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Form **990EZ**

# 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)**

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

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

**2019**

**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019**

**B** Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

**C** Name of organization
Global Banjara Baptist Ministries International Inc

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO Box 248

City or town, state or province, country, and ZIP or foreign postal code
Leo, IN 46765

**D Employer identification number**
26-2493387

**E** Telephone number
(254) 749-5468

**F** Group Exemption Number ▶

**G** Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

**H** Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I Website:** ▶www gbbmi org

**J Tax-exempt status** (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ $ 166,555

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . ☑

| Section | Line | Description | Sub-line | Sub-amount | Line | Amount |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | 1 | 156,333 |
| | 2 | Program service revenue including government fees and contracts | | | 2 | |
| | 3 | Membership dues and assessments | | | 3 | |
| | 4 | Investment income | | | 4 | 4 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | | |
| | b | Less cost or other basis and sales expenses | 5b | 0 | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | 5c | |
| | 6 | Gaming and fundraising events | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than $15,000) | 6a | | | |
| | 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) | 6b | 0 | | |
| | c | Less direct expenses from gaming and fundraising events | 6c | 0 | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | 6d | |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | 10,218 | | |
| | b | Less cost of goods sold | 7b | 1,205 | | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | 7c | 9,013 |
| | 8 | Other revenue (describe in Schedule O) | | | 8 | |
| | 9 | **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | | | 9 | 165,350 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | 10 | 104,940 |
| | 11 | Benefits paid to or for members | | | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | | | 12 | |
| | 13 | Professional fees and other payments to independent contractors | | | 13 | 5,591 |
| | 14 | Occupancy, rent, utilities, and maintenance | | | 14 | |
| | 15 | Printing, publications, postage, and shipping | | | 15 | |
| | 16 | Other expenses (describe in Schedule O) | | | 16 | 13,215 |
| | 17 | **Total expenses.** Add lines 10 through 16 ▶ | | | 17 | 123,746 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | 18 | 41,604 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | 19 | 65,457 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | 20 | |
| | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | | | 21 | 107,061 |

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

| | (A) Beginning of year | | (B) End of year |
|---|---|---|---|
| 22 Cash, savings, and investments | 65,457 | 22 | 107,061 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe in Schedule O) | | 24 | |
| 25 **Total assets** | 65,457 | 25 | 107,061 |
| 26 **Total liabilities** (describe in Schedule O) | | 26 | |
| 27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) | 65,457 | 27 | 107,061 |

**Part III** **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

**Expenses** (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others )

What is the 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

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

| | | |
|---|---|---|
| 28 See Additional Data Table<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | 28a | |
| 29 See Additional Data Table<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | 29a | |
| 30<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | 30a | |
| 31 Other program services (describe in Schedule O)<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | 31a | |
| 32 **Total program service expenses** (add lines 28a through 31a) ▶ | 32 | 114,740 |

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| Willie Gomez<br>President | 10 00 | 0 | | |
| Todd Ewing<br>Vice President | 1 00 | 0 | | |
| Srinivasa Naik Khethavath<br>Ex Officio | 10 00 | 0 | | |
| Marcia Whitehorn<br>Scholarships | 15 00 | 0 | | |
| Jungium Park<br>Advisor | 0 25 | 0 | | |
| Benny Cherry<br>Advisor | 0 25 | 0 | | |
| Morris George<br>Advisor | 0 25 | 0 | | |
| Robert Crandall<br>Advisor | 0 25 | 0 | | |
| Russel Daws<br>Advisor | 0 | 0 | | |
| | | | | |
| | | | | |
| | | | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | No |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O See instructions | 34 | | No |
| 35a | Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | No |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | No |
| 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 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ **37a** | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 37b | | No |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | No |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** | | | |
| 39 | Section 501(c)(7) organizations Enter | | | |
| a | Initiation fees and capital contributions included on line 9 **39a** | | | |
| b | Gross receipts, included on line 9, for public use of club facilities **39b** | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0 | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | No |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶ 0 | | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0 | | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | No |

41 List the states with which a copy of this return is filed ▶ IN

42a The organization's books are in care of ▶ Targeted Services PC Telephone no ▶ (260) 203-3121

Located at ▶ 709 Clay Steet Ste 102 Fort Wayne , IN ZIP + 4 ▶ 46802

| | | | Yes | No |
|---|---|---|---|---|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | No |
| | 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 Accounts (FBAR) | | | |
| c | At any time during the calendar year, did the organization maintain an office outside the U S ? | 42c | | No |
| | If "Yes," enter the name of the foreign country ▶ | | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | No |
| 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 | 44b | | No |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | | No |
| d | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | No |

| | | Yes | No |
|---|---|---|---|
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | 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 O to respond to any question in this Part VI ☐

| | | Yes | No |
|---|---|---|---|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | | No |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | No |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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 ▶ ☑ **Yes** ☐ **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**

****** — Signature of officer — Date: 2020-07-27

Willie Gomez President — Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Patricia Oppor | | | | P00234243 |
| Firm's name ▶ Targeted Services PC | | | Firm's EIN ▶ | |
| Firm's address ▶ 709 Clay Street Suite 102 Fort Wayne, IN 46802 | | | Phone no (260) 203-3121 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ **Yes** ☐ **No**

# Additional Data

**Software ID:** 19009920
**Software Version:** 2019v5.0
**EIN:** 26-2493387
**Name:** Global Banjara Baptist Ministries International Inc

## Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|---|---|
| **28**<br>GBBMI funded 160 scholarships to Aletheia Banjara School (ABS), which classroom teaching and extra-curricular activities Please see Schedule O<br>(Grants $ 114,740) If this amount includes foreign grants, check here . . . ▶ ☑ | **28a** | 104,940 |

## Form 990EZ, Part III - Statement of Program Service Accomplishments

| **Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.** | **Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)** | |
|---|---|---|
| **29**<br>Social Welfare Through Global Banjara Baptist Ministries in Hyderabad, India, GBBMI provides medical, vocational and other support to the Banjara People Please see Schedule O<br>(Grants $ ) If this amount includes foreign grants, check here . . . ▶ ☐ | **29a** | |

**SCHEDULE A**
**(Form 990 or 990EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

| **Name of the organization** | **Employer identification number** |
|---|---|
| Global Banjara Baptist Ministries International Inc | 26-2493387 |

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

| **(i)** Name of supported organization | **(ii)** EIN | **(iii)** Type of organization (described on lines 1- 10 above (see instructions)) | **(iv)** Is the organization listed in your governing document? Yes | No | **(v)** Amount of monetary support (see instructions) | **(vi)** Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | 198,107 | 174,546 | 174,840 | 177,864 | 156,333 | 881,690 |
| 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 | 198,107 | 174,546 | 174,840 | 177,864 | 156,333 | 881,690 |
| 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) | | | | | | 25,586 |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 856,104 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 198,107 | 174,546 | 174,840 | 177,864 | 156,333 | 881,690 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 66 | 2 | 2 | 5 | 4 | 79 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | 0 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 881,769 |

12 Gross receipts from related activities, etc (see instructions) | 12 |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | 97 090 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | 92 640 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support test—2018.** 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 ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 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 | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6 ) | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 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 ) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

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

| | | |
|---|---|---|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

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

| | | |
|---|---|---|
| 17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from **2018** Schedule A, Part III, line 17 | 18 | |

19a **331/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV** **Supporting Organizations**

(Complete only if you checked a box on line 12 of 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**

| | | | Yes | No |
|---|---|---|---|---|
| 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* | 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)* | 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* | 3a | | |
| 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* | 3c | | |
| 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* | 4a | | |
| 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 **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* | 4c | | |
| 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)* | 5a | | |
| 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? | 5c | | |
| 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.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)* | 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 or 990-EZ)* | 8 | | |
| 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.*** | 9a | | |
| 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.*** | 9b | | |
| 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.*** | 9c | | |
| 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 line 10b below* | 10a | | |
| 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 | | |

**Part IV Supporting Organizations** (continued)

| | | | Yes | No |
|---|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | 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** | | |
| **b** | A family member of a person described in (a) above? | **11b** | | |
| **c** | 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** | | |

**Section B. Type I Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities 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 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 carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization* | **2** | | |

**Section 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 or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)* | **1** | | |

**Section D. All Type III Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? | **1** | | |
| **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)* | **2** | | |
| **3** | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard* | **3** | | |

**Section 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)**

**a** ☐ The organization satisfied the Activities Test Complete **line 2** below

**b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below

**c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| **2** | Activities Test **Answer (a) and (b) below.** | | | |
| **a** | 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** | | |
| **b** | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement* | **2b** | | |
| **3** | Parent of Supported Organizations **Answer (a) and (b) below.** | | | |
| **a** | 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** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard* | **3b** | | |

**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

| | **Section A - Adjusted Net Income** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries 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 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 | | |

| | **Section B - Minimum Asset Amount** | | (A) Prior 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) | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **Discount** claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 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 | | |

| | **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 | | |

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in **Part VI**) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| **Section E - Distribution Allocations** (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|---|---|---|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014. . . . . . . . | | | |
| b From 2015. . . . . . . . | | | |
| c From 2016. . . . . . . . | | | |
| d From 2017. . . . . . . . | | | |
| e From 2018. . . . . . . . | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2019 from Section D, line 7 $ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in **Part VI** See instructions | | | |
| 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in **Part VI** See instructions | | | |
| 7 **Excess distributions carryover to 2020.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2015. . . . . | | | |
| b Excess from 2016. . . . . | | | |
| c Excess from 2017. . . . . | | | |
| d Excess from 2018. . . . . | | | |
| e Excess from 2019. . . . . | | | |

# Additional Data

**Software ID:** 19009920
**Software Version:** 2019v5.0
**EIN:** 26-2493387
**Name:** Global Banjara Baptist Ministries International Inc



**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

| Facts And Circumstances Test |
| --- |
| |

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**▶ Attach to Form 990 or 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization
Global Banjara Baptist Ministries International Inc

**Employer identification number**
26-2493387

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Grants and Similar Amounts Paid In Excess of $5,000 3 | \| Donee's Name Compassion Ministries \| Cash Amount Given $104940 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Other Expenses 1002 | Office Expenses $1627 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Other Expenses 1003 | Information Technology $15 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Other Expenses 1005 | Travel $9785 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Other Expenses 1007 | Conferences, Conventions, and Meetings $1395 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Other Expenses 1 | Unclassified expenses $393 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Part III, line 28 (continued) | GLOBAL BANJARA BAPTIST MINISTRIES, INDIAANNUAL REPORT 2019 Funds raised by Global Banjara Baptist Ministries International support Christian education and outreach carried out by G lobal Banjara Baptist Ministries (GBBM) in Hyderabad, India GBBMs activities in 2019 are summarized as follows The year 2019 has been a very rough year for me, my family, and all at GBBM & ABS Our three children (Sharron, Aaron, and Joy Naik) met with a house fire ac cident in Collierville, TN-USA on the night of December 23, 2018 which took four lives inc luding the host mother This has changed the lives of Sujatha, my wife, and I forever God is Gracious in comforting and supplying us with necessary daily strength to cope with the situation In spite of this devastating situation, The Lord God has been Faithful in lead ing and using us as an Organization for His Kingdom's work throughout the year Though Suj atha and I weren't able to go out much, all of our committed staff members continued the w ork very faithfully School Project - Aletheia Banjara School Vision Statement To develop p assionate leaders who are adequately equipped academically, socially, physically, and spir itually to influence the world for Christ Mission StatementAletheia Banjara School offers Christ-centered education in a nurturing atmosphere which enables its students to develop their talents to their fullest potential for service in all areas of God's Kingdom We kn ow that every individual student is a unique image bearer of God, and we don't let any of them fall through the cracks Our students thrive here both in the classroom and in many e xtra-curricular activities Aletheia Banjara School (ABS) is a landmark in Gurrapu Thanda and was inaugurated in July, 2009 Pastor K Srinivas Naik was born in Gurrapu Thanda wher e there was no school He had to go to a school far away from his house Pastor Naik was a recipient of a Government Merit Scholarship, which enabled him to join a reputed Governme nt Residential School in Hyderabad He successfully completed 10th Grade He desired to be come an engineer after completing the pre-university course During his study, Pastor Naik met with a Christian family who supported his studies and introduced him to church and ul timately lead him to accept Jesus Christ and become a Christian Pastor Naik did not forge t his past and fellow-Banjara children who neither had proper education nor were aware of the truth that Jesus Christ is the savior The Banjara were engrossed in weird superstitio ns and animistic beliefs They were illiterate, nomadic tribes, very backward and economic ally weak He realized that it was all because of a lack of education that the community r emained down-trodden Pastor Srinivas Naiks association with Global Banjara Baptist Minist ries (GBBM) helped him draw their attention to this remote village GBBM felt that educati on would be a powerful tool for the economic and social uplift of the community, and more importantly it would enable th |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| Part III, line 28 (continued) | em to reason and to understand the Gospel With a clear vision from God, and unflinching f aith in Him, GBBM laid the foundation for its first school on 4 Dec 2005 at Gurrapu Thanda ABS has successfully completed ten academic years and is in the middle of its eleventh y ear The School has introduced many unique features for its students, which no other schoo l in the district has These are apart from the regular activities that a school should ha ve Let us briefly discuss some of these features The school continued in 2019 to encoura ge education for girls, emphasizing English, taking high school students on educational to urs, conducting science fairs, conducting competitions in literary activities, teaching st udents how to maintain health and hygiene, providing safe drinking water, providing a powe r-packed drink at 10 10 AM & nutritious mid-day meal for lunch, mentoring through characte r building classes, promoting eco-friendly environment by planting thousands of trees in t he locality, observed Indian Republic Day, Independence Day, Teachers Day, Children's Day, Christmas Day and many other special days Praise God for Continual Plentiful Water Rainf all in this drought-prone region is insufficient and the last three years have been dry T he bore-well which was drilled at the school in 2016 with the help of a generous donor fro m Fellowship Bible Church, Waco, TX is supplying sufficient water for the needs of the sch ool We praise God for that We remember how much suffering there was in the past due to d ried bore-wells Boarding Facilities At present, we have 95 boarders in the School They a re being accommodated in classrooms and sleeping on the floors During this academic year, nearly 100 students left the school due to lack of boarding facilities It was a sad mome nt for both students and parents to leave the school Due to continuous drought in the reg ion, parents of the students were constrained to put their children in boarding schools in order to migrate to other places in search of livelihood To arrest this trend, ABS would like to provide boarding facilities to at least 200 students ABS is looking for donors t o provide 100 2-tier cots (beds) and 200 mattresses Construction of Teachers Quarters An amount of $20,000 was granted against the Water Melon Project for construction of teacher s quarters at ABS in 2016 We have laid the roof for the first floor for four sleeping qua rters We still need $30,000 to complete the construction of the first floor We needed to finish construction of at least the first floor as soon as possible to attract better tea chers to join ABS We are praying and waiting on God to provide funds for last four years II Health Medical Camp at ABS was conducted as part of an annual medical screening of al l students at Aletheia General checkups, eye tests, ear cleaning, and dental checkups wer e done on every student Medical & Awareness Camps were conducted in several regions where GBBM is active in ministry H |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Part III, line 28 (continued) | IV/AIDS awareness campaigns helped many victims to get treatment and counseling Thirty (3 0) individuals are receiving regular medicines for HIV/AIDS III Farmers Training Mr C V Abraham, one of the Board Members of GBBM India, has been a great blessing to the smal l and uneducated farmers Seminars, field visits and help with phone services were provide d to over 200 Banjara farmers in four regions IV Church Planting The loss of Pastor Naik 's children has affected all families including missionaries It took several months to ge t over the shock Except for a few trainings, and regular weekly worships services, nothin g took place during the first half of 2019 for new church planting Christmas Celebrations Staff Christmas, Regional Christmas Celebrations, United Banjara Christmas Celebrations f or Banjara Pastors and families were conducted Christmas Party Clubs Christmas Party Club s were conducted with the help of Child Evangelism Fellowship (India), an international or ganization 80 years old Over 7,000 children participated in this program from over one hu ndred villages The Christmas Story was shared with all of the children Snacks and refres hments were served V On-going Training for Rural Leaders GBBM is striving to equip the p astors, evangelists, Church planters and leaders of numerous village churches with various levels of training and imparting practical knowledge to them Teams and individuals who v isited India during the reporting period Under the leadership of Mr Larry O'Malley, a te am from Harvest Church of Memphis visited us in first week of February, 2019 Over 100 lea ders from various churches atteneded President Dr Jim Kirchner and another Bord Member o f Global Assist (Formerly Kingdom's Harvest International) of Lincoln, NE visited India A Partners Summit was conducted in New Delhi in August, 2019 The Team had also visited Ale theia Banjara School and few villages GLOBAL BANJARA BAPTIST MINISTRIES Key areas for Grow th 2019# of Villages covered 207Total # of persons heard the Gospel 34626a # of persons h eard the Gospel for the first time 15337b # of persons heard the Gospel for more than one time 16864# of persons accepted Jesus Christ 540# of children reached through Children Cl ubs 2040# of worship centres attending less than 10 Believers 64# of worship centres atten ding more than 10 Believers 55Total # of Believers attending worship in a week 1552Offerin gs collected from January to December 2019 in Indian Rupees1,83,923# of Second line Leader s 74# of new worship centres 16# of Baptisms 140 |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Part III, line 28 (continued) | II Health Medical & Awareness Camps were conducted in several regions where GBBM is activ e in ministry HIV/AIDS awareness campaigns helped many victims to get treatment and couns eling Sixty-eight (68) individuals are receiving regular medicines for HIV/AIDS, four HIV positive children were admitted in a special boarding school meant only for such candidat es III Farmers Training Mr C V Abraham, one of the Board Members of GBBM India, has be en a great blessing to the small and uneducated farmers IV Church Planting As in the pa st few years, the Global Banjara Baptist Ministries (GBBM) efforts to win souls from the B anjara Community is becoming more and more challenging The present government is craftily enacting laws to decimate Christianity To appease the majority religious communities tow ards polarization for political gains, the authorities in power are supporting fanatic gro ups The Indian populace is so polarized now that it is becoming very difficult to publicl y preach the Gospel The uncertain and hostile environment is making it very difficult for GBBM to achieve its goals The pastors and evangelists, having tasted the joy and the ben efits of salvation, are continuously witnessing to the Banjara and others The events in v arious parts of the country are very disturbing Even the media is gagged and the news of attacks on Christians have literally disappeared from the TV, newspapers, and e-media, etc The present situation is very disheartening and creating terror and immense fear among t he pastors and evangelists and dissuading them not to venture into areas where the Gospel is yet to spread The incidents of brutal and continuous attacks on Christians in many par ts of India, especially Odisha, and forcefully reconverting the hitherto converted Christi ans to Hinduism is deterring those who are willing to accept Jesus as their personal savio r They are afraid that someday even they will have to face such hostile situations We co mmend the GBBM evangelists and Church planters who bravely are upholding Jesus Christ and spreading the Gospel to the unreached in spite of untoward situations The results may not be great, but hard work and efforts against the vehement opposition is noteworthy GBBMs work is based upon four principles Reaching (sowing the seed), Discipling (help to follow Christ), Leading (equipping/training), and Transforming (encouraging to reach others) Re aching GBBM works amongst Banjara Community in four states of India Telangana, Andhra Pr adesh, Karnataka and Madhya Pradesh The Banjara people are very conservative and inhabit remote villages called thandas They give a lot of prominence to their religion, religious customs and culture, and perform their religious festivals fervently and with zeal GBBM pastors and believers and their families too inhabit these thandas and frequently face thr eats and attacks The Government is extending sops, such as free education, government job s, and hostel/boarding facilit |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Part III, line 28 (continued) | ies to students, etc , to Schedule Tribes, which includes the Banjara Community, as well In a few, states if anyone becomes a Christian, he/she tends to lose these benefits These are the major hurdles that the GBBM is experiencing in all Banjara villages It should be taken into consideration that our pastors work under these adverse conditions where it is not easy to convince a non-believer to accept Gospel But these circumstances do not dete r our pastors to shirk their responsibilities of spreading the Word GBBM work is spread i n 195 villages 31,478 persons heard the Gospel and 866 have accepted Christ as their pers onal Savior This we consider a major achievement under the present political situation an d concerted efforts of the anti-Christian elements who time and time disturb and discourag e the Banjaras from knowing the truth Discipleship Banjara are very sensitive and religi ous people Religion had always been a bone of contention and they never allowed anyone to interfere and influence them with regard to religion and religious practices Open preach ing of the Gospel is met with opposition and attracted physical attacks A better way of c ommunicating with them is the man-to-man approach Even this approach is met with suspicio n and resistance, but to some extent is successful Some of the believers who accepted Jes us Christ are baptized and trained to become disciples When the Banjara believers come to know the truth they become very staunch Christians and strive to share their salvation ex perience with others These disciples leave everything that they possess and take up the c ross GBBM has many such disciples who reach out to the Banjara Community and win souls O ne hundred and forty four (144) believers have been baptized Leading The literacy rate a mong the Banjara is very low Many of our believers cannot read or write Those believers who are literate are picked up and trained to share the Gospel and help in worship service s GBBM recruited Harvest Church of Memphis, Tennessee and Kingdoms Harvest International (KHI) to help train the pastors, evangelists and church planters A brief report is given under the heading On-going Training for Pastors and Leaders Transforming GBBM has a wond erful plan of shaping a believer into a fisherman The three steps (reaching, discipleship and leading) leads to transforming It is a painstaking effort to change a believer into a fisherman, i e , a fisher of men GBBM has been very successful in this aspect and there are many dedicated and sincere servants of God who involve a believer and help him/her ta ke steps to reach this level V On-going Training for Rural Leaders GBBM is striving to e quip the pastors, evangelists, Church planters and leaders of numerous village churches wi th various levels of training and imparting practical knowledge to them Harvest Church of Memphis is sending three teams a year to help in this area Kingdoms Harvest Internationa l (KHI) and few other individu |

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| Part III, line 28 (continued) | als also are helping GBBM in the training |