990

(Rev. January 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)

2019

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.

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

Open to Public Inspection

| A | For | the 2 | 2019 calendar y | ear, or tax year begin | ning | , 201 | 9, and en | ding | | , 20 | |
|-------------------------|--------------|-----------|----------------------|-----------------------------|---|----------------|-----------|------------------|-----------------|---------------------------|--|
| В | Chec | ck if ap | plicable: | C Name of organization TU. | MAINI MINISTRIES INC | | | | D Emplo | yer identification number | |
| | Addr | ress ch | ange | Doing business as | | | | | | 81-0570599 | |
| | Nam | ne char | nge | Number and street (or P. | O. box if mail is not delivered to street address) | | Room | /suite | E Teleph | none number | |
| | Initia | al returr | า | PO BOX 18636 | | | | | | (303)526-0443 | |
| | Final | l return | /terminated | City or town, state or prov | vince, country, and ZIP or foreign postal code | | ' | | G Gross | | |
| | Ame | ended r | eturn | GOLDEN, CO 8040 | 02 | | | | \$ | 1,046,065 | |
| | Appli | lication | pending | | ncipal officer: SHARNA COORS | | | H(a) Is this a | group return fo | or subordinates? Yes X No | |
| | | | | SAME AS C ABOVE | <u>.</u> | | | H(b) Are all | subordinate | es included? Yes No | |
| ı | Tax- | exemp | ot status: X 501 | (c)(3) 501(c) (|) ◀ (insert no.) 4947(a)(1) or | 527 | | If "No," | attach a lis | t. (see instructions) | |
| J | Web | site: | | NIMINISTRIES.OR | RG | | | H(c) Group | exemption | number ► | |
| K | Form | n of org | ganization: X Corp | poration Trust Ass | ociation Other ► | L Year of for | mation: 2 | 002 M | State of lega | al domicile: CO | |
| Pa | art | I | Summary | | | | | <u>'</u> | | | |
| | | 1 | | the organization's missi | ion or most significant activities: | ROVIDE US | BASEI | FUNDRAI | SING A | AND | |
| | | | ADMINISTRAT | TIVE SUPPORT TO | AN ORPHANAGEE IN KENYA | | | | | | |
| Activities & Governance | | | | | SPIRIT OF JESUS CHRIST | | | | | | |
| rna | | - | | | TIONAL AND SPIRITUAL NE | | | | | | |
|) Ve | | 2 | Check this box > | if the organization | discontinued its operations or dispos | sed of more th | an 25% c | of its net asse | ets. | | |
| ŏ | | | | | rning body (Part VI, line 1a) | | | | 1 1 | 6 | |
| ος O | | | | | s of the governing body (Part VI, line | | | | | 6 | |
| itie | | | | | calendar year 2019 (Part V, line 2a) | | | | | 3 | |
| 듅 | | | | volunteers (estimate if r | | | | | . 6 | 1 | |
| ⋖ | | 7a | Total unrelated b | business revenue from | Part VIII, column (C), line 12 | | | | . 7a | 0 | |
| | | b | Net unrelated bu | usiness taxable income | from Form 990-T, line 39 | | | | . 7b | 0 | |
| | | | | | | | | Prior Year | | Current Year | |
| | | 8 | Contributions and | d grants (Part VIII, line | 1h) | | | 672 | 2,020 | 1,045,918 | |
| ne | | | | | ⊋2g) | | | | | 0 | |
| Revenue | . | | - | | A), lines 3, 4, and 7d) | | | | 131 | 147 | |
| Re | - | | | | nes 5, 6d, 8c, 9c, 10c, and 11e) | | | | - | 0 | |
| | - | | • | , , , | must equal Part VIII, column (A), line | | | 672 | 2,151 | 1,046,065 | |
| | | | | | X, column (A), lines 1-3) | | | | | 0 | |
| | • | 14 | Benefits paid to | or for members (Part I) | (, column (A), line 4) | | | | | 0 | |
| | • | | | | benefits (Part IX, column (A), lines | | | 129 | 9,949 150,903 | | |
| Expenses | • | | | | column (A), line 11e) | • | | | | 0 | |
| Sen | | | | expenses (Part IX, col | | 42,00 | | | | | |
| Ä | ` <i>•</i> | | - | | nes 11a-11d, 11f-24e) | | _ | 591 | 1,337 | 711,338 | |
| | • | | | | equal Part IX, column (A), line 25) | | | 721 | 1,286 | 862,241 | |
| | • | 19 | Revenue less ex | penses. Subtract line | 18 from line 12 | | 🗆 | | 9,135) | 183,824 | |
| 5 | ses | | | | | | Ве | eginning of Curr | ent Year | End of Year | |
| sets | agu 2 | 20 | Total assets (Pa | rt X, line 16) | | | | 2,386 | 5,805 | 2,570,775 | |
| Net Assets or | | 21 | Total liabilities (F | Part X, line 26) | | | | 5 | 5,192 | 5,338 | |
| Ž | 1 2 | 22 | Net assets or fu | nd balances. Subtract | line 21 from line 20 | | | 2,381 | L,613 | 2,565,437 | |
| Pa | art | II | Signature | Block | | | | | | | |
| | | | | | rn, including accompanying schedules and state cer) is based on all information of which prepare | | | nowledge and be | lief, it is | | |
| | , | | | (| | , | 3 | | | - | |
| O: - | | | SHARNA | | | | | | | | |
| Sig | gn | IJ | Signature of o | officer | | | | | Date | е | |
| He | re | | | COORS, PRESIDE | NT | | | | | | |
| | | | , ., , | name and title | | | | | | | |
| _ | | | Print/Type prepare | r's name | Preparer's signature | Date | | Check | if | PTIN | |
| Pa | | | Charles Po | oysti, CPA | | 09-17- | 2020 | self-em | nployed | P00070003 | |
| | • | rer | Firm's name ► | Poysti & | Associates LLC | | | Firm's EIN ► | | | |
| Us | e C | nly | Firm's address ▶ | PO Box 3 | 71467 | | | Phone no. | | | |
| | | | | Denver C | 0 80237 | | | | 303-2 | 285-2500 | |
| May | y the | RS IRS | discuss this retu | ım with the preparer sh | own above? (see instructions) | | | | | 🗴 Yes 🗌 No | |

| • | (Code:) (Expens | ses \$ | including grants | s of \$ |) (Revenue | \$ | |) |
|---|---------------------------------|--------------------|------------------|---------|------------|----|-------------------|--------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| ŀ | Other program services (Describ | pe on Schedule O.) | | | | | | |
| | (Expenses \$ | including grants | of \$ |) (Rev | enue \$ |) | | |
| • | Total program service expenses | ▶ 7 | 754,045 | | | | | |
| 4 | | | | | | | Form 990 (| (2019) |
| | | | | | | | | |

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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 3.5 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | • | | X |
| ' | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | v |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | | | X |
| Ü | complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| • | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in 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 | | 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 | | х |
| d | | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| 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 | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 401 | | |
| 12 | "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 b | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | 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 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 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 (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 | | х |
| 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 | | х |
| 20 a | 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 |

| | rt IV Checklist of Required Schedules (continued) 81-0 | 570599 | Pa | | |
|----------------|--|--------|-----|-----|--|
| Pai | 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 | | res | NO | |
| | 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 | | | - 1 | |
| .0 | 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 | | х | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 1 | | | |
| 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 | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | | |
| | If "Yes," complete Schedule L, Part L | 25b | | х | |
| 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 or 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 | | | Х | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х | |
| 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 | | | Х | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | | |
| | conservation contributions? If "Yes," complete Schedule M | | | X | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | 20 | | | |
| 2 | complete Schedule N, Part II | 32 | | Х | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 22 | | 7.7 | |
| 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х | |
|) 4 | or IV, and Part V, line 1 | 34 | | v | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | x | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 354 | | Λ. | |
| b | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | x | |
| 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 | | х | |
| 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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | х | |
| 88 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 1 | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | x | | |
| | t V Statements Regarding Other IRS Filings and Tax Compliance | | - | | |

| | . 1101017 till 1 citti ccc merc are required to complete conedate c. |
|--------|--|
| Part V | Statements Regarding Other IRS Filings and Tax Complianc |

| | | | | | Yes | No |
|----|--|----|---|----|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 6 | | | |
| b | Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | | | 10 | x | |

19) TUMAINI MINISTRIES INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | Yes | No |
|-----------|--|------------|-----|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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)? | 4a | | х |
| 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). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | х |
| 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). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7с | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | Х |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | х |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | Х |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | Х |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | Х |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | 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 | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | 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? | 12a | | |
| 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. | 40- | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| h | 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 1/12 | | 14a | | 7.7 |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a 14b | | Х |
| b 15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 0 | 140 | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | | v |
| | excess parachute payment(s) during the year? | ı | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | v |
| 10 | If "Yes," complete Form 4720, Schedule O. | 10 | | X |
| | n 100, complete i offit 7/20, conclude O. | | | |

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

| . 4.4 7. | To respond to miss 2 and so a respondent and so a respondent to miss 2 and so a respondent |
|------------|---|
| | 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 |
| 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 in line 1a, above, who are independent | | | |
| 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 | | x |
| 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 | | 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 | | x |
| 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 | 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 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 |
| 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 | х | |
| 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 | х | |
| 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 | x | |
| 13 | Did the organization have a written whistleblower policy? | 13 | x | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 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 | х | |
| b | Other officers or key employees of the organization | 15b | х | |
| | 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 | | х |
| 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 Colorado | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website | | | |
| 19 | 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. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | SHARNA COORS (303)526-0443, PO BOX 18636, GOLDEN, CO 80402 | | | |

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | | | (| (C) | | | | | |
|---------------------|------------------------|--------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------|---------------------------|-----------------------|
| (A) | (B) | Position (do not check more than one | | (D) | (E) | (F) | | | | |
| Name and title | Average | | | | | s both ar | า | Reportable | Reportable | Estimated amount |
| | hours | offic | er and | l a dir | rector | /trustee) | | compensation from the | compensation from related | of other compensation |
| | per week (list any | | | | | | | organization | organizations | from the |
| | hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related | ecto | ution | er | empl | est c oyee | er | | | related organizations |
| | organizations below | rtrus | al tro | | oyee | omp | | | | |
| | dotted line) | fee | ıstee | | _ | ensa | | | | |
| | , | | | | | ted | | | | |
| | | | | | | | | | | |
| (1) SHARNA COORS | | | | | | | | | | |
| PRESIDENT | | х | | х | | | | 0 | 0 | 0_ |
| (2) REBECCA COORS | | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0 | 0 | 0 |
| (3) HELEN HAYES | | | | | | | | | | |
| SECRETARY | | Х | | х | | | | 0 | 0 | 0 |
| (4) JILL_RICHMAN | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0 | 0 | 0 |
| (5) HEIDI WELLSANDT | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0_ |
| (6) MARK SUNDERHUSE | | | | | | | | _ | | _ |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (7) RUSS JONES | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| <u>(8)</u> | | | | | | | | | | |
| <u>(9)</u> | | | | | | | | | | |
| | | | | | | | | | | |
| <u>(10)</u> | | | | | | | | | | |
| (11) | | | | | | | | | | |
| | | | | | | | | | | |
| (12) | | | | | | | | | | |
| <u>(13)</u> | | | | | | | | | | |
| (14) | | | | | | | | | | |
| | <u> </u> | | | | | | | | | |
| | | | | | | | | | | =() |

| Part VII Section A. Officers, Directors, Trus | tees, Key Emp | oloyee | s, ar | | | est Co | omp | ensated Employe | es (continue | ed) | | | |
|--|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|-------|---|-----------------------|----|
| (A) Name and title | (B) Average hours per week (list any | officer and a director/trustee | | | | | n) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | | (F) Estimated amo of other compensatio from the | | r |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MI: | | - | nization d organiz | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | | |
| <u>(20)</u> | | | | | | | | | | | | | |
| <u>(21)</u> | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | |
| Subtotal | ection A | | | | | | · • | 0 ore than \$100,000 | of | 0 | | | 0 |
| 3 Did the organization list any former officer, di | | kov on | anlas | 100 | or b | iahost | con | anansatad | | | | Yes | No |
| employee on line 1a? If "Yes," complete Sche | dule J for such | individ | dual | • | | | | | | | 3 | | х |
| 4 For any individual listed on line 1a, is the sum of organization and related organizations greated | than \$150,000 |)? <i>If</i> "Y | es," | con | | | | | | | | | |
| individual | ue compensation | on from | n any | unr | | _ | | ation or individual | | • • • | 4 | | X |
| for services rendered to the organization? <i>If "</i> Section B. Independent Contractors | res, complete | Scned | iuie . | J TOF | Suc | n pers | son | | | | 5 | | Х |
| Complete this table for your five highest comper compensation from the organization. Report co | | | | | | | | | | voor | | | |
| (A) | | ine cai | enua | ai ye | ai e | ilulig | WILII | (B) | | | (C) | | |
| Name and business add | dress | | | | | | | Description of service | ees | (| Compens | ation | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total number of independent contractors (inclu | ding but not lim | nited to | thos | se lis | ted a | above) |) wh | 0 | | | | | |
| received more than \$100,000 of compensation | from the organ | ization | • | • | | | | | | | | | |

Page 9

Form 990 (2019)

| Stat | tem | ent | of | Re۱ | /en | uе |
|------|-----|-----|----|-----|-----|----|
| | | | | | | |

| | | Check if Schedule O contains a response or | note to any line in thi | s Part VIII | | | |
|---|-----|---|---------------------------------------|----------------------|--|--------------------------------------|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| | 1a | Federated campaigns 1a | , | | | | |
| | b | Membership dues | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c | Fundraising events | | | | | |
| Gra | _ | | | | | | |
| ts, An | d | Related organizations 10 | | | | | |
| ᇐᇐ | е | Government grants (contributions) 1e | ! | | | | |
| ns, | f | All other contributions, gifts, grants, | | | | | |
| er S | | and similar amounts not included above 1f | 1,045,918 | | | | |
| 들됨 | g | Noncash contributions included in | | | | | |
| ngu | | lines 1a-1f 1g | \$ | | | | |
| O w | h | Total. Add lines 1a-1f | | 1,045,918 | | | |
| | | | Business Code | | | | |
| | 2a | | | | | | |
| <u>8</u> | b | - | | | | | |
| er ne | c | | | | | | |
| n S Ven | _ | | | | | | |
| ra Re | d | | | | | | |
| Program Service Revenue | e | All | | | | | |
| <u>-</u> | | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, interest, | and | | | | |
| | | other similar amounts) | | 147 | | | 147 |
| | 4 | Income from investment of tax-exempt bond pro- | ceeds► | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a | | | | | |
| | | Less: rental expenses 6b | | | | | |
| | | Rental income or (loss) 6c | | | | | |
| | | | | | | | |
| | u | ` ′ | | | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets other than inventory | | | | | |
| - | b | Less: cost or other basis | | | | | |
| Revenue | | and sales expenses 7b | | | | | |
| ₹ | | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | <u> ▶</u> | | | | |
| her | 8a | Gross income from fundraising | | | | | |
| ₽ | | events (not including \$ | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 8 | a | | | | |
| | b | | b | | | | |
| | 1 | | > | | | | |
| | 1 | Gross income from gaming | · · · · · · · · · · · · · · · · · · · | | | | |
| | Ja | | | | | | |
| | ١. | activities, See Part IV, line 19 9 | | | | | |
| | 1 | | b | | | | |
| | С | Net income or (loss) from gaming activities . | <u> ▶</u> | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances 10 |)a | | | | |
| | b | Less: cost of goods sold 10 |)b | | | | |
| | С | Net income or (loss) from sales of inventory . | | | | | |
| | | | Business Code | | | | |
| Sn | 11a | | | | | | |
| no Te | b | | | | | | |
| ella ven | C | | | | | | |
| Miscellanous Revenue | | All other revenue | | | | | |
| Ξ | | | | | | | |
| | | Total. Add lines 11a-11d | | 1 045 05- | _ | - | |
| | 12 | Total revenue. See instructions | 🕨 | 1,046,065 | 0 | 0 | 147 |

Part IX Statement of Functional Expenses

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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 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 131,535 69,713 43,407 18,415 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 9,303 4,931 3,070 1,302 10 10,065 5,335 3,321 1,409 11 Fees for services (nonemployees): b Legal...... 11,945 11,945 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 65,871 52,003 13,868 12 13 22,807 19,386 3,421 12,138 14 674 674 13,486 15 16 17 34,501 34,501 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 32,005 25,604 6,401 20 21 22 Depreciation, depletion, and amortization 45,131 45,131 23 289 2,889 2,600 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.) ORPHANAGE EXPENSES 482,703 482,703 b C d All other expenses е Total functional expenses. Add lines 1 through 24e. . 25 862,241 754,045 66,127 42,069 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)

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any | line in | this Part X | | | |
|-----------------------------|-----|--|----------|-------------|-------------------|-----|-------------|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | | 592,586 | 1 | 786,069 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current or former of | officer, | director, | | | |
| | | trustee, key employee, creator or founder, substantial co | ntributo | or, or 35% | | | |
| | | controlled entity or family member of any of these person | ns . | | | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | ons (as | defined | | | |
| | | under section 4958(f)(1)), and persons described in sect | ion 495 | 58(c)(3)(B) | | 6 | |
| " | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 2,319,848 | | | |
| | b | Less: accumulated depreciation | | | 1,794,219 | 10c | 1,784,706 |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 . | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 . | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 3 | | F | 2,386,805 | 16 | 2,570,775 |
| | 17 | Accounts payable and accrued expenses | | | 5,192 | 17 | 5,338 |
| | 18 | Grants payable | • | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV o | | F | | 21 | |
| Ś | 22 | Loans and other payables to any current or former office | | | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial co | | | | | |
| iabi | | controlled entity or family member of any of these person | | . [| | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated thir | | es | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third p | | F | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables t | | F | | | |
| | | parties, and other liabilities not included on lines 17-24). | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 5,192 | 26 | 5,338 |
| | | Organizations that follow FASB ASC 958, check here | | x | | | |
| S | | and complete lines 27, 28, 32, and 33. | | | | | |
| nce | 27 | Net assets without donor restrictions | | | 2,380,260 | 27 | 2,434,519 |
| alaı | 28 | Net assets with donor restrictions | | | 1,353 | 28 | 130,918 |
| d B | | Organizations that do not follow FASB ASC 958, che | ck her | e ▶ 🗌 | | | |
| -un | | and complete lines 29 through 33. | | | | | |
| orl | 29 | | | | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment | fund | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or | | funds | | 31 | |
| et / | 32 | Total net assets or fund balances | | | 2,381,613 | 32 | 2,565,437 |
| Z | 33 | Total liabilities and net assets/fund balances | | | 2,386,805 | 33 | 2,570,775 |
| | | | | | | | |

| orm 990 (| (2019) | TUMAINI MINISTRIES INC | 81-0570599 | Page 12 |
|-----------|--------|------------------------------|------------|----------------|
| Part XI | F | Reconciliation of Net Assets | | |

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|----|---|----|------|-----|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 1, | 046, | 065 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 862, | 241 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 183, | 824 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 2, | 381, | 613 |
| 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 | | 2, | 565, | 437 |
| Pa | rt 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: Cash Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | [| 2a | | х |
| | 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? | | [| 2b | х | |
| | 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: | | | | | |
| | X 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? | | [| 2c | x | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | 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 | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

EEA

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

(Form 990 or 990-EZ)

Employer identification number

| ··· | 0 | . organization | | | | | | |
|------------|------|--|----------------------|---|-------------------|--------------|-------------------------------|--------------------|
| _ | _ | I MINISTRIES INC | 04 4 / 4 / 4 | | | | 81-057059 | |
| | rt I | Reason for Public Charity | | • | | • | .) See instructions | |
| The | orga | nization is not a private foundation bec | , | • | • | • | | |
| 1 | Н | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | |
| 2 | Н | A school described in section 170(b | | , | , | , | | |
| 3 | 빔 | A hospital or a cooperative hospital s | ŭ | | . , . , . | , , | | |
| 4 | | A medical research organization ope | rated in conjunctio | n with a hospital describ | ed in sect | ion 170(b) | (1)(A)(iii). Enter the | |
| | | hospital's name, city, and state: | | | | | | |
| 5 | | An organization operated for the bene | • | iniversity owned or opera | ated by a g | governmen | tal unit described in | |
| | | section 170(b)(1)(A)(iv). (Complete | • | | | | | |
| 6 | Ц | A federal, state, or local government | - | | | | | |
| 7 | | An organization that normally receive | • | | vernmental | unit or fro | m the general public | |
| | | described in section 170(b)(1)(A)(vi | | • | | | | |
| 8 | Ц | A community trust described in secti | | | | | | |
| 9 | | An agricultural research organization | | | | • | • | ge |
| | | or university or a non-land-grant colle | ge of agriculture (s | ee instructions). Enter the | e name, cit | ty, and stat | e of the college or | |
| | | university: | | | | | | |
| 10 | X | An organization that normally receive | ` , | • | | | | |
| | | receipts from activities related to its e | • | • | • | • | | |
| | | support from gross investment income | | · | | • | rom businesses | |
| | | acquired by the organization after Ju | | | • | , | | |
| 11 | 님 | An organization organized and opera | • | | | | | |
| 12 | Ш | An organization organized and operat | • | • | | | | |
| | | of one or more publicly supported or | | . , , , | | | | • |
| | | Check the box in lines 12a through 12 | | | | | | • |
| | а | Type I. A supporting organization | | • | | • | | ng |
| | | the supported organization(s) the | | | rity of the c | irectors or | trustees of the | |
| | | supporting organization. You mu | • | | | | | |
| | b | Type II. A supporting organization | • | | | _ | | |
| | | control or management of the sup | | • | rsons that (| control or r | nanage the supported | |
| | | organization(s). You must comp | | | | Mr. and Co. | and an all a fate and to do a | rat- |
| | С | Type III functionally integrated | | · | | | • • | ıtn, |
| | _1 | its supported organization(s) (see | , | • | • | | | - (-) |
| | d | Type III non-functionally integrated | • • • | • | | | • • | n(s) |
| | | that is not functionally integrated. | 0 0 | , | | • | it and an attentiveness | |
| | е | requirement (see instructions). Y Check this box if the organization | - | | | | Type II. Type III | |
| | Е | functionally integrated, or Type III | | | | sa ryper, | туре п, туре ш | |
| | f | Enter the number of supported organ | | · · · · · · · · · · · · · · · | | | | |
| | g | Provide the following information about | | | | | | • • • • |
| | | Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the o | rganization | (v) Amount of monetary | (vi) Amount of |
| | , | , name of supported organization | (, | (described on lines 1-10 | | r governing | support (see | other support (see |
| | | | | above (see instructions)) | docum | ent? | instructions) | instructions) |
| | | | | | Yes | No | | |
| | | | | | | | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| (0) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| | | | | | | | | |
| (E) | | | | | | | | |
| Tota | l | | | | | | | |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 **(e)** 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (e) 2019 (f) Total **7** Amounts from line 4 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **9** Net income from unrelated business activities, whether or not the business is regularly carried on **10** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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

| Sec | ction A. Public Support | | | | | | |
|-----|--|-------------------|-------------------|------------------|-----------------|------------------|--------------|
| Cal | endar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 782,199 | 593,402 | 893,674 | 672,020 | 1,045,918 | 3,987,213 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | - |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 782,199 | 593,402 | 893,674 | 672,020 | 1,045,918 | 3,987,213 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| _ | line 6.) | | | | | | 3,987,213 |
| | ction B. Total Support | T | | | | | |
| | endar year (or fiscal year beginning in)▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | 782,199 | 593,402 | 893,674 | 672,020 | 1,045,918 | 3,987,213 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | | | 131 | 147 | 278 |
| D | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| _ | acquired after June 30, 1975 | | | | 1 2 1 | 1.45 | 070 |
| | Net income from unrelated business | | | | 131 | 147 | 278 |
| '' | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| 12 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | 782,199 | 593,402 | 893,674 | 672,151 | 1,046,065 | 3,987,491 |
| 14 | First five years. If the Form 990 is for the or | | | | | | |
| | organization, check this box and stop here | | | | | | |
| Sec | ction C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2019 (line 8, c | olumn (f), divide | ed by line 13, o | column (f)) | | 15 | 99.99 % |
| | Public support percentage from 2018 Sched | | | | | 16 | 73.53 % |
| | ction D. Computation of Investment Inc | | | | | | |
| 17 | Investment income percentage for 2019 (line | 10c, column (f |), divided by lir | ne 13, column | (f)) | 17 | 0.00 % |
| | Investment income percentage from 2018 Sc | | | | | 18 | 0.00 % |
| 19a | 33 1/3% support tests - 2019. If the organiz | ation did not ch | eck the box or | n line 14, and l | ine 15 is more | than 33 1/3%, | and line |
| | 17 is not more than 33 1/3%, check this box | | | | | | |
| b | 33 1/3% support tests - 2018. If the organiz | ation did not ch | eck a box on I | ine 14 or line 1 | 19a, and line 1 | 6 is more than 3 | 33 1/3%, and |
| | line 18 is not more than 33 1/3%, check this | | _ | - | | | _ |
| 20 | Private foundation. If the organization did n | not check a box | on line 14, 19a | a, or 19b, chec | k this box and | see instruction | s ▶ 🗌 |

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | \ <u>'</u> | |
|-------|--------|------------|---------|
| ı | | Yes | No |
| | | | |
| | 1 | | |
| | ı | | |
| | | | |
| | 2 | | |
| | | | |
| | 3a | | |
| | | | |
| | | | |
| | 3b | | |
| | | | |
| | 3с | | |
| | 4- | | |
| | 4a | | |
| | | | |
| | 4b | | |
| | - TD | | |
| | | | |
| | | | |
| | 4c | | |
| | | | |
| | | | |
| | | | |
| | _ | | |
| | 5a | | |
| | 5b | | |
| | 5c | | |
| | 30 | | |
| | | | |
| | | | |
| | 6 | | |
| | | | |
| | | | |
| | 7 | | |
| | | | |
| | 8 | | |
| | | | |
| | 9a | | |
| | Ja | | |
| | 9b | | |
| | J. | | |
| | 9с | | |
| | | | |
| | | | |
| | 10a | | |
| | | | |
| | 10b | | |
| A (Fo | rm 990 | or 990-E | Z) 2019 |

| Par | t IV Supporting Organizations (continued) | | | |
|------|---|--------|--------|-------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sect | ion B. Type I Supporting Organizations | | | |
| 4 | Did the directors trustees or membership of any or more supported argenizations have the newer to | | Yes | No |
| | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| | organizations and what conditions of restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | ion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | , | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 2 | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | ion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | struct | tions) | 1_ |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see in | struct | ions) |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| emerge | ency temporary reduction (see instructions). | 6 | | |
|--------|--|------|-------------------------------|-----------------|
| 7 | Check here if the current year is the organization's first as a non-functionally | inte | grated Type III supporting or | ganization (see |
| | instructions). | | | |

2

3

4 5

EEA

6

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

| Sc | nedule A (Form 990 or 990-EZ) 2019 | TUMAINI MINISTRIES INC | 81-0570 | 1599 Page 7 |
|---------------------------|------------------------------------|--|---------------------------|--------------------|
| F | Part V Type III Non-F | unctionally Integrated 509(a)(3) Supporting | Organizations (continued) | |
| Section D - Distributions | | | | Current Year |
| | 1 Amounts paid to supporte | ed organizations to accomplish exempt purposes | | |

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

| 10 | Line 8 amount divided by line 9 amount | | | |
|-----|--|-----------------------------|--|---|
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| С | From 2016 | | | |
| d | From 2017 | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | | |
| e | Excess from 2019 | | | |
| FFΔ | | | Sched | ule A (Form 990 or 990-F7) 2019 |

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

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization Employer identification number

TUMAINI MINISTRIES INC 81-0570599

Organization type (check one):

| Filers of: | Se | ection: | | | |
|----------------------------|--|---|--|--|--|
| Form 990 or | 990-EZ <u>x</u> | 501(c)(3) (enter number) organization | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | |
| | | 527 political organization | | | |
| Form 990-PF | | 501(c)(3) exempt private foundation | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | |
| | | 501(c)(3) taxable private foundation | | | |
| Check if you | r organization is covered | I by the General Rule or a Special Rule . | | | |
| Note: Only a instructions. | a section 501(c)(7), (8), c | or (10) organization can check boxes for both the General Rule and a Special Rule. See | | | |
| General Rul | e | | | | |
| or r | · · | rm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 rty) from any one contributor. Complete Parts I and II. See instructions for determining a ins. | | | |
| Special Rule | es | | | | |
| re 1 | egulations under sections 3, 16a, or 16b, and that | bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the 5509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | |
| c | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | |
| c c d G | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | |
| | • | covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ewer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its | | | |

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number TUMAINI MINISTRIES INC 81-0570599

art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------|--|--|--|
| 1(a) No. | COMMUNITY UPLIFT MINISTRIES PO BOX 18636 GOLDEN, CO 80402 (b) Name, address, and ZIP + 4 | \$69,864 (c) Total contributions | Person |
| 2 | THE CLIFFLINE FOUNDATION 191 UNIVERSITY BLVD 237 DENVER, CO 80206 | \$\$ | Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | MATTHEW HAYES 10 POLO CLUB DR DENVER, CO 80209 | \$24,800 | Person x Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | THE NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DR 500 ALPHARETTA, GA 30004 | \$354,470 | Person x Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5_ | MCLAUGHLIN FAMILY FOUNDATION 10099 WHISTLING ELK DR LITTLETON, CO 80127 | \$25,000 | Person x Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | THOMAS MCCALL | | Person 🗓 |

Name of organization Employer identification number TUMAINI MINISTRIES INC 81-0570599

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|-----------------------------|
| | PETE MORGAN FOUNDATION 1520 W CANAL CT STE 220 LITTLETON, CO 80120 | \$25,000 | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | CASTING CROWNS FOUNDATION PO BOX 2439 EVERGREEN, CO 80437 | \$35,000 | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9_ | JAMES GOFF 23084 N TURKEY CREEK RD MORRISON, CO 80465 | \$30,170 | Person x Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

| TUM | AINI MINISTRIES INC | | 81-0570599 |
|-----|--|--|------------------------------------|
| Pa | rt I Organizations Maintaining Donor Advised Fo | unds or Other Similar Funds or Acco | unts. |
| | Complete if the organization answered "Yes" or | Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advised | |
| | funds are the organization's property, subject to the organization | ion's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| | only for charitable purposes and not for the benefit of the dono | or or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | | |
| Pa | rt II Conservation Easements. | | |
| | Complete if the organization answered "Yes" o | n Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or edu | | a historically important land area |
| | Protection of natural habitat | _ | a certified historic structure |
| | Preservation of open space | _ | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the form of a co | onservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | | | |
| b | Total acreage restricted by conservation easements | | . 2b |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | | |
| | | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the orga | anization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conservation ease | ement is located ▶ | |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it h | nolds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, ha | andling of violations, and enforcing conservati | on easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling | ng of violations, and enforcing conservation e | asements during the year |
| | ▶ \$ | | |
| 8 | Does each conservation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h)(4 | l)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expense stat | rement, and |
| | balance sheet, and include, if applicable, the text of the footnot | te to the organization's financial statements th | at describes the |
| | organization's accounting for conservation easements. | | |
| Pa | t III Organizations Maintaining Collections | | ther Similar Assets. |
| | Complete if the organization answered "Yes" | on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 8, not to report in its revenue statement and b | alance sheet works |
| | of art, historical treasures, or other similar assets held for publ | | ance of public |
| | service, provide, in Part XIII the text of the footnote to its finar | ncial statements that describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 958 | 8, to report in its revenue statement and balar | nce sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furtheran | ce of public service, |
| | provide the following amounts relating to these items: | | |
| | | | • |
| | (ii) Assets included in Form 990, Part X | | - |
| 2 | If the organization received or held works of art, historical trea | sures, or other similar assets for financial gai | n, provide the |
| | following amounts required to be reported under FASB ASC 9 | 958 relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| Pai | rt III Organizations Maintaining | Collections of | Art, Histo | orical Treasur | es, or O | ther Similar A | ssets (con | tinued) |
|----------|--|----------------------|------------------|--|--------------|----------------------|---------------|----------|
| 3 | Using the organization's acquisition, accession | n, and other records | , check any o | of the following tha | t make sigr | nificant use of its | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | | d [| Loan or exchar | nge prograr | ns | | |
| b | Scholarly research | | e [| Other | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's col | lections and explain | how they fu | rther the organizati | on's exemp | ot purpose in Part | | |
| | XIII. | • | · | - | | | | |
| 5 | During the year, did the organization solicit or | receive donations of | f art. historica | al treasures, or oth | er similar | | | |
| | assets to be sold to raise funds rather than to | | | | | | . Tyes | No |
| Pai | t IV Escrow and Custodial Arra | | | , | | | <u> </u> | |
| | Complete if the organization a 990, Part X, line 21. | | on Form | 990, Part IV, li | ne 9, or r | reported an am | nount on Fo | rm |
| 1a | Is the organization an agent, trustee, custodian | or other intermedia | ry for contrib | outions or other as: | sets not | | | |
| | | | | | | | ☐ Yes | □No |
| b | If "Yes," explain the arrangement in Part XIII a | | | • • • • • • • • | | | | o |
| D | ii res, explain the arrangement iii r arr xiii e | and complete the fon | owning table. | | | Δι | mount | |
| _ | Beginning balance | | | | 1 | | mount | |
| C C | Additions during the year | | | | | | | |
| d | • , | | | | | d | | |
| e | Distributions during the year | | | | | e | | |
| f | Ending balance | | | | ' - | | | |
| 2a | Did the organization include an amount on For | | | | | | | ∐ No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation ha | s been provided oi | n Part XIII | | | |
| Pai | Endowment Funds. | | _ | 000 D (| 4.0 | | | |
| | Complete if the organization a | answered "Yes" | on Form | | | | | |
| | | (a) Current year | (b) Prior | year (c) Two | years back | (d) Three years back | k (e) Four ye | ars back |
| 1a | Beginning of year balance | | | | | | | |
| b | Contributions | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | |
| | losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of the curre | nt year end balance | (line 1g, colu | umn (a)) held as: | | | • | |
| а | Board designated or quasi-endowment | - | , | | | | | |
| b | Permanent endowment ▶ 9 | | | | | | | |
| С | Term endowment ▶ % | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c shoul | d equal 100% | | | | | | |
| 3a | Are there endowment funds not in the posses | • | tion that are | held and administe | ered for the | | | |
| - | organization by: | | | | | | V | es No |
| | | | | | | | 3a(i) | 05 110 |
| | • | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | - ' ' | |
| | . , , | • | | | | | . 30 | |
| 4 Poi | Describe in Part XIII the intended uses of the | | wmentiunas | <u>. </u> | | | | |
| Fai | t VI Land, Buildings, and Equip | | on Form | 000 Dort IV li | 00 110 9 | Soo Form 000 | Dort V line | . 10 |
| | Complete if the organization a | | | | | | | |
| | Description of property | (a) Cost or oth | I | (b) Cost or other basis | | Accumulated | (d) Book va | alue |
| | | (investm | icit) | (other) | | depreciation | | |
| 1a | Land | • • | | 1,112,38 | | | | 2,388 |
| b | Buildings | • • | | 1,074,33 | 4 | 535,142 | 53 | 9,192 |
| С | Leasehold improvements | • • | | | | | | |
| d | Equipment | | | 133,12 | 6 | | 13 | 3,126 |
| e_ | Other | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must | equal Form 990, Pa | nrt X, column | (B), line 10c.) | | ▶ | 1,78 | 4,706 |

| rait vii | Complete if the organization answere | ed "Yes" on For | m 990, Part IV | , line 11b. See Forr | n 990, Part X, line 12. |
|----------------|--|-----------------|----------------|-----------------------|---|
| | (a) Description of security or category (including name of security) | | (b) Book value | | (c) Method of valuation: or end-of-year market value |
| (1) Financial | | | | | · |
| (2) Closely-he | eld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | n (b) must equal Form 990, Part X, col. (B) line 1 | 21 | | | |
| Part VIII | Investments - Program Related. | 2.) | | | |
| I ait viii | Complete if the organization answere | ed "Yes" on For | m 990 Part IV | line 11c. See Form | n 990 Part X line 13 |
| | • | 74 100 011101 | | | |
| | (a) Description of investment | | (b) Book value | | (c) Method of valuation: or end-of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 1 | 3.) ▶ | | | |
| Part IX | Other Assets. | | 000 Dt IV | line 44 d. Con Farm | - 000 Dant V line 45 |
| | Complete if the organization answere | | m 990, Part IV | , line 11a. See Forr | |
| (1) | (a) I | Description | | | (b) Book value |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 1 | 5.) | | ▶ | |
| Part X | Other Liabilities. | | | | |
| | Complete if the organization answere line 25. | ed "Yes" on For | m 990, Part IV | , line 11e or 11f. Se | e Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book | value | | |
| (1) Federal i | ncome taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| - | (b) must equal Form 990, Part X, col. (B) line 25.). ► uncertain tax positions. In Part XIII, provide the te | | | | |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue per | r Retur | n. |
|-------------------|---|-----------|-----------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,046,065 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 1,046,065 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 Do: | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 Por Box | 1,046,065 |
| Pai | | per ke | turn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | 4 | 0.60 0.41 |
| 1 | Total expenses and losses per audited financial statements | 1 | 862,241 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments 2b Other losses 2c | | |
| C | | | |
| d | Other (Describe in Part XIII.) 2d Add lines 2a through 2d | 20 | |
| е 3 | Subtract line 2e from line 1 | 2e 3 | 862,241 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 3 | 002,241 |
| т а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 862,241 |
| | t XIII Supplemental Information. | <u> </u> | 002,241 |
| 2; Pa | rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | | |
| | | | |
| | | | |
| | | | |

EEA Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

| Name of | the organization | | | | E | mployer identification number |
|----------|---|-----------------------------|-------------------------|---|--|-------------------------------|
| TUMA | INI MINISTRIES INC | | | | 81 | 1-0570599 |
| Part | General Information of | n Activities | Outside the U | Inited States. Complete if | the organization an | swered "Yes" on |
| | Form 990, Part IV, line | | | | | |
| 1 | For grantmakers. Does the organized | | | | | |
| | other assistance, the grantees' eli | | - | | | |
| | award the grants or assistance? | • • • • • | | | | Yes No |
| • | For annuaturalizate Describe in D |) - ut \ / th u - u - | -: | | ::t= ====t= === | |
| 2 | For grantmakers. Describe in P outside the United States. | art v the orga | nization's proced | dures for monitoring the use of | rits grants and other a | issistance |
| | outside the Officed States. | | | | | |
| 3 | Activities per Region. (The follow | ing Part I. line | 3 table can be du | uplicated if additional space is | needed.) | |
| | (a) Region | (b) Number | (c) Number of | (d) Activities conducted in the | (e) If activity listed in | |
| | | of offices in the region | employees, agents, and | region (by type) (such as, fundraising, program services, | a program service describe specific type | |
| | | | independent contractors | investments, grants to recipients located in the region) | service(s) in the re | |
| | | | in the region | located in the region) | | |
| | | | | | | |
| (1) ຣັເ | JB-SAHARAN AFRICA | 1 | 1 | PROGRAM SERVICES | ORPHANAGE | 482,703 |
| | | | | | | |
| (2) | | | | | | |
| | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| _(-/ | | | | | | |
| (6) | | | | | | |
| | | | | | | |
| (7) | | | | | | |
| | | | | | | |
| (8) | | | | | | |
| (0) | | | | | | |
| (9) | | | | | | |
| (10) | | | | | | |
| (10) | | | | | | |
| (11) | | | | | | |
| | | | | | | |
| (12) | | | | | | |
| | | | | | | |
| (13) | | | | | | |
| | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| <u>/</u> | | | | | 1 | |
| (17) | | | | | | |
| 3a | Subtotal | 1 | 1 | | | 482,703 |
| b | Total from continuation | | | | | |
| | sheets to Part I | | | | | |
| С | Totals (add lines 3a and 3b) | 1 1 | 1 | | | 482.703 |

Schedule F (Form 990) 2019 TUMAINI MINISTRIES INC 81-0570599 Page 2

| Part II | | | ganizations or Entities (| | | | | d "Yes" on Fo | rm 990, |
|---------|-------------------------------|--|---|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | received more than \$5,00 (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | at annual ations lists desired | and that are a second as a least | iaa huutha famiirra | | | | | |
| b | y the IRS, or for which the o | grantee or counsel has pr | ove that are recognized as charit ovided a section 501(c)(3) equiva | alency letter | | | | | |

EEA

Schedule F (Form 990) 2019 TUMAINI MINISTRIES INC 81-0570599

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| · · | ii additional space is needed. | | ı | T | ı | | T |
|---------------------------------|--------------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | |
| (2) | | | | | | | |
| _(3) | | | | | | | |
| (4) | | | | | | | |
| _(5) | | | | | | | |
| (6) | | | | | | | |
| <u>(7)</u> | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| <u>(16)</u> | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | No |
|---|---|-----|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | No |

EEA Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page **5**

| Part V | Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. |
|--------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

EEA Schedule F (Form 990) 2019

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number TUMAINI MINISTRIES INC 81-0570599

| 01. Form 990 governing body review (Part VI, line 11) |
|---|
| REVIEWED BY DIRECTOR OF FINANCE AND MADE AVAILABLE TO ALL BOARD MEMBERS PRIOR TO APPROVAL |
| AND SUBMITTAL. |
| |
| 02. Conflict of interest policy compliance (Part VI, line 12c) |
| REVIEWED ANNUALLY BY BOARD OF DIRECTORS. |
| |
| 03. CEO, executive director, top management comp (Part VI, line 15a) |
| REVIEWED BY BOARD OF DIRECTORS. |
| |
| 04. Other officer or key employee compensation (Part VI, line 15b |
| REVIEWED BY BOARD OF DIRECTORS. |
| |
| 05. Governing documents, etc, available to public (Part VI, line 19) |
| AVAILIABLE TO THE PUBLIC UPON REASONABLE REQUEST. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |