Part IX, column A), lines 1:3	-I _	0.	41,688.
	14	Benefits paid to or for members (Part IX, column (A), line GDEN, UT		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	24,157.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> 36.</u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	111,314.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	<u>177,159.</u>
	19	Revenue less expenses Subtract line 18 from line 12		0.	33,462.
Soci			Be	ginning of Current Year	End of Year
aase	20	Total assets (Part X, line 16)		31,746.	65,398.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		0.	<u> 190.</u>
		Net assets or fund balances Subtract line 21 from line 20		31,746.	<u>65,208.</u>
	art II	Signature Block			·····
		lties of perjury, I declare that I have examined this return, including accompanying scheduli			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparei	r has any knowledge.	
		Pamela (. Hamilton)		11.04	-2019
Sig	n	Signature of officer		Date	
Her	е	Pamela C. Hamilton, Treasurer	<u> </u>		
		Type or print name and title		Doto / Love C	DTIM
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid	l	DAVÍD C. DEKLEVA, CPA		10/28/19 If self-employ	
Prep	arer	Firm's name SMITH SAPP		Firm's EIN	<u> 57-0801130</u>
Use	Only	Firm's address 4728 JENN DR. SUITE 100			
		MYRTLE BEACH, SC 29577		Phone no. 8 4	
May	the If	3S discuss this return with the preparer shown above? (see instructions)			X Yes No
8320	01 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instruct	ions.		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018)

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Form	aan	(2018)

BEAUTIFUL FEET MINISTRIES OF TANZANIA

Pa	rt IV Checklist of Required Schedules		l	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<u>5</u>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	·		
	If "Yes," complete Schedule D, Part IV	9	,	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		٦,	
	as applicable.		 	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
þ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to]		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
74	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23_		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	045		x
_	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	252		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
00	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		İ	
		26		х
07	complete Schedule L, Part II	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	1	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		 	7
20	Instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ū	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			•
	Part V, line 1 .	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	l	
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	<u> </u>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		1	<u> </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable	7		
b	Enter the humber of Portis W-2d included in time 18. Enter of infort applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c	X	
	(gambling) winnings to prize winners?		•	(2018)

Form 990 (2018) BEAUTIFUL FEET MINISTRIES OF TANZANIA
| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

13.20				
٠	5' to the south and south as Form WO Towns that of Word and Toy Statements	2776	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	10000
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	3	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	-	
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country.		35	TA VA
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			V.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Mint Bash	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	100	SIN	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	SHE!		建設
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	008.2097	152.538
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	200.500 d sta	100 to 20 to 50
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	├
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	MAN PARTY	Tark Edit
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		21	
ь 11	Section 501(c)(12) organizations. Enter			
'' a	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
-	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		and the second
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1893	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		27	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	建		300
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	Tear .	X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	17.00 (to) 55.00	X
	If "Yes," complete Form 4720, Schedule O	機器		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sac	tion A. Governing Body and Management			<u> </u>
Sec	tion A. Governing body and management		Vaa	Ma
	5.4 "	1203	Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1c			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2_		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	Ì		
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		·	
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		acearil Chillia	
	The governing body?	8a	X	PRANSE LA
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		_A_
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the internal nevertile Code.)		V	
10-	Did the experimental have level shorters bronches or offiliates?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		_
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-	77
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	162.000	X
b				EW
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С				
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	44 B. R. 1670	X
15	Did the process for determining compensation of the following persons include a review and approval by independent			7
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	AMPLEY F	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶SC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s only	availa	able
-	for public inspection Indicate how you made these available. Check all that apply	. ,		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
13	statements available to the public during the tax year	(CA) 1	-141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THE ORGANIZATION - 843-742-1352			
	POST OFFICE BOX 355, CONWAY, SC 29528			

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Form	990	(201	81

BEAUTIFUL FEET MINISTRIES OF TANZANIA

81-5006658

Page 7

Part;VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O	contains a response or note to any line in	his Part VII
Check if Schedule C	Contains a response of note to any line in	ilio Fait VII

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

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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)				2)			(D)	(E)	(F)
Name and Title	Average	(do	Po (do not chec				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	person is both an a director/trustee)		h an	compensation	compensation	amount of
	week (list any	\vdash	1				<u> </u>	from the	from related organizations	other compensation
	hours for	direc	1			25		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)	,	organization
	organizations	i i	ag fr		loyee	8 a		J		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ротше г			organizations
///	Ine)	<u> </u>	=	9	<u> </u>	로 등	윤	-		
(1) JOHN LONG	40.00	X		x				16,570.		0
PRESIDENT	40.00	<u> </u>	├	Λ		-		10,5/0.	0.	0
(2) MARY LONG	40.00	X		x				4,910.	0.	0
VICE PRESIDENT	1.00	^		Δ				4,310.	<u>.</u>	0
(3) MARIA BESSANT		X		X				0.	0.	0
SECRETARY (4) PAM HAMILTON	1.00	^		Λ		-		0.		0
TREASURER	1.00	X		x				0.	0.	0
(5) ROBERT COCHRAN	1.00	 ^		22						
DIRECTOR	1.00	x						0.	0.	0
(6) JOHN LOWES	1.00	 **								
DIRECTOR		x				1		0.	0.	0
(7) GINA LOWES	1.00	1								
DIRECTOR		X						0.	0.	0
(8) CLINT HARDWICK	1.00									
DIRECTOR		X						0.	0.	0
(9) BRAD TODD	1.00]					ļ			
DIRECTOR		X						0.	0.	0
(10) SUSAN TODD	1.00	ļ								
DIRECTOR		X	<u> </u>					0.	0.	0
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hı	ghe	st C	Compensated Employe	es (continued)				
	. (A)	(B)			(C Pos	C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation			stimate nount	
		week	offi	cer an					from	from related		٠	other	0.
		(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MIS	ر رد		pensa om th	
		related	tee or	aste			Highest compensated employee		(W-2/1099-MISC)		,		anızat	
		organizations below	al trus	Institutional trustee		Кеу етріоуее	g 8						d relat	
		line)	pwipu	nstitut	Officer	(еу еш	Hahes	Former				orga	anızatı	ons
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	Sub-total								21,480.		0.			0
	Total from continuation sheets to Part Vi	I, Section A							21,480.		0.			0
	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wh	no re						
	compensation from the organization													(
											1		Yes	No
3	Did the organization list any former officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on		·		
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			nmn	ensa	ation	n and	to t	her compensation from	the organization		3_		X
•	and related organizations greater than \$150	•							•	and organization		4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr	elat	ted organization or indivi	dual for services		, r.		
<u> </u>	rendered to the organization? If "Yes," com	plete Schedul	<u>e J f</u>	or s	uch	pers	son		 			5		X
_ Sec	tion B. Independent Contractors Complete this table for your five highest co	mnensated in	dene	ande	nt c	onti	racto	nrs t	that received more than	\$100,000 of comp	ens	ation 1	rom	
•	the organization. Report compensation for										, C. 1.5	acioii i		
	(A)								(B)	_		((
	Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		ompe	nsatio	n
										-				
								\dashv						
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											_			
												-		
2	Total number of independent contractors (i		ot la	mıte	d to		_	stec	d above) who received m	nore than		•	•	
	\$100,000 of compensation from the organi	zation -					0							

		Check if Schedule O cont	tains a response	or note to any li	ne in this Part VIII			· D
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns .	1a					
irai our	ь	Membership dues	1b					
S, E	С	Fundraising events	1c					
ar /	ľ	Related organizations	1d					
s, G		Government grants (contribut		-				
Sign		All other contributions, gifts, gran						
hei	•	similar amounts not included abo		210,621.				
ĒŌ		Noncash contributions included in lines		210/021				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			210,621.		v sa za za za za	44.5
<u></u>		Total: Add into 14 11		Business Code	THE REPORT OF THE PROPERTY OF			
a	2 2			Dusiness Code			ACCOMMON TO 1	
VIC.	2 a					 		
Ser	b					<u> </u>	 -	
E A	C			· · · · · · · · · · · · · · · · · · ·				
gra	d					-	<u> </u>	
Program Service Revenue	2	All other program service reve			 			
	, i	Total, Add lines 2a-2f	enue			Gallander Strategic	7676882673	2234-57-532715/2-652
	3		duudanda intari				New State of the S	Transcript Land Contraction
	3	Investment income (including	dividends, intere					
		other similar amounts)						
	4	Income from investment of ta	x-exempt bond p	proceeds				_
	5	Royalties	[() D ()	P	DOLFISKIE WIGFORM	**************************************	CALABERTAREAN	elemento de abrilación de la composition della c
	_	0.00	(i) Real	(ii) Personal				
	6 a			 				
	b	· ·		 				
	С	` '	L	L				
		Net rental income or (loss)		<u>▶</u>	SA DELINE CONTRACTOR	150 PET 15 15 15 15 15 15 15 15 15 15 15 15 15	1.198394551 PCT ENGRAPHICS	Proper Cert for Some Principle
	7 a	Gross amount from sales of	(i) Securities	(II) Other	noning the contract of the con	rundeming aprime day of Caracopping	propies the an amountain remain	outers of programming as a
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)	L	L				
		Net gain or (loss)			The state of the second designation	7 กับการให้กระ ค่องเขาะ 250 กา คร. 250 การกับเก	DESTRUCTION OF THE RESIDENCE OF THE	ART STRANGER TO SECTION ASSESSMENT
e	8 a	Gross income from fundraisin		i				
			of					
Other Rever		contributions reported on line	1c) See	1				
ĕ		Part IV, line 18	а					
₹		Less direct expenses	b	L	T- MO-KATOLATO			
1		Net income or (loss) from fund	-	<u> </u>	offic Decasticity At Decas before	STATE OF THE STATE	CONSTRUCTION OF THE OTHER	"SEL ENGENHANTE PRODUCE
}	9 a	Gross income from gaming ad	ctivities See	}				
		Part IV, line 19	. а					
		Less. direct expenses	b	L			2.232.236	
		Net income or (loss) from gam	-		STANDARD CARDON AND AND AND AND AND AND AND AND AND AN	A 2 M LET 2 CT TO A FEE WAS DONE AND THE WAY	Lancerotting on help 1934	3674 0 2 2 19 C 5 7 C 0 18 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
1	10 a	Gross sales of inventory, less	returns	1				96 14 34 54
		and allowances	а					
		Less: cost of goods sold	b	L		MAN WAS IN STATE		
	С	Net income or (loss) from sale		> _	S. German and the second second second	LE THE THE THE TO LIKE I'M	CONTRACTOR OF THE PARTY OF THE	Entrancia de constante de la c
		Miscellaneous Revenu	ie	Business Code				
	11 a				<u> </u>			_
	þ	···						_
	С							
	d	All other revenue		<u> </u>		Zhilen ist in Edward .	April 1980 March 1984 March 1985 March 1985 March 1985	originative displacements delle es
	е	Total. Add lines 11a-11d		>		866V8(1746(185)	38744 33343	
	12	Total revenue. See instructions		>	210,621.	0.	0.	_ 0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

36011	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			ompiete column (A)	
Dor	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	41,688.	41,688.		
4	Benefits paid to or for members	·			
5	Compensation of current officers, directors,				
	trustees, and key employees	21,480.	19,332.	2,148.	<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				i.
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	960.	864.	96.	
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
10	Payroli taxes	1,717.	1,545.	172.	
11	Fees for services (non-employees)				• •
а	Management				
b	Legal				
С	Accounting	714.		714.	
	Lobbying .		The Table of State of State of the Control of State of St	ALL THE PROPERTY AND ARRESTS AND THE LAND STREET	
е	Professional fundraising services. See Part IV, line 17	· - · · - · · - · · - · · - · · - ·			 -
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,	4 4	40.500	4 -4-	
	column (A) amount, list line 11g expenses on Sch O.)	15,147.	13,632.	1,515.	
12	Advertising and promotion .				
13	Office expenses		2 4 2 2	0.54	
14	Information technology	3,537.	3,183.	. 354.	
15	Royalties		02 666	0.500	
16	Occupancy	26,295.	23,666.	2,629.	
17	Travel	5,174.	4,657.	517.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 100	1 016	110	
19	Conferences, conventions, and meetings	1,129.	1,016.	113.	
20	Interest	434.		434.	
21	Payments to affiliates	1 (05	1 (05	-	
22	Depreciation, depletion, and amortization	1,685.	1,685.	3.0	
23	Insurance	382.	344.	38.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)	20 772	38,273.	THE CHILD PROPERTY OF THE PARTY	
a	MISSION TRIPS	38,273.	30,4/3.		7,636
b	FUNDRAISING EXPENSES SUPPLIES	7,636. 4,672.	4,205.	467.	1,030
C		3,062.	2,756.	306.	<u> </u>
d	PRINTING AND COPYING	3,082.	1,880.	1,294.	
	All other expenses	177,159.	158,726.	10,797.	7,636
25	Total functional expenses Add lines 1 through 24e		130,140.	10,131.	7,030
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	<u>.</u> .	<u></u>	<u> </u>	Form 990 (2018

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 32,379 31,746 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 Inventories for sale or use 8 2,830 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 31,874 basis. Complete Part VI of Schedule D 10a 30,189. 1,685 b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 31.746. 65.398 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 17 190. 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 190 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 31,746. 27 Unrestricted net assets Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 746. 33 Total net assets or fund balances 33

Form 990 (2018)

Total liabilities and net assets/fund balances

Form 990 (2018)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				MINISTRIES				1-2000628		
Ha	irt I	Reason for Public	Charity Status (All organizations must c	omplete th	is part) S	ee instructions			
The	organ	ization is not a private found	dation because it is. ((For lines 1 through 12, o	check only	one box)		\sim		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(iı). (Attach Schedule E (Forr	n 990 or 9	90-EZ))		f) /		
3		A hospital or a cooperative					ii).	U^{\dagger}		
4	襾	A medical research organiz	- · · -				•	the hospital's name		
7			ation operated in co	injunction with a noopha	. 40001100	J III JECTIC	in troubly the state.	the hospital s hame,		
_		city, and state:						_ .		
5	ш	An organization operated for		ollege or university owne	a or opera	ted by a g	overnmental unit describ	ped in		
		section 170(b)(1)(A)(iv). (C	Complete Part II)							
6	\square	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A))(v).			
7	X	An organization that norma	ally receives a substa	intial part of its support	from a gov	ernmenta	l unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (Complete Part II)								
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)								
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
•		or university or a non-land-	-			=	-	•		
		· · · · · · · · · · · · · · · · · · ·	grant concee or agric	ditale (see instructions)	Enter the	marrio, oit	y, and state of the colleg	e 01		
40		university								
10		An organization that norma								
		activities related to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	more tha	in 33 1/3% of its suppor	t from gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ured by the organization	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III)							
11		An organization organized a	and operated exclus	ively to test for public sa	afety See	section 5	09(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	purposes of one or		
		more publicly supported or					_			
		lines 12a through 12d that	-	, , , ,						
а		Type I. A supporting orga				•		, anuna		
а		• • • •	· ·	•	•					
		the supported organization			a majority	or the dire	ctors or trustees of the s	apporting		
		organization. You must o	•							
ь			•				• •	•		
		control or management o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrate	ed with,		
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	v integrated. A supp	orting organization ope	rated in co	nnection v	with its supported organi	zation(s)		
		that is not functionally int					• • •	- •		
		requirement (see instruct	-							
_		Check this box if the orga	·	•	-					
е		•					rype i, rype ii, rype iii			
		functionally integrated, or	• •	nally integrated support	ing organi	zation.				
f		er the number of supported o	-	•						
9		ride the following information			1 Tiv) is the oroa	nization listed	T (1) A			
	,,) Name of supported	(ii) EIN	(in) Type of organization (described on lines 1-10	(iv) is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
			,		1					

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Schedule A (Form 990 or 990-EZ) 2018 BEAUTIFUL FEET MINISTRIES OF TANZANIA 81-50066
[Partill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 81-5006658 Page 2

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

Se	ction A. Public Support						<u>-</u>
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not			,			
	include any "unusual grants ")			45,810.	122,631.	210,621.	379,062.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			45,810.	122,631.	210,621.	379,062.
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)						28,202.
6	Public support. Subtract line 5 from line 4	WAR THE STATE OF	DE MANAGEMENT SON	PART OF TAXABLE	是在外的的	A"SUSPERIOR	350,860.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			45,810.	122,631.	210,621.	379,062.
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties,		-			V.	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			ŕ			
10	Other income Do not include gain					,	
	or loss from the sale of capital						
	assets (Explain in Part VI.)]	
11	Total support. Add lines 7 through 10			新聞養網で設	表音的激彩源	7.77.56.66	379,062.
	Gross receipts from related activities,	etc (see instruction	ons)			12	18,022.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						▶ X
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) di	ivided by line 11, c	column (f))		14	. %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			ightharpoonup
b	33 1/3% support test - 2017. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		-	ightharpoons
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	check a box on line	9 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	dorganization		. ▶□
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a public	cly supported orga	anization	· >
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instructions	s
					Sche	dule A (Form 990	or 990-F7\ 2018

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		-				
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	a Amounts included on lines 1, 2, and					<u> </u>	
	3 received from disqualified persons						
ŧ	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						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)	1,	**			* * 4	
Se	ction B. Total Support			-			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				<u> </u>		
10	Gross income from interest,						•
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŧ	Unrelated business taxable income] .	
	(less section 511 taxes) from businesses				}	-	
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business				}	1	
	activities not included in line 10b, whether or not the business is					1 1	
	regularly carned on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>			
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	·					
<u>Se</u>	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2018 (I		•	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20			ne 13, column (f))		17	
	Investment income percentage from 2	-				18	<u>%</u>
198	a 33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	•	-		•		
k	33 1/3% support tests - 2017. If the	=					and
	line 18 is not more than 33 1/3%, che			-		₹	
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	Yes	No
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6 7 8 9a 9b		

	dule A (Form 990 or 990 EZ) 2018 BEAUTIFUL FEET MINISTRIES OF TANZANIA 81-5 V Supporting Organizations (continued)	006658) Pa	ige 5
		,	Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?	100	1.7	****
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a	LOZZERO LI	LEGENSON
6	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	TIC		
<u> </u>	tion B. Type I Supporting Significations		V	NI -
	Did the direction to store a completely of an arrange was add arranged and beyond he arranged to	22.65 C.S. S.	Yes	<u>No</u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			- 674
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
		,	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			322
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	3234		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	CALCES AND	S. In Control
Sec	tion D. All Type III Supporting Organizations			
		т,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	有名的	N. SA	· 经实现
•				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1000		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	95% (1995) 3	\$2.5834 ************************************	EDF-639
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).	83.90 982 8	3.8°73;43	di metalisi
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1882		
	supported organizations played in this regard.	3		
<u>Sec</u>	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 yeatsee instruction	s).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions).	·	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		COMME
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	260		
.,	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		2976°#	
_	activities but for the organization's involvement.	2b	(T) (1-4-3)	o estima
З,	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	white the state of the	(type) from a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1979
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2018 BEAUTIFUL FEET MINISTRI 批义 Type III Non-Functionally Integrated 509(a)(3) Supportin			1-3000030 Page 6
4-40,000,00	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
1	other Type III non-functionally integrated supporting organizations must co			art vi.) See msa actions. A
Secti	on A - Adjusted Net Income	<u> </u>	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount	- - -	(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
•	Instructions for short tax year or assets held for part of year)			
	Average monthly value of securities	1a	7,1,2,00	Michigan and American Street S
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	-	
	Discount claimed for blockage or other	2)22		NAT 2 7 7 P. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST
-	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	Made Montant Tribant Co. A semile a find	ACCEMACES AND CORPORATION AND COMPANY AND
3		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	<u>-</u>		
7	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	***************************************	
8	Minimum Asset Amount (add line 7 to line 6)	8		-
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	74.24 (\$1.25 Feb. 42.25 K.	8
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	ACTOR LOS ENTRES	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			•
•	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integr	rated Type III supporting org	anization (see
-				•

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 BEAUTIFUL FEE			1-5006658 Page 7
	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
sect	on D - Distributions	mat purposes		Current Year
<u> </u>	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp		 :	
2	organizations, in excess of income from activity	of barboses or supported		
_		on of supported organization		
3	Administrative expenses paid to accomplish exempt purpose	15	·	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which ti			
8		ne organization is responsive	-	
_	(provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6	<u> </u>	·	
9_				
10	Line 8 amount divided by line 9 amount	/s\	(::)	/:::\
	on F. Dintribution Allocations (non-patriotions)	(i) , Excess Distributions	(ii) Underdistributions	(iii) Distributable
ect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2018	Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		W. S. J. Jan. St. W. S. S.	
2	Underdistributions, if any, for years prior to 2018 (reason-		LEVEL WITH ASSESSMENT OF STREET STREET, STREET	
_	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2018			Taken in the property of the continuence of the contract of th
	From 2013		APPENDEN	
	From 2014	THE STATE OF THE S	CASTA VALABATA CANA	
	From 2015	opport to have Jacob and the property of the same	The state of the s	
	From 2016	CALL TO THE SECOND OF THE SECO		
	From 2017	ALTERNATION OF VIEW		
	Total of lines 3a through e	E-SPAN - METERAL TOST SPAN SPAN SPAN SPAN SPAN	Electric de la companya del companya del companya de la companya d	
	Applied to underdistributions of prior years		AND WITH ANY CANADOM PARTIES IN NORTH	
	Applied to 2018 distributable amount	THE PROPERTY OF THE PROPERTY O		The Control of the Co
i	Carryover from 2013 not applied (see instructions)	KIND ON BRICKSTAN WHO SAN HIM HONDAN		
<u>'</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D,			
•	line 7: \$			
	Applied to underdistributions of prior years		and the second of the second o	
	Applied to 2018 distributable amount			AND AND THE COMMERCIAL STATES AND THE
	Remainder. Subtract lines 4a and 4b from 4	HARMOND CONTRACT CONTRACTOR AND CONTRACT ONLY		
5	Remaining underdistributions for years prior to 2018, if		Programmer of an August New Program Control of the Lateston	
•	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018 Subtract lines 3h		12/2014 AVIOLET (1945)	and the second of the second o
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3	and the state of t		
-	and 4c.		KET ESTABLISHED FOR THE PARTY.	
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			Name of the second seco
	Excess from 2017	HATE STATE OF THE PARTY OF THE		
	Excess from 2018		HANCE THE REAL PROPERTY.	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-E	Z) 2018	BEAU'	TIFUL	FEET	MINIS	TRIES	OF	TANZAN	IA 8	1-50066	558 F	²age 8
Rart VI	Supplemental Part IV, Section A line 1, Part IV, Sec Section D, lines 5, (See instructions.)	I Inforn , lines 1, 2 ction D, lin 6, and 8	nation. 2, 3b, 3c, nes 2 and	Provide th 4b, 4c, 5a 3. Part IV	ie explana i, 6, 9a, 9b . Section E	tions requi , 9c, 11a, E. lines 1c.	red by Part 11b, and 1 ⁻ 2a, 2b, 3a,	II, line Ic; Part and 3b	10, Part II, line t IV, Section B o, Part V, line	e 17a or 17 3, lines 1 an 1; Part V. Se	o, Part III, line d 2, Part IV, S ection B, line	12, Section C	С,
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SCHEDULE D

(Form 990) ·

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

BEAUTIFUL FEET MINISTRIES OF TANZANIA

Employer identification number 81-5006658

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
_	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic str	2c	
d	Number of conservation easements included in (c) acquired	re	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?	•	└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
	conservation easements.	4 Ant Historical Traceurs or Ot	har Similar Accets
Pa	rt III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		that are about modern about broken all
b	If the organization elected, as permitted under SFAS 116 (A:		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	nic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	~ *
а	Revenue included on Form 990, Part VIII, line 1	•	*
h	Assets included in Form 990. Part X		▶ \$

		<u>UL FEET MI</u>						<u>81-50</u>			<u>age 2</u>
Pai	t III. Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	ds, check an	y of the 1	following tha	at are a s	ignificant	use of its	collectio	n item:	s
	(check all that apply)										
а	Public exhibition	(ı 🖳 Loa	n or exch	nange progra	ams					
b	Scholarly research	•	Oth	er			_				
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın how they	further th	ne organizati	on's exe	mpt purp	ose ın Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, histor	rical treas	sures, or oth	er sımıla	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	janizatior	n answered	"Yes" or	Form 990	0, Part IV,	lıne 9, or		
10			diany for con	tribution	e or other as	eete not	uncluded				
ıa	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
_	on Form 990, Part X?	and complete the fe	downa tahi	•				L	」 Yes	L	No
D	If "Yes," explain the arrangement in Part XIII	and complete the it	nowing tabl	5 .			[A		
_	Pogrania halanan						40		Amount	<u> </u>	
	Beginning balance Additions during the year						1c 1d				
								<u> </u>			
e	Distributions during the year						1e 1f		_		
f	Ending balance Did the organization include an amount on Fi	orm 000 Bort V line	21 for acco	OW or ou	istodial acco	vint liabi		<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.						•	L	l res	==	ן ן
	t.V., Endowment Funds. Complete										
	The state of the s	(a) Current year	(b) Prior		(c) Two yea			years back	(e) Four	vears	hack
19	Beginning of year balance	(a) Carrent year	(8)1 1101	you	10) 1110 300	TO DOOR	(d) Thice	your 3 Duck	(e) i oui	years	Dack
	Contributions		- · - ·			_					
	Net investment earnings, gains, and losses										
	d Grants or scholarships										
	Other expenditures for facilities		<u> </u>								
·	and programs										
•	Administrative expenses	-									
	End of year balance								,		
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1a, c	olumn (a)) held as:						
	Board designated or quasi-endowment	one your one building	%		,,,						
	Permanent endowment	%	_′°								
	Temporarily restricted endowment	% %									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
32	Are there endowment funds not in the posse	•	ation that a	re held ar	nd administe	ered for t	he organi	zation			
-	by:			5 1101G G.					ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
h	if "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on Sche	dule R?		•			3b	$\neg \dagger$	
4	Describe in Part XIII the intended uses of the								(00)		
	t.VI Land, Buildings, and Equipm										
	Complete if the organization answere		0, Part IV, lir	ne 11a. S	ee Form 990), Part X	line 10.				
	Description of property	(a) Cost or o		(b) Cost			ccumulate	ed	(d) Bool	k value	
	property	basis (investi	. 1	basis (preciation		(-,		•
1a	Land	<u> </u>		<u></u>		· ·	1	; ,			
	Buildings	~~~			· —						
c	Leasehold improvements	 -									
d	Equipment			3	1,874.		1,6	85.	3(0,18	89.
	Other						<u>_</u>				
	Add lines to through to (Column (d) must o	000 D	V andress t	(D) (m = 4	0-1				2 (0 1	00

(a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		f valuation. Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				<u> </u>
(A)		<u> </u>		
(B)		-		
(C)			"	
(D)		-		
(E) (F)			· · · · · ·	
(G)	· · · · · · · · · · · · · · · · · · ·			
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		2000年2月1日		
PartiVIII Investments - Program Related.				
Complete if the organization answered "Yes"				I of construction
(a) Description of investment	(b) Book value	(c) Method o	f valuation Cost or en	ı-oı-year market value
		· · · · · · · · · · · · · · · · · · ·		•
(3)	<u> </u>			
(4)				
(5)		-	***************************************	
(6)				
(7)				
(8)				
		COM NECONO PLOS DE MAIO	towns and some service of the servic	Bullette William Co. Land Co. Dec. 1981
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XX Other Assets.		· 其 本語 對於 公斤 數据於於本		
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d See Form 99	0, Part X, line 15	(b) Book value
			_	(5) 2001 12:00
(2)		·		,
				•
(3) (4) (5)				
(3)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9)	0.15.)	•		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Rart X Other Liabilities.		11000116 0 5		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Rart X Other Liabilities. Complete if the organization answered "Yes"		·- <u>-</u>	orm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Rart X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		11e or 11f See Fo (b) Book value	orm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Rart X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes		·- <u>-</u>	prm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Rart X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)		·- <u>-</u>	orm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Rart X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line	·- <u>-</u>	orm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line	·- <u>-</u>	prm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line	·- <u>-</u>	prm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	·- <u>-</u>	prm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Rart X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	·- <u>-</u>	prm 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	·- <u>-</u>	prm 990, Part X, line 25	

	dule D (Form 990) 2018 BEAUTIFUL FEET MINISTRIES	S OF TANZANIA	81-5006658 Page 4
Par	t:XI Reconciliation of Revenue per Audited Financial State	ments With Revenue p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a	
1	·Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	<u>&\delta \delta \de</u>
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Par	t XIII Reconciliation of Expenses per Audited Financial State	ements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Pnor year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d .		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Par	t [·] XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F		/, line 4, Part X, line 2; Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any	additional information	
		· · · · · · · · · · · · · · · · · · ·	
		·	
	•		
			· · · · · · · · · · · · · · · · · · ·

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2018
Open to Public solution

Name of the organization

Employer identification number

BEAUTI	FUL FEET	<u>MINIS</u> TRI	ES OF TA	NZANIA	81-500665		
Pärt 🚉	General Infor	rmation on A	ctivities Out	tside the United States. Comple			
	Form 990, Part IV						
				ds to substantiate the amount of its gra		. 🗀	
the gra	antees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No	
_		ribe in Part V the	e organization's i	procedures for monitoring the use of its	s grants and other assistance outs	ide the	
United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)							
_	Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region	
SUB-SAHAR	AN AFRICA	1	2		SPREAD THE GOSPEL OF JESUS CHRIST THROUGH CHURCH PLANTING, EDUCATION, HOSPICE CARE	41,688.	
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3 a Subto			2_		ACTION OF STREET OF STREET OF STREET	41,688	
-	from continuation s to Part I	,				0	
	s to Part 1 s (add lines 3a		<u>, </u>				
and 3			.2		12000000000000000000000000000000000000	41 688	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

Page 2

Schedule F (Form 990) 2018 BEAUTIFUL FEET MINISTRIES OF TANZANIA 81-5006538

[新春報] Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any 81-5006658 recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	SPREAD THE GOSPEL OF JESUS CHRIST THROUGH CHURCH PLANTING, EDUCATION HOSPICE	41,688,		0	N/A	N/A
		-		-				
								-
		, ,		•			,	
			•	·				
		1			•	-		
M. Frank		· · · · · · · · · · · · · · · · · · ·						
2 Enter total number of	recipient organization	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	foreign country,	recognized as tax-e>	kempt		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

3

Schedule F (Form 990) 2018

81-5006658 BEAUTIFUL FEET MINISTRIES OF TANZANIA

Page 3

Schedule F (Form 990) 2018 BEAUTIFUL FEET MINISTRIES OF TANZANIA 81-5006658

[Part III] Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

	j l		1	1	 	 	I	ı	. 1	8
(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2018
(g) Description of noncash assistance										Sched
(f) Amount of noncash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										
(c) Number of (d) Amount of recipients cash grant										
(b) Region										
(a) Type of grant or assistance (b) Region						-				

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2018

Yes X No

Schedule F (Form 990) 2018 BEAUTIFUL FEET MINISTRIES OF TANZANIA 81-5006658 Page Page Supplemental Information	<u>e 5</u>
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of	
• investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions	
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions	
PART I, LINE 2:	
THE ORGANIZATION'S PRESIDENT ROUTINELY VISTS TANZANIA AND MONITORS THE	
USE OF ITS GRANT FUNDS.	
PART I, LINE 3, COLUMN (E):	
REGION: SUB-SAHARAN AFRICA	
(E) SPECIFIC TYPES OF SERVICES IN REGION: SPREAD THE GOSPEL OF JESUS	
CHRIST THROUGH CHURCH PLANTING, EDUCATION, HOSPICE CARE AND	
SELF-IMPROVEMENT.	
PART II, COLUMN (D):	
REGION: SUB-SAHARAN AFRICA	
(D) PURPOSE OF GRANT: SPREAD THE GOSPEL OF JESUS CHRIST THROUGH CHURCH	
PLANTING, EDUCATION, HOSPICE CARE AND SELF-IMPROVEMENT.	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internat Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No 1545-0047

Upen to Fuel and Inspection

Employer identification number Name of the organization 81-5006658 BEAUTIFUL FEET MINISTRIES OF TANZANIA FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE REMOTE VILLAGES OF TANZANIA BY JOINING CHURCHES AND COMMUNITIES IN THE SOUTHERN END OF LAKE VICTORIA IN TANZANIA, AFRICA TO SPREAD THE GOSPEL AND LOVE OF JESUS CHRIST THROUGH CHURCH PLANTING, EDUCATION, HOSPICE CARE AND SELF-IMPROVEMENT. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHURCH PLANTING, EDUCATION, HOSPICE CARE AND SELF-IMPROVEMENT. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S TREASURER REVIEWED THE PREPARED FORM 990 BEFORE IT WAS FILED. FORM 990, PART VI, SECTION C, LINE 19: THIS INFORMATION IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST.