Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning

rgariization		
, 2019, and ending	, 20	20

OMB No. 1545-1878

Department of the Treasury	-	to the IRS. Keep for your records. /Form8879EO for the latest information.		20 19
Internal Revenue Service Name of exempt organization		Formoo/9EO for the latest information.	Employer	identification number
rianio di onompi di gamzano.				
BUYAMBA, INC.			56-2	628066
Name and title of officer				
JULIE DIMAS	потор			
EXECUTIVE DIR Part Type of	ECTOR Return and Return Information	(Missis Dallace Oak)		
on line 1a, 2a, 3a, 4a, or	ia, below, and the amount on that line for	9-EO and enter the applicable amount, if any, from the return being filed with this form was blank, the onthe return, then enter -0- on the applicable	hen leave li	ine 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (F	Form 990, Part VIII, column (A), line 12)	1b	1,283,675.
2a Form 990-EZ check h	ere b b Total revenue, if an	ny (Form 990-EZ, line 9)	2b	
3a Form 1120-POL chec	k here 🕨 🔲 b Total tax (Form	n 1120-POL, line 22)	3b	
4a Form 990-PF check h	ere 🕨 🗆 b Tax based on inve	estment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check her	b Balance Due (Form 88	68, line 3c)	5b	
Part II Declara	tion and Signature Authorizatio	n of Officer		_
further declare that the ar intermediate service prov (a) an acknowledgement the date of any refund. If debit) entry to the financia return, and the financial in 1-888-353-4537 no later the processing of the electror payment. I have selected organization's consent to	nount in Part I above is the amount shown der, transmitter, or electronic return origin of receipt or reason for rejection of the trapplicable, I authorize the U.S. Treasury all institution account indicated in the tax positiution to debit the entry to this account an 2 business days prior to the payment ic payment of taxes to receive confidential personal identification number (PIN) as electronic funds withdrawal.	In the best of my knowledge and belief, they are non the copy of the organization's electronic retunator (ERO) to send the organization's return to the transmission, (b) the reason for any delay in process and its designated Financial Agent to initiate an electroparation software for payment of the organization. To revoke a payment, I must contact the U.S. (settlement) date. I also authorize the financial in all information necessary to answer inquiries and my signature for the organization's electronic returns.	urn. I conse ne IRS and ssing the re lectronic fu tion's feder Treasury Fir stitutions in resolve isso	ent to allow my to receive from the IRS eturn or refund, and (c) inds withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the ues related to the
Officer's PIN: check one	•			
X I authorize CE	IZ MHM, LLC		to enter my	· -
	ER0 fi	rm name		Enter five numbers, bu do not enter all zeros
is being filed wi enter my PIN o As an officer of indicated withir	th a state agency(ies) regulating charities the return's disclosure consent screen. the organization, I will enter my PIN as my	tronically filed return. If I have indicated within this as part of the IRS Fed/State program, I also authors as years and the organization's tax year 2019 eling filed with a state agency(ies) regulating charity pagent screen.	norize the a	forementioned ERO to y filed return. If I have
	The my r my on the retain a disclosure co			
Part III Certification	ation and Authentication			
•	our six-digit electronic filing identification	0.6001.400001		
number (EFIN) followed b	your five-digit self-selected PIN.	96721437981 Do not enter all zeros		
	ng this return in accordance with the requ	ure on the 2019 electronically filed return for the uirements of Pub. 4163 , Modernized e-File (MeF)		
ERO's signature ▶ CBI2	MHM, LLC	Date ▶		
		n This Form - See Instructions		
		to the IRS Unless Requested To Do S	So	
= = =				5 0070 EO (00 (0)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020

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/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

ΑI	For the	e 2019 calendar year, or tax year beginning	and	l ending		
	Check if applicabl	C Name of organization			D Employer identifi	cation number
	Addre	BUYAMBA, INC.				
	Name				56-26280	66
F	Initial return	Number and street (or P.0. box if mail is not deli	ivered to street address)	Room/suite		
	Final return	3625 E THOUSAND OAKS BL		265	(805)558	
	termir ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	1,283,675.
	Amen return	ded WESTLAKE VILLAGE, CA 9	1362-3576		H(a) Is this a group r	eturn
	Application	F Name and address of principal officer: 0011.	IE DIMAS		for subordinates	s? Yes X No
	pendi	⁹ 1808 GOLDEN OAK ST, WEST	LAKE VILLAGE, (CA 91	H(b) Are all subordinates in	ncluded? Yes No
1	Гах-ех	empt status: X 501(c)(3) 501(c) ()		or 52	7 If "No," attach a	list. (see instructions)
_		te: ► WWW.UGANDABUYAMBA.COM			H(c) Group exemption	n number 🕨
		organization,	sociation Other >	L Yea	r of formation: 2007	M State of legal domicile; CA
Pa	art I	Summary				
Ф	1	Briefly describe the organization's mission or most				
Š		SUPPORT AND FUNDRAISE FOR				
Governance	2	Check this box	tinued its operations or dispo	sed of mor	e than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (3	7
	1 .	Number of independent voting members of the government				5
es	5	Total number of individuals employed in calendar year				0
ΞĒ	6	Total number of volunteers (estimate if necessary)				0
Activities &		Total unrelated business revenue from Part VIII, colu				0.
_	b	Net unrelated business taxable income from Form 9	990-T, line 39			0.
					Prior Year	Current Year
ē	8				1,360,840.	1,283,664.
ē	9				0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,			18.	11.
	וו	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			-4,161.	0.
		Total revenue - add lines 8 through 11 (must equal F			1,356,697. 833,286.	1,283,675.
	1	Grants and similar amounts paid (Part IX, column (A			033,200.	979,209.
	14	Benefits paid to or for members (Part IX, column (A)			97,325.	118,824.
ses	15	Salaries, other compensation, employee benefits (P			91,323.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin		^	0.	0.
X	_D	Total fundraising expenses (Part IX, column (D), line			455,013.	332,284.
_	''	Other expenses (Part IX, column (A), lines 11a-11d,			1,385,624.	1,430,377.
		Total expenses. Add lines 13-17 (must equal Part IX			-28,927.	-146,702.
<u></u>	וא	Revenue less expenses. Subtract line 18 from line 1	I		eginning of Current Year	End of Year
sts o	20	Total assets (Part X, line 16)			548,119.	414,519.
ASSE	21	Total liabilities (Part X, line 16)			0.	13,102.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from I	line 20		548,119.	401,417.
Pá	art II	Signature Block				
Und	er pena	ulties of perjury, I declare that I have examined this return, i	including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is
		et, and complete. Declaration of preparer (other than officer				,
			,			
Sig	n	Signature of officer			Date	
Her		▲ JULIE DIMAS, EXECUTIVE	DIRECTOR			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check Check	PTIN
Paid	i	VERONICA QUINTANA			self-emplo	
Pre	parer	Firm's name ▶ CBIZ MHM, LLC			Firm's EIN ▶	33-0737981
Use	Only	Firm's address 300 E ESPLANADE I	DR, SUITE 250			
		OXNARD, CA 93036			Phone no. 80	5-988-3222
May	the II	RS discuss this return with the preparer shown above	ve? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SUPPORT AND FUNDRAISE FOR THE MINISTRY OF BUYAMBA OUTREACH
	MINISTRIES, NGO (NGO) IN KAMPALA, UGANDA, THROUGH THEIR GOD CARES
	SCHOOLS. WE PROVIDE FINANCIAL SUPPORT, LOVE AND CARE TO THE NGO IN
	THEIR MINISTRY TO ORPHANS & DISADVANTAGED CHILDREN IN UGANDA. THE NGO
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,252,032. including grants of \$ 979,269.) (Revenue \$) BUYAMBA, INC'S SOLE PROGRAM SERVICE IS TO SUPPORT THE UGANDAN NGO IN
	THEIR MINISTRY TO ORPHANS AND DISADVANTAGED CHILDREN. THIS IS
	ACCOMPLISHED THROUGH EDUCATION AT THE NGO'S GOD CARES SCHOOLS (NURSERY / DRIMARY & HIGH SCHOOL) NGO DETERMINES IT S NEEDS / DROTECTES AND
	(NURSERY/PRIMARY & HIGH SCHOOL). NGO DETERMINES IT'S NEEDS/PROJECTS AND BUYAMBA, INC. FUNDS (GRANTS) THESE REQUESTS BY PROMOTING AWARENESS IN
	CHURCHES AND FUNDRAISING IN THE US. THE SCHOOLS HAVE SERVED OVER 1,700
	STUDENTS INCLUDING APPROX. 500 ORPHANS. THE SPONSORSHIP PROGRAM FUNDS
	TUITION GRANTS COVER OVER 1,400 OF THESE STUDENTS. THE BUILDING PROGRAM
	GRANTS ARE FOR THE HIGH SCHOOL MAIN BUILDING, ASSEMBLY HALL, AND A
	FUTURE SCHOOL IN JINJA. TWO BIBLE CAMPS WERE FUNDED (GRANTS) INCLUDING
	1,300 CHILDREN. OVER 150 YOUTH & ADULTS MADE EDUCATIONAL MISSION TRIPS
	TO GOD CARES SCHOOLS AND SERVE THEM IN NUMEROUS WAYS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
710	(Code) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,252,032. Form 990 (2019)
	Form 990 (2019)

Form 990 (2019) 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		X
0	Schedule D, Part III	├°		1
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		Х
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	Х	
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,	_ 		
••	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	''		
.0		10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^ `
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
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	_		_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

932003 01-20-20

Form 990 (BUYAMBA,	
Part IV	Checklist of	Required Sched	dules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa	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	23a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₩.
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	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?	335		
50	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	- 00		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 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? 12a b 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 X 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 on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) BUYAMBA, INC. 56-2628066 Page 6

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 on 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 1a	7		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	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, trustees, or key employees to a management company or other person?	3		Х
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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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 on 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		Х
	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		Х
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		X
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(c)	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	nd 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 265, WESTLAKE VILLAGE, CA 91362-	3576		

Form 990 (2019) BUYAMBA, INC. 56-2628066 Page 7

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

Check if Schedule O contains a response or note to any line in 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.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box offi	not c , unle:	Posi heck i ss per	more rson i	than of s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Key em ployee Highest com pensated		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID DIMAS	6.00								•	•
BOARD PRESIDENT	40.00	Х		Х				0.	0.	0
(2) JULIE DIMAS	40.00	٠,,		37				F7 400	0	
EXECUTIVE DIRECTOR (3) DONNA LEAVITT	2.00	Х		Х				57,400.	0.	0
TREASURER	2.00	х		х				0.	0.	0
(4) DEGNA HORTON	4.00	^		Δ				0.	0.	U
SECRETARY & VICE PRESIDENT	4.00	Х		Х				0.	0.	0
(5) PETER GILLETTE	2.00	25		22				•	•	<u> </u>
BOARD MEMBER	2000	х						0.	0.	0
(6) PAT REITEN	2.00	1								
BOARD MEMBER		Х						0.	0.	0
(7) KEITH JEPSEN	2.00									
BOARD MEMBER		Х						0.	0.	0
		-								

Form 990 (2019) BUYAMBA , INC .

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (c 56-2628066 Page **8**

Section A. Officers, Directors, Trus	tees, key ⊑m	DIOY	ees,	anc	וח נ	gnes	St C	ompensated Employee	S (continued)				
(A) Name and title	(B) Average		not c	Pos heck	more	than o		(D) Reportable	(E) Reportable			(F) timate	
	hours per week					is both or/trus		compensation from	compensation from related	- 1		nount o other	of
	(list any	rector						the	organization	s	com	pensa	
	hours for related	e or dir	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)		om the anizati	
	organizations	truste	nal trus		oyee	omper		(** 27 1000 111100)				d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		트	드	9	Α̈́	主	윤						
		\vdash								-			
		-											
		$\vdash\vdash$				┢				-			
		-				-							
1b Subtotal								57,400.		0.			0.
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	57,400.	000 of reportable	0.			0.
Total number of individuals (including but r compensation from the organization	iot iimitea to tri	ose	iiste	u al	ove	e) WII	o re	eceived more than \$100,	ooo oi reportable	;			0
												Yes	No
3 Did the organization list any former officer	•	,	,	•	,	1	•		•				v
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si											3		X
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or	accrue comper	nsatio	on fr	om	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedule	<u>∋ J fo</u>	or su	ıch ı	oers	on .				<u></u>	5		Х
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	 pensa	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address	Nι	ONE	7				(B) Description of s	ervices	С	(C eagmoe	;) nsatior	า
		110	7141					2 000.11.01.101.1	5. 11000				•
							-						
2 Total number of independent contractors (i	•	ot lin	nited	d to	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation 📂					_							

			BUYAMBA, INC	•			56-2628	066 Page 9
Pa	rt V	Ш	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
40.40	_	_	Fortunated connections [4]					360110113 3 12 - 3 14
nts nts			Federated campaigns 1a		-			
Gra			Membership dues 1b		-			
ts, An			Fundraising events 1c		-			
igit			Related organizations 1d		-			
ns, Sim			Government grants (contributions) 1e		-			
utio er (Ť	All other contributions, gifts, grants, and	202 664				
Contributions, Gifts, Grants and Other Similar Amounts				,283,664. 10,117.	-			
no n		_	Noncash contributions included in lines 1a-1f		1,283,664.			
O a		n	Total. Add lines 1a-1f	Business Code	1,203,004.			
	•	_		Busiliess Code				
/ice	2							
er, ue		b						
m S		C						
gra Re		d						
Program Service Revenue		e f	All other program service revenue					
_			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, inte					
	Ŭ		other similar amounts)					
	4		Income from investment of tax-exempt bond		11.	11.		
	5		Royalties					
	Ū		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
	_		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	>				
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
e			and sales expenses 7b					
evenue		С	Gain or (loss) 7c					
ď		d	Net gain or (loss))				
Other	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18		-			
			Less: direct expenses8	b				
			Net income or (loss) from fundraising events	_				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses	b				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10		-			
			Less: cost of goods sold10	•				
		С	Net income or (loss) from sales of inventory					
જ				Business Code				
Miscellaneous Revenue	11							
llan Æ		b						
sce Be		C	All other revenue					
Ž			All other revenue					
		е	Total Add lines 11a-11d		1,283,675.	11.	0.	0.
	12		Total revenue. See instructions	<u></u>	<u>r,400,010</u> .	1 11.	1 0.	U •

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 979,269. individuals. See Part IV, lines 15 and 16 979,269. Benefits paid to or for members Compensation of current officers, directors, 57,400. 57,400. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 52,628. 52,628. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,796. 8,796. 10 Payroll taxes Fees for services (nonemployees): Management Legal 2,456. 2,456. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 28,856. 28,856. Office expenses 13 6,673. 6,673. Information technology 14 15 Royalties 15,446. 15,446. 16 Occupancy 5,096. 5,096. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 314. 314. Depreciation, depletion, and amortization 22 680. 680. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 122,643. 122,643. OTHER - MISC MINISTRY EDUCATION TRIP 71,921. 71,921. 32,311. 32,311. CHILDRENS' BIRTHDAY & H 22,723. 22,723. CREDIT CARD FEES 23,165. 23,165. All other expenses 1,430,377. 1,252,032. 178,345. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

11360820 143399 BUYAMBA

if following SOP 98-2 (ASC 958-720)

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			365,409.	1	302,113
	2	Savings and temporary cash investments			181,722.	2	111,732
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial o	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	.	2 688			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,677.	0.00		CE A
					988.	10c	674
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			E/O 110	15	/1/ E10
	16	Total assets. Add lines 1 through 15 (must en		548,119. 0.	16	414,519 13,102	
	17	Accounts payable and accrued expenses			<u> </u>	17	13,102
	18	Grants payable				18 19	
	19	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities				21	
	22	Loans and other payables to any current or fo					
Liabilities	22	trustee, key employee, creator or founder, sub					
≣		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr	-			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	•				
		of Schedule D	•			25	
	26	Total liabilities. Add lines 17 through 25			0.	26	13,102
		Organizations that follow FASB ASC 958, c					
Ses		and complete lines 27, 28, 32, and 33.					
lau	27	Net assets without donor restrictions			548,119.	27	401,417
Ва	28	Net assets with donor restrictions				28	
nd Ind		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🗌			
년		and complete lines 29 through 33.					
0 8	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	161 11=
Se	32	Total net assets or fund balances			548,119.	32	401,417.
	33	Total liabilities and net assets/fund balances			548,119.	33	414,519. Form 990 (2019