Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change BUYAMBA, INC. Name 56-2628066 Doing business as change Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated (805)558-0089 3625 E THOUSAND OAKS BLVD 265 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended WESTLAKE VILLAGE, CA 91362-3576 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JULIE DIMAS Yes X No for subordinates? 1808 GOLDEN OAK ST, WESTLAKE VILLAGE, CA 91 **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.UGANDABUYAMBA.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation L Year of formation: 2007 M State of legal domicile: CA Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: OPERATES IN THE UNITED STATES TO Activities & Governance SUPPORT AND FUNDRAISE FOR BUYAMBA OUTREACH MINISTRIES, NGO AND THEIR Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Current Year Prior Year** 1,375,667. 1,286,377. Contributions and grants (Part VIII, line 1h) 8 Revenue Program service revenue (Part VIII, line 2g) 0. 0. 28. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,286,377. 375,695 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 955,943. 1,282,158. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 132,745. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 138,895. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 108,721. 85,361. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $1,50\overline{6,414}$ 1,197,409. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 88,968. -130,719. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 490,610. 359,668 Total assets (Part X, line 16) 223. 21 Total liabilities (Part X, line 26) 三年 387. 359,668 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signatu	e of officer				Date	Date			
Here	JUL	E DIMAS, E	XECUTIVE	DIRECTOR						
	Type or	print name and title								
	Print/Type pro	parer's name		Preparer's signature	Date		Check	PTIN		
Paid	VERONIC	A QUINTANA					self-employed	P0074927	8	
Preparer	Firm's name	▶ CBIZ MHM	, LLC			Firm's	Firm's EIN ▶ 33-0737981			
Use Only	Firm's addres	300 E ES	PLANADE I	OR, SUITE 250						
		OXNARD,	CA 93036			Phon	e no.805-	988-3222		
May the IF	RS discuss th	s return with the pren	parer shown abov	/e? See instructions		•		X Yes	Nο	

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? Yes X No
	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 \$1,324,193. including grants of \$1,282,158.) (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/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, GIRLS
	DORMS, BOYS DORMS, RECONSTRUCTION OF KITCHEN.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 1,324,193.
	Form 990 (2021)

			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? See instructions	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 Rev. Proc. 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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
_	Schedule D, Part III	8		
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?			3,7
	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			
	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		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	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 appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
15		45	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	
16		40	v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X

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Form **990** (2021)

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Form 990 (2021) BUYAMBA, INC. Part IV Checklist of Required Schedules (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		X
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			
	any tax-exempt bonds?	24c		\vdash
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			-
0.4	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		$\stackrel{\frown}{-}$
32	•	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
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	990 (2021) BUYAMBA, INC.		56-2628	066	Р	age 5		
Par	TV 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	2a	0					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3						
				3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•				,,		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X		
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 Ac	counts (F	FBAR).			37		
				_5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			_5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					₩		
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-		٥.				
_	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).			_		v		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X		
				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_				
	to file Form 8282?			7c		X		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e				
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g				
_								
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-		8				
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.			0-				
				9a 9b				
				อม				
10	Section 501(c)(7) organizations. Enter:	10a						
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter:	10b						
11 a	Gross income from members or shareholders	11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114						
b		11b						
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZU				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ILU						
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.			iou				
h	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	13b						
С	Enter the amount of reserves on hand	13c						
		•		14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		T		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
	excess parachute payment(s) during the year?			15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any						
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•		17				
	If "Ves " complete Form 6069			-				

Form 990 (2021) 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 Section 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DONNA LEAVITT - 805-558-0089

Form **990** (2021)

3625 E THOUSAND OAKS BLVD STE 265.

WESTLAKE VILLAGE

CA

Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				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 employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensatior from the organization and related organizations	
(1) JULIE DIMAS	40.00	ļ									
EXECUTIVE DIRECTOR	6.00	Х		Х				59,900.	0.	0	
(2) DAVID DIMAS	6.00	-		,,					0		
BOARD PRESIDENT (3) DONNA LEAVITT	2.00	Х		Х				0.	0.	0	
TREASURER	2.00	Х		х				0.	0.	C	
(4) DEGNA HORTON	4.00	^		^				0.	0.		
SECRETARY & VICE PRESIDENT	4.00	x		Х				0.	0.	0	
(5) PETER GILLETTE	2.00							•	•		
BOARD MEMBER	2000	х						0.	0.	C	
(6) PAT REITEN	2.00	T									
BOARD MEMBER		Х						0.	0.	C	
(7) KEITH JEPSEN	2.00										
BOARD MEMBER		Х						0.	0.	0	
		-									
		\vdash									
		\vdash									
		1									
		1									
			l			1					

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section A. Officers, Directors, Trus	tees, Key Emp	DIOY	ees,	and	ı mıç	gnes	i C	ompensated Employee	S (continued)				
(A)	(B)			(C Posi		1		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck r	more	than c s both		Reportable compensation	Reportable compensatio	- 1	Estimate amount of		
	week					r/trust		from	from related	- 1		other	J 1
	(list any hours for	rector						the	organization			pensa	
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	;C/		om the anizati	
	organizations	truste	al trus		ıyee	эшреп		1099-NEC)	1000 1420)		•	d relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	ons
	line)	lpul	Inst	0#!	Key	Hig	For			-			
		\Box											
		H											
		Ш											
		\Box											
		H											
		Ш											
		H											
								F0 000					
1b Subtotal								59,900.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								59,900.		0.			0.
2 Total number of individuals (including but n							o re	•	000 of reportable				
compensation from the organization						,		. ,				1	0
3 Did the organization list any former officer,	director truste	ee k	ev e	mnl	ove	e or	hia	hest compensated empl	ovee on	١		Yes	No
line 1a? If "Yes," complete Schedule J for s	,		•	•	•		_		•		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5 Did any person listed on line 1a receive or a											_		37
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	<u> </u>	or su	ıch r	oers	on .					5		X
Complete this table for your five highest co	•	-							•	ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ig w	ith c	or wit	thin T		ear.		10		
(A) Name and business	address	NC	ONE	C				(B) Description of s	ervices	С	(C omper		ı
							_						
							T						
2 Total number of independent contractors (in	•	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	zation >				()						200	

			BUYAMBA, INC.				56-2628	066 Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin				
					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
ran			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events 1c					
ifts ar A			Related organizations 1d					
nils			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
her				375,667.				
o ţ		а	Noncash contributions included in lines 1a-1f	, ,				
o d		_	Total. Add lines 1a-1f		1,375,667.			
<u> </u>		<u> </u>	Total Mad III I I I I I I I I I I I I I I I I I	Business Code				
	2	а		Duomoso oous				
/ice								
er, ne		b						
m S		C						
ıraı Re		d						
Program Service Revenue		e						
ъ.			All other program service revenue					
	_		Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		20	20		
	4		Income from investment of tax-exempt bond p		28.	28.		
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<u> </u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
evenue		С	Gain or (loss)					
œ		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 188a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	>				
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10a					
		h	Less: cost of goods sold 10th					
			Net income or (loss) from sales of inventory	•				
		Ť		Business Code				
sn	11	a						
eo Tue	.,	a b				1		
Miscellaneous Revenue								
Sce		q	All other revenue					
Ξ			All other revenue					
	40		Total Add lines 11a-11d		1,375,695.	28.	0.	0.
	12		Total revenue. See instructions	····· P	<u> </u>	40.	1 0.	<u>U•</u>

132009 12-09-21

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

Check if Schedule O contains a responsible Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organization:		ехрепзез	general expenses	expenses
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	1,282,158.	1,282,158.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	59,900.		59,900.	
6 Compensation not included above to disqualified	, , , , , , , , , , , , , , , , , , , ,		,	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	68,656.		68,656.	
8 Pension plan accruals and contributions (include	.,		,	
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	10,339.		10,339.	
11 Fees for services (nonemployees):	,		,	
a Management				
b Legal				
c Accounting	2,205.		2,205.	
d Lobbying	·		·	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.				
12 Advertising and promotion				
13 Office expenses	16,439.		16,439.	
14 Information technology	5,822.		5,822.	
15 Royalties				
16 Occupancy	17,675.		17,675.	
17 Travel				
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				
Depreciation, depletion, and amortization	262.		262.	
23 Insurance	923.		923.	
Other expenses. Itemize expenses not covered				
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.)				
a CREDIT CARD FEES	27,222.	27,222.		
ь OTHER - MISC	10,327.	10,327.		
c CHILDRENS' BIRTHDAY & H	3,260.	3,260.		
d FUNDRAISING	780.	780.		
e All other expenses	446.	446.		
Total functional expenses . Add lines 1 through 24e	1,506,414.	1,324,193.	182,221.	
Joint costs. Complete this line only if the organization	1			
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

Form **990** (2021)

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Par	ίλ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	378,504.		247,796		
	2	Savings and temporary cash investments			111,732.	2	111,760
	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	stantial o	contributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
B	9	5				9	
	10a	Land, buildings, and equipment: cost or other	. [
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	3,677.			
	b	Less: accumulated depreciation	. 10b	3,565.	374.	10c	112
	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				15	
	16	Total assets. Add lines 1 through 15 (must ed			490,610.	16	359,668
	17	Accounts payable and accrued expenses	223.	17	0		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ဖွ	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Ħ E		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese pers	ons		22	
<u> </u> دُ	23	Secured mortgages and notes payable to unre	elated thi	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ted third	parties		24	
	25	Other liabilities (including federal income tax,)	payables	to related third			
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			223.	26	0
		Organizations that follow FASB ASC 958, cl	heck her	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			490,387.	27	359,668
Ba	28	Net assets with donor restrictions				28	
힡		Organizations that do not follow FASB ASC	958, ch	eck here			
로		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund	ds			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			490,387.	32	359,668
-	33	Total liabilities and net assets/fund balances			490,610.	33	359,668

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,50		
3	Revenue less expenses. Subtract line 2 from line 1	3			719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4.9	90,3	<u>887.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3!	59,6	68.
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	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		20	:	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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