EXTENDED TO NOVEMBER 15, 2017

990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

6 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

~ ·	or the	2010 Calefful year, or tax year beginning	u enung		
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Address change	BUYAMBA, INC.			
	Name change	Doing business as		56-2	628066
	∏lnitial □return □Final	Number and street (or P.0. box if mail is not delivered to street address) 3625 E THOUSAND OAKS BLVD	Room/sui)558-0089
	√return/ termin-		DIE 2		1,220,456.
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code WESTLAKE VILLAGE, CA 91362-3576		G Gross receipts \$	-
H	⊒return ∏Applica			H(a) Is this a group r	eturn s? Yes X No
	⊥tiòn pending	1808 GOLDEN OAK ST, WESTLAKE VILLAGE,	CZ C	H(b) Are all subordinates i	
	-01/ 01/0	mpt status: X 501(c)(3)			list. (see instructions)
		mpt status: LX 301(c)(3)) 01 3	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Va	ar of formation: 2007	M State of legal domicile: CA
		Summary	L 16	ai oi ioiiiialioii. 2007 [VI State of legal domicile. C21
		Briefly describe the organization's mission or most significant activities: OPEI	RATES	IN THE UNITE	D STATES TO
Activities & Governance	' ;	SUPPORT AND FUNDRAISE FOR BUYAMBA OUTREZ	ACH MI	NISTRIES, NG	O AND THEIR
na.	-	Check this box if the organization discontinued its operations or disp			
Ve	l	· · · · · · · · · · · · · · · · · · ·		3	7
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			5
တ္		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			2
jŧ.		Fotal number of volunteers (estimate if necessary)			0
Ç		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ø	8 (Contributions and grants (Part VIII, line 1h)	[1,327,836.	1,164,221.
'n	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	[8.	18.
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,583.	32,995.
	12 7	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,329,427.	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,020,977.	921,257.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		72,480.	69,409.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă		Total fundraising expenses (Part IX, column (D), line 25)	0.	400 004	100 160
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		128,201.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,221,658.	
. 0	19 F	Revenue less expenses. Subtract line 18 from line 12		107,769.	
let Assets or und Balances			-	Beginning of Current Year	End of Year
Sse	20 1	Fotal assets (Part X, line 16)		583,204. 0.	590,611.
nd A	21 7	Fotal liabilities (Part X, line 26)		583,204.	590,611.
<u> </u>	22 N 11 11	Net assets or fund balances. Subtract line 21 from line 20		303,204.	390,011.
		ties of perjury, I declare that I have examined this return, including accompanying schedu	lee and etate	amente and to the heet of m	y knowledge and helief it is
		acs of perjury, received that relate examined this return, including accompanying screeds, and complete. Declaration of preparer (other than officer) is based on all information of v			y knowledge and belief, it is
uu,	0011001	, and complete. Declaration of preparer (other than officer) is based on an information of	νιτιστι ρι ορα	Tor rius arry knowledge.	
Sigi	,	Signature of officer		Date	
Her		▲ JULIE DIMAS, EXECUTIVE DIRECTOR			
HICH		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		VERONICA QUINTANA		if self-employ	P00749278
	-	Firm's name CBIZ MHM, LLC		Firm's EIN	33-0737981
		Firm's address 300 E. ESPLANADE DR. #250		5 Em	<u> </u>
	-	OXNARD, CA 93036		Phone no. (8	05) 988-3222
May	the IR	S discuss this return with the preparer shown above? (see instructions)		1 23	X Yes No

Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO SUPPORT AND FUNDRAISE FOR THE MINISTRY OF BUYAMBA OUTREACH	
	MINISTRIES, NGO (NGO) IN KAMPALA, UGANDA, PRIMARILY THROUGH THE	IR GOD
	CARES SCHOOLS. WE PROVIDE FINANCIAL SUPPORT, LOVE AND CARE TO T	
	IN THEIR MINISTRY TO ORPHANS & DISADVANTAGED CHILDREN IN UGANDA	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	103 [110
3		Yes X No
3	If "Yes," describe these changes on Schedule O.	163 [140
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	ovnoncoc
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	
	revenue, if any, for each program service reported.	perises, ariu
4a	(Code:) (Expenses \$ 1,073,355 • including grants of \$ 921,257 •) (Revenue \$	
4a	BUYAMBA, INC'S SOLE PROGRAM SERVICE IS TO SUPPORT THE UGANDAN N	IGO TN
	THEIR MINISTRY TO ORPHANS AND DISADVANTAGED CHILDREN. THIS IS	IGO III
	ACCOMPLISHED PRIMARILY THROUGH EDUCATION AT THE NGO'S GOD CARES	CCHOOLG
	(NURSARY/PRIMARY & HIGH SCHOOL). THE NGO DETERMINES ITS' NEEDS/	
	AND BUYAMBA, INC. SEEKS TO FUND (GRANT) THESE REQUESTS BY PROMO	
	AWARENESS IN CHURCHES AND FUNDRAISING IN THE US. THE SCHOOLS HA	
	SERVED OVER 1,600 STUDENTS INCLUDING APPROX. 350 ORPHANS. THE	. V &
	SPONSORSHIP PROGRAM RECEIPTS FUND TUITION GRANTS & INCREASED 19	Q TAT
	2015, COVERING OVER 1,300 OF THESE STUDENTS. THE BUILDING PROGRAMMS TOWN THE BUILDING PROGRAMMS TOWN THE BUILDING PROGRAMMS TO THE BUILDING PROGRAMS	
	GRANTS TOTALLED \$155,370 FOR THE HIGH SCHOOL MAIN BUILDING, THE	
	SCHOOL ASSEMBLY HALL, AND A FUTURE SCHOOL IN JINJA. TWO BIBLE	
	WERE FUNDED(GRANTS) INCLUDING 1,500 CHILDREN IN 2015. OVER 150	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,073,355.	
		Form 990 (2016)

18381108 144590 BUYAMBA

Form 990 (2016) BUYAMBA, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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		Х
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		Х
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	5		Х
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		Х
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?			7.7
	If "Yes," complete Schedule D, Part IV	9		X
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		Х
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	10		21
••	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		Х
С	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
d	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			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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	Х	
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	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		Х
	complete conseque of the m	.5	000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		Х
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		Х
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			
	Schedule J	23		Х
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			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		1
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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,	200		21
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		x
20		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		х
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u> </u>
32		32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1 23
34		24		x
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_ v
	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			_ v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

56-2628066

Form 990 (2016) BUYAMBA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders		Check if Schedule O contains a response or note to any line in this Part V			<u></u>		
be Enter the number of Forms W.26 included in line 1a. Enter o. If not applicable in the prognization comply with backup withholding rules for reportable payments to vendors and reportable garning (garnbling) wimings to price winners? 2a. Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return 2b If at least one is reported on line 2a, clid the organization file all required federal employment tax returns? 2b If a tile acts one is reported on line 2a, clid the organization file all required federal employment tax returns? 3c If the organization have unrelated business gross income of \$1,000 or more during the year? 3d If Yes, a file a form 990 Trof this year? W.7. for file 93b, provide an explanation in Schedule O. 4d A tary time during the calendar year, clid the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; flow as a shank account, securities account, or other financial accounts (FBAR). 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Us of any taxable party notify the organization have an interest in, or a signature or other authority over, a financial Accounts (FBAR). 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Us of any taxable party notify the organization file it was or is a party to a prohibited tax shelter transaction? 5d Did any taxable party notify the organization file Form 888617 6d Does the organization shall vary accepted that are normally greater than \$100,000, and clid the organization solicit any contributions that were not tax deductibles a charable contributions? 6d Did the organization shall vary accepted eductible contributions under section 170(c). 7d If Yes, did the organization shall vary accepted the organization and party for goods and services provided to the payo						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without without some winners? 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 3b clift or organization large and a significant of the properties of the state one's reported on line 2a, did the organization file all required federal employment tax returns? 3b If the contraction have unrelated business gross income of \$1,000 or more during the year? 3c If Yes, * has it filed a Form 990-T for this year? If Y-0,* to fine 3b, provide an explanation in Schedule O 3b If Yes, * the sit filed a Form 990-T for this year? If Y-0,* to fine 3b, provide an explanation in Schedule O 3c If Yes, * the sit filed a Form 990-T for this year? If Y-0,* to fine 3b, provide an explanation in Schedule O 3c If Yes, * the sit the mane of the foreign country. 5c Was the organization on a part by a privillation at any time during the tax year? 5c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization shape the arms 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? 6c Does the organization should with every solicitation an expose statement that such contributions or gifts were not tax deductible? 7c Organization shalt may receive deductible contributions under section 170(c), 8d If Yes, * indicate the number of Forms 8282 filed during the year 7 If If Yes, * indicate the number of Forms 8282 filed during the year 8 Did the organization during the year, pay permitums, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the or	1a		1a	3			
(gambling) winnings to prize winners? 2 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 5 filed for the calendar year ending with or within the year covered by this return 6 filed for the calendar year ending with or within the year covered by this return 7 filed for the calendar year ending with or within the year covered by this return 8 filed for the calendar year ending with or within the year covered by this return 8 filed for enganization have unrelated business gross income of \$1,000 rome during the year? 9 a May the 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 accounts (FBAR). 8 if Yes, "enter the name of the foreign country in the same as a bank account, securities account, or other financial accounts (FBAR). 8 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 b Id vers, "enter the name of the foreign country." 8 c If Yes, "in the foreign country is the foreign Bank and Financial Accounts (FBAR). 8 c If Yes, "in the foreign country to a prohibited tax shelter transaction? 9 c If Yes, "indicate the running gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of Ena B88617 9 c Tyganizations that may receive deductible contributions under section 170(c). 9 c If Yes, "indicate the running of the corn or of the value of the goods or services provided? 9 c Did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? 9 c Did the organization				0			
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all negured federal employment tax rotums? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unretated business gross income of \$1,000 or more during the year? 3 a X If 'Yes, 'has it field a Form 990-T for this year? If 'No,' to file 8b, provide an explanation in Schedule O 3 bid and the organization have unretated business gross income of \$1,000 or more during the year? 4 At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a firancial account in a foreign country, 'Ew. 5 if 'Yes,' the time the name of the foreign country, 'Ew. 5 if 'Yes,' the time the name of the foreign country, 'Ew. 5 if 'Yes,' the time the name of the foreign country, 'Ew. 5 if 'Yes,' the time the name of the foreign country, 'Ew. 5 if 'Yes,' the time sa or Sb, did the organization file Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Did any toxadise party nority the organization file Form 8888-17 5 a Did any toxadise party nority the organization file Form 8888-17 5 a Did any toxadise party nority the organization file Form 8888-17 5 b If 'Yes,' did the organization in excess of 375 made party sa a contributions or gifts were not tax deductible? 6 b If 'Yes,' did the organization neotive apprentiant excess of 375 made party sa a contribution and party for goods and services provided to the payor? 7 a Vi If 'Yes,' did the organization organization file a form organization receive a payment in excess of 375 made party sa a contribution and party for year with the payor organization selection 40 payor and year and	С						
field for the calendar year ending with or within the year covered by this naturn 2a					1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, ¹ has it field a Form 990-T for this year? If Yes, ¹ to line 3b, provide an explanation in Schedule 0 3b A at any time during the calendary 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)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a prinhibited tax shelter transaction at any time during the tax year? 5c If Yes, ¹ to line 5a or 5b, did the organization that if was or is a party to a prinhibited tax shelter transaction? 5c If Yes, ¹ to line 5a or 5b, did the organization flat was or is a party to a prinhibited tax shelter transaction? 5c If Yes, ¹ to line 5a or 5b, did the organization flat were nort tax deductible as charitable contributions? 5c If Yes, ¹ to line 5a or 5b, did the organization flat were not tax deductible? 6c If Yes, ¹ to line 5a or 5b, did the organization flouring the year year prinhibited tax shelter transaction? 6c If Yes, ¹ to line saccount that may receive deductible contributions under section 170(c). 8c If Yes, ¹ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, ¹ did the organization notify the donor of the value of the goods or services provided? 7c If If Yes, ¹ did the organization notify the donor of the value of the goods or services provided? 7d If If Yes, ¹ did the organization or to the value of the goods or services provided? 7d If Yes, ¹ did the organization or the year year prinmum, disciple per	2a			•			
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 10c	8						
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b					0-		
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					-		
a Initiation fees and capital contributions included on Part VIII, line 12					90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			102				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			_				
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amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Ital X Ital X Ital X Ital X Ital Ital Ital Ital Ital Ital Ital Ital							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11b				
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the					
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		•	_				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				37
							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O			000	(0040)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 5			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	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		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 ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	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, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DONNA LEAVITT - 805-558-0089			
	3625 E THOUSAND OAKS BLVD STE 26, WESTLAKE VILLAGE, CA 91362-3	576		

632006 11-11-16

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 this Part 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.

Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					th an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
below line)	stee or director	Institutional trustee	Officer	Key employee			from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
6.00	_x		×				0.	0.	0
40.00		\vdash					-	•	
10.00	x		x				38,000.	0.	0
2.00									
	Х		Х				0.	0.	0
4.00	١,,		,,					_	_
2 00	X	_	X			_	0.	0.	0
2.00	Į.,						0	0	0
2.00	<u> </u>						0.	0.	
2.00	$ \mathbf{x} $						0.	0.	0
2.00							-	-	
	Х						0.	0.	0
	L								
	lacksquare								
	-								
	Γ								
	hours for related organizations below line) 6.00 2.00 2.00 2.00	6.00 X 40.00 X 2.00 X 4.00 X 2.00 X 2.00	6.00 X 40.00 X 2.00 X 2.00 X 2.00 X 2.00 X 2.00	6.00 X 40.00 X X 2.00 X X 4.00 X X 2.00 X X 2.00 X	6.00 X X 40.00 X X 2.00 X X 4.00 X X 2.00 X X 2.00 X X	6.00 X X X 40.00 X X X 2.00 X X X 2.00 X X X 2.00 X X 2.00 X X 2.00 X 2.00 X 2.00	6.00 X X 40.00 X X 2.00 X X 4.00 X X 2.00 X X 2.00 X X	6.00 X X X 0. 40.00 X X X 38,000. 2.00 X X X 0. 4.00 X X 0. 2.00 X X 0. 2.00 X X 0.	6.00 X X X 0. 0. 40.00 X X X 38,000. 0. 2.00 X X X 0. 0. 4.00 X X X 0. 0. 2.00 X X 0. 0. 2.00 X X 0. 0.

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable	•	Es	timate	d
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation			ount o	of
		week (list any	_	Cei ai	luau	in ect	Ji/ ii us	100)	from	from related			other	
		hours for	irecto						the	organization			pensat	
		related	or d	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the	
		organizations	ruste	trus		ee ee	nben		(۷۷-2/1099-101130)			_	anizati d relate	
		below	dual tr	tional	١.	yoldr	st cor						nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
			 	 	Ť	1	T .							
			1											
			1											
			-											
							_	-						
			1											
			1											
			-											
	Cub total								38,000.		0.			0.
	Sub-total Total from continuation shoots to Port VI								0.		0.			0.
	Total from continuation sheets to Part VI								38,000.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n								-	L 1000 of reportab				<u> </u>
_	compensation from the organization	ot illilited to ti	1030	· IISC	ou a	DOV	C) WI	110 1	cocived more than proc	,,000 or reportat	,,,,			0
	-												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J t	for such individual			4		X
5	Did any person listed on line 1a receive or a										3			
	rendered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son					5		X
	tion B. Independent Contractors		-l	- II -					No. 24	¢100,000 of oor		-4: 6		
1	Complete this table for your five highest co the organization. Report compensation for										npens	alioni	TOTTI	
	(A)	trio odioridai y	oui	ona	iiig v	VICI 1	01 11	<u> </u>	(B)	your.		(C	:)	
	Name and business	address	N	INC	E				Description of s	ervices	С	omper		1
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨					0							

632008 11-11-16

Га	πv	Ш	Check if Schedule O conta		e or note to any li	ne in this Part VIII			
				,		(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	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
is, (С	Fundraising events	1c					
ā		d	Related organizations	1d					
ini,		е	Government grants (contributi	ons) 1e					
e ţi		f	All other contributions, gifts, grant						
ğξ			similar amounts not included above	re 1f 1 ,	,164,221.				
g			Noncash contributions included in lines	1a-1f: \$	13,285.				
<u>ठ</u> ह		h	Total. Add lines 1a-1f		<u> </u>	1,164,221.			
					Business Code				
ice	2	а							
er.		b							
m S		С							
gra Re		d							
Program Service Revenue		e	All other pregram contine rough						
		ı	All other program service reversible. Add lines 2a-2f						
	3		Investment income (including						
	ľ		other similar amounts)	•	•				
	4		Income from investment of tax			18.	18.		
	5		Royalties	•					
	_		,	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
			Rental income or (loss)						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)		. <u></u>				
ne	8	а	Gross income from fundraising	,					
Other Revenue			including \$						
Be			contributions reported on line	•	56,217.				
her		L	Part IV, line 18		22 222	-			
ō			Net income or (loss) from fund		_	32,995.			32,995.
	9		Gross income from gaming ac	-		= ,555			0=,555
		-	Part IV, line 19		<u>, </u>				
		b	Less: direct expenses						
			Net income or (loss) from gam			1			
	10		Gross sales of inventory, less						
			and allowances		a				
		b	Less: cost of goods sold						
			Net income or (loss) from sales						
			Miscellaneous Revenue		Business Code				
	11	а							
		b							
		С							
			All other revenue						
			Total. Add lines 11a-11d			1 107 224	10		22 OOF
	12		Total revenue. See instructions.			1,197,234.	18.	0.	32,995.

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Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	001 055	001 055		
	individuals. See Part IV, lines 15 and 16	921,257.	921,257.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	20 000		20.000	
	trustees, and key employees	38,000.		38,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	24 164		24 164	
7	Other salaries and wages	24,164.		24,164.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2,399.		2,399.	
9	Other employee benefits	4,846.		4,846.	
10	Payroll taxes	4,040.		4,040.	
11	Fees for services (non-employees):				
	Management				
b	Legal				
	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e •	Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	21,641.		21,641.	
14	Information technology	10,033.		10,033.	
15	Royalties	4.4.500		44.500	
16	Occupancy	14,530.		14,530.	
17	Travel	67.		67.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	793.		793.	
22	Depreciation, depletion, and amortization	133.		133.	
23	Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in trovered 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 O.)				
а	MINISTRY EDUCATION TRIP	95,419.	95,419.		
a b	CHILDRENS' BIRTHDAY & H	26,718.	26,718.		
c	OTHER - MISC	17,302.	17,302.		
d	CREDIT CARD FEES	11,823.	11,823.		
e	All other expenses	836.	836.		
25	Total functional expenses. Add lines 1 through 24e	1,189,828.	1,073,355.	116,473.	0.
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)				
					Earm 990 (2016)

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BUYAMBA, INC.

Form 990 (2016)

Part X | Balance Sheet

Paı	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			399,259.	1	406,768
	2	Savings and temporary cash investments			181,668.	2	181,685
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated er	plovees. Complete			
		Part II of Schedule L		· ·		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sec		~ ~ ~			
S.		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net		_		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	_	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	3,677.			
	Ь	Less: accumulated depreciation		3,677.	2,277.	10c	2,158
	11	Investments - publicly traded securities	$\overline{}$		·	11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			583,204.	16	590,611
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
က္	22	Loans and other payables to current and former					
E E		key employees, highest compensated employee		· · · · · · · · · · · · · · · · · · ·			
Liabilities		Complete Part II of Schedule L				22	
Ĩ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D		•		25	
	26	Total liabilities. Add lines 17 through 25		_	0.	26	0
		Organizations that follow SFAS 117 (ASC 958					
တ္က		complete lines 27 through 29, and lines 33 ar					
Ĕ	27	Unrestricted net assets			583,204.	27	590,611
<u>a</u>	28	Temporarily restricted net assets				28	
<u>Б</u>	29					29	
un-		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
5	31	Paid-in or capital surplus, or land, building, or ed			31		
Ϋ́	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			583,204.	33	590,611
	34	Total liabilities and net assets/fund balances			583,204.	34	590,611

Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 1	L,19 L,18	7,2	28. 06.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59	0,6	10.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
1 2a	Accounting method used to prepare the Form 990: X Cash Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
3a	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (2016)		