Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

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| Number of united in Po Dook if mail is not delivered to stored additional. | В | Chec | ck if ap | pplicable: | C Name of organization TU | MAINI MINISTRIES INC | | | | D Empl | oyer identification number |
| Pos BOX 18636 Color state of province source, and 2P of briegs possed code Color State Colo | | Addr | ress ch | nange | Doing business as | | | | | 1 | 81-0570599 |
| Pos BOX 18636 Color state of province source, and 2P of briegs possed code Color State Colo | | Nam | ne char | nge | Number and street (or P. | O. box if mail is not delivered to street address) | | Room/su | ite | E Teler | hone number |
| Final resumblementated Give of text, site or province, course, vol 20 or long postal score G Color receipts G Color, N. O. 9 A 042 S 1, 0.34, 465 No. 0.00 No. 0.00 A 042 S 1, 0.34, 465 No. 0.00 No. 0.00 A 042 S 1, 0.34, 465 No. 0.00 No. 0.00 A 044 No. | | Initia | al returi | n | PO BOX 18636 | | | | | 1 | (303)423-1357 |
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| Same_as C_above | П | Appli | ication | pending | | | | | H(a) Is this a | group return | |
| Tancountert statutis | _ | | | | Same as C abov | 7e | | | H(b) Are all | subordinat | es included? Yes No |
| Westing TUMAINIMINISTRIES.ORG | ı | Tax- | exemp | ot status: X 501 | (c)(3) 501(c) (|) ◀ (insert no.) 4947(a)(1) or | 527 | | 1 | | |
| Part Summary | J | Web | site: | | | RG | | | H(c) Group | exemption | number > |
| Briefly describe the organization's mission or most significant activities: PROVIDE US BASED FUNDRAISING AND AMINISTRATIVE SUPPORT TO AN ORPHANAGER IN KENYA. THE FACILITY PROVIDES A HOME ENVIRONMENT OF LOVE AND HOPE THROUGH THE SPIRIT OF JESUS CHRIST. THE CHILDREN LIVE IN A LOVING COMMUNTIY WHEN THE PRIVEYICAL, EMOTIONAL AND SPIRITUAL NEEDS ARE MET? 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) | K | | | | | | L Year of formati | ion: 200 | · · · · | • | |
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| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | Ą | | | | ` | • / | | | | . — | |
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| Sign Here SHARNA COORS Signature of officer SHARNA COORS, PRESIDENT Type or print name and title Print/Type preparer's name Charles Poysti, CPA | | | | | | rn. including accompanying schedules and statemen | ts, and to the best | of my kno | wledge and be | lief. it is | |
| Sign Signature of officer Date Here SHARNA COORS, PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Charles Poysti, CPA Charles Poysti, CPA 09-02-2022 self-employed P00070003 Preparer Firm's name Poysti & Associates LLC Firm's EIN Use Only Firm's address PO Box 371467 Phone no. Denver CO 80237 303-285-2500 | | | | | | | | | | | |
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| Print/Type preparer's name Preparer's signature Print/Type preparer's name Charles Poysti, CPA Charles Poysti, CPA Charles Poysti, CPA Preparer Firm's name Preparer's signature Date Ond Ond Poysti Self-employed Pound P | 110 | 10 | | | | TA T | | | | | |
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| Use Only Firm's address PO Box 371467 Phone no. Denver CO 80237 303-285-2500 | | | ıror | | | | ρ σ- 02-20 | | | pioyed | F000/0003 |
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81-0570599

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 <i>Schedule B, Schedule of Contributors</i> ? 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 | | v |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | Х |
| 7 | 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, | | | Λ |
| | assessments, or similar amounts as defined in Rev. Proc. 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 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | х |
| 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 | | x |
| 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 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | 44- | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | 77 |
| • | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 11e | | x |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | |
| | the organization's separate of consolidated infanoial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> | | | Λ |
| | Schedule D, Parts XI and XII | 12a | х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 4- | | _ |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20 a | | 20a | | х |
| | 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 | 24 | | 7.7 |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

| | 990 (20 | | 599 | P | Page 4 |
|-----------------|---------------|--|----------|-----|--------|
| Pa | t IV | Checklist of Required Schedules (continued) | | I | |
| | D: 14 | | | Yes | No |
| 22 | | organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | | , column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | | organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | • | ation's current and former officers, directors, trustees, key employees, and highest compensated rees? If "Yes," complete Schedule J | 23 | | v |
| 24a | | organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | Х |
| - a | | 00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | | n 24d and complete Schedule K. If "No," go to line 25a | 24a | | x |
| b | • | organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | | organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | | ase any tax-exempt bonds? | 24c | | |
| d | | organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | | n 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | | tion with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | | rganization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, ar | nd that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes | r," complete Schedule L, Part I | 25b | | x |
| 26 | Did the | organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or form | er officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controll | ed 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 | | | |
| | | ee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | | r, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | • | s? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | | e organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | | nt or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | - | complete Schedule L, Part IV | 28a | | X |
| b | | y member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | | controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 200 | | 37 |
| 29 | | complete Schedule L, Part IV | | | X |
| 30 | | organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | Х |
| ,0 | | vation contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | | organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | _ | | x |
| 32 | | organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," | <u> </u> | | |
| _ | | te Schedule N, Part II | 32 | | x |
| 33 | • | organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | | s 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was th | e organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | | nd Part V, line 1 | 34 | | x |
| 35a | Did the | organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| b | If "Yes" | to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controll | ed entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | х |
| 36 | Section | n 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 | | | |
| | | at is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | | organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| _ | 19? No | te: All Form 990 filers are required to complete Schedule O. | 38 | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

| | | | | | 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? | | | 1c | х | |

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 2b Х Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O......... 3b h 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 х 5b b Х С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Х d 7d х 7f X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Х 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the х Sponsoring organizations maintaining donor advised funds. 9a Х х 10 Section 501(c)(7) organizations. Enter: b Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b C 14a Did the organization receive any payments for indoor tanning services during the tax year? Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 х If "Yes," see instructions and file Form 4720, Schedule N. 16 16 х If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17

If "Yes," complete Form 6069.

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Section A. C | Governing Body and Management |
|--------------|---|
| | Check if Schedule O contains a response or note to any line in this Part VI |
| | responde to line ea, ob, or real below, describe the cheathers, proceeded, or changes in contradic c. dec instructions. |

| | | | 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 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| - | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 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 | | X |
| 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 | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 0.0 | - 11 | |
| · | the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | The second 2 requests many asset points of the required by the mornal research | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | x |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | 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 | х | |
| 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 | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | х | |
| 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 on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a 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 | | х |
| 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 Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, | | | |
| | 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)423-1357, PO BOX 18636, GOLDEN, CO 80402 | | | |

Section A.

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

Check if Schedule O contains a response or note to any line in this Part VII

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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) | (A) (B) Posit | | | | | | | (D) | (E) | (F) |
| Name and title | Average | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | Reportable | Reportable | Estimated amount | |
| | hours | | | | | | compensation | compensation | of other | |
| | per week | | | | | | from the organization (W-2/ | from related organizations W-2/ | compensation from the | |
| | (list any hours for | or c | Rey employee Cofficer Institutional trustee or director | | em | Former | 1099-MISC/ | 1099-MISC/ | organization and | |
| | related | vidu | itutic | cer | em) | hest | mer | 1099-NEC) | 1099-NEC | related organizations |
| | organizations | lor for | Institutional trustee | | Key employee | e com | | | | |
| | below | istee | truste | | Эе | pens | | | | |
| | dotted line) | | эе | | | Highest compensated employee | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (1) PHYLLIS STORCK | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | | Х | Х | | 101,284 | 0 | 0 |
| (2) HEIDI WELLSANDT | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (3) MARK_SUNDERHUSE | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (4) RUSS JONES | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (5) KARLA MERCER | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (6) JILL RICHMAN | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0 | 0 | 0 |
| (7) SHARNA COORS | | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0 | 0 | 0 |
| (8) REBECCA COORS | | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0 | 0 | 0 |
| <u>(9)</u> | | | | | | | | | | |
| | | | | | | | | | | |
| (10) | | | | | | | | | | |
| | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| ¥ | | | | | | | | | | |
| | | | | | | | | | | () |

TUMAINI MINISTRIES INC 81-0570599 Page 8

| Part | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---|---|---------------------------------|-----------------------------------|-----------------------|-----------------|--------------|------------------------------|--------|------------------------------|---------------------------------|---------|-------|----------------------|----|
| | | | | | (| (C) | | | | | | | | |
| | (A) Name and title | (B) Average hours | box, | unles | eck m ss per | rson is | han one s both ar | | (D) Reportable compensation | (E) Reportable compensation | E | | r) d amour | nt |
| | | per week (list any | | | | | · | | from the organization (W-2/ | from related organizations (W-2 | | compe | nsation | 1 |
| | | hours for related organizations | Individual trustee or director | Institutional trustee | Officer | Key employee | ghest con nployee | Former | 1099-NEC) | 1099-NEC) | I | - | ganizatio | |
| | | below dotted line) | ustee | trustee | | ee | Highest compensated employee | | | | | | | |
| <u>(15)</u> | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| <u>(</u> 19)_ | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | • • | | . • | | | | | | |
| c d | Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c) | | | | | | | | 101,284 | | 0 | | | 0 |
| 2 | Total number of individuals (including but not limit reportable compensation from the organization | | isted a | bove | e) wł | ho re | eceive | d mo | ore than \$100,000 | of | | | | 1 |
| 3 | Did the organization list any former officer, direc | tor, trustee, | key en | nploy | /ee, | or h | ighest | con | mpensated | | | Y | es N | No |
| | employee on line 1a? If "Yes," complete Schedul | | - | | | | - | | | | 3 | 3 | 3 | x |
| 4 | For any individual listed on line 1a, is the sum of re | | | | | | | | | | | | | |
| | organization and related organizations greater th | | | | | • | | | | | | | ١. | |
| 5 | individual | | | | | | | | | | 4 | • | 2 | X_ |
| · | for services rendered to the organization? <i>If "Yes</i> | | | - | | | _ | | | | 5 | 5 | 3 | X |
| Secti | on B. Independent Contractors | • | | | | | | | | | | | | |
| 1 | Complete this table for your five highest compensa | | | | | | | | | | | | | |
| | compensation from the organization. Report comp | ensation for | the cal | enda | ar ye | ear e | nding | with | | nization's tax ye | | | | |
| | (A) | ` | | | | | | | (B) | 00 | | (C) | n | |
| Name and business address Description of services Com | | | | | | | | | | Comp | ensatio | 11 | — | |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (includin | g but not lim | ited to | thos | e lis | ted a | above) |) wh | 0 | | | | | |
| | received more than \$100,000 of compensation fro | m the organi | zation | > | | | | | | | | | | |

Part VIII

Statement of Revenue

| | | Check if Schedule O co | ontains a respons | e or n | ote to any line in thi | s Part VIII | | | |
|--|-----|---------------------------------|--------------------|--------|------------------------|---------------|------------------------------------|----------------------------|---------------------------------|
| | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | | | Turiction revenue | business revenue | sections 512–514 |
| | 1a | Federated campaigns . | | 1a | | | | | |
| | b | Membership dues | | 1b | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | С | Fundraising events | | 1c | | | | | |
| | d | Related organizations . | | 1d | | | | | |
| | e | Government grants (contr | | 1e | | | | | |
| פַ פַּ | f | All other contributions, gif | | | | | | | |
| Sin | - | and similar amounts not in | - | 1f | 1,034,399 | | | | |
| buti | g | Noncash contributions inc | | | 2,001,000 | | | | |
| d d | | lines 1a-1f | | 1g | \$ | | | | |
| ತೆ ಕ | h | Total. Add lines 1a-1f | | | | 1,034,399 | | | |
| | | | | | Business Code | _,00,000 | | | |
| | 2a | | | | | | | | |
| 8 | b | | | | | | | | |
| er Z | _ | | | | | | | | |
| n S /en | d | | | | | | | | |
| Jrar Re | e | | | | | | | | |
| Program Service Revenue | _ | All other program service i | revenue | | | | | | |
| ш. | | Total. Add lines 2a-2f . | | | | | | | |
| - | | Investment income (includi | | | | | | | |
| | | other similar amounts) . | | | | 66 | | | 66 |
| | 1 | Income from investment of | | | | | | | |
| | | Royalties | • | • | i i | | | | |
| | " | Noyalics | (i) Real | | (ii) Personal | | | | |
| | 60 | Cross roots | 1,7 | | (II) Personal | | | | |
| | | Gross rents | | | | | | | |
| | 1 | Less: rental expenses | | | | | | | |
| | | Rental income or (loss) | 6c | | | | | | |
| | d | Net rental income or (loss) | | | | | | | |
| | 7a | Gross amount from | (i) Securition | es | (ii) Other | | | | |
| | | sales of assets | | | | | | | |
| | | other than inventory | 7a | | | | | | |
| | | Less: cost or other basis | | | | | | | |
| an C | | and sales expenses | | | | | | | |
| Ver | 1 | Gain or (loss) | | | | | | | |
| Other Revenue | 1 | Net gain or (loss) | | | | | | | |
| je. | 1 | Gross income from fundrai | ising | | | | | | |
| ŏ | 1 | events (not including \$_ | | . | | | | | |
| | 1 | of contributions reported o | | | | | | | |
| | | 1c). See Part IV, line 18 | | 8a | | | | | |
| | | Less: direct expenses . | | 8b | | | | | |
| | 1 | Net income or (loss) from f | • | s | | | | | |
| | 1 | Gross income from gaming | ~ | | | | | | |
| | | activities, See Part IV, line | 19 | 9a | | | | | |
| | | Less: direct expenses . | | 9b | | | | | |
| | С | Net income or (loss) from | gaming activities | | | | | | |
| | | Gross sales of inventory, le | | | | | | | |
| | 1 | returns and allowances . | | 10a | | | | | |
| | 1 | Less: cost of goods sold | | 10b | - | | | | |
| | С | Net income or (loss) from s | sales of inventory | / | | | | | |
| | | | | | Business Code | | | | |
| sne (| 11a | | | | | | | | |
| anc | b | | | | | | | | |
| eve | С | | | | | | | | |
| Miscellanous Revenue | | All other revenue | | | | | | | |
| | • | Total. Add lines 11a-11d | | | | | | | |
| | 12 | Total revenue. See instru | ictions | | | 1,034,465 | 0 | 0 | 66 |

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, 101,284 81,027 20,257 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 54,112 45,123 8,989 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 832 14,387 7,502 6,053 11 Fees for services (nonemployees): b Legal...... 8,112 8,112 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.) 41,387 31,487 9,900 12 13 22,273 18,932 3,341 14 8,420 468 468 9,356 15 16 416,368 416,368 17 30,695 30,695 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 22,169 17,735 4,434 20 21 22 Depreciation, depletion, and amortization 48,619 48,619 23 334 3,342 3,008 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.) а b C d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 772,104 663,793 83,688 24,623 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) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | beginning or year | 1 | Life of year |
| | 2 | Savings and temporary cash investments | 808,043 | 2 | 022 167 |
| | 3 | | 000,043 | 3 | 823,167 |
| | | Pledges and grants receivable, net | | 4 | |
| | 4 | · | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | _ | |
| | • | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | _ | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| S | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ĕ | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | _ | basis. Complete Part VI of Schedule D 10a 2,618,583 | | | |
| | b | Less: accumulated depreciation | 1,738,175 | 10c | 1,988,291 |
| | 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 33) | 2,546,218 | 16 | 2,811,458 |
| | 17 | Accounts payable and accrued expenses | 5,840 | 17 | 8,719 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| jab | | controlled entity or family member of any of these persons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,840 | 26 | 8,719 |
| | | Organizations that follow FASB ASC 958, check here ▶ 🗓 | | | |
| Ś | | and complete lines 27, 28, 32, and 33. | | | |
| nce | 27 | Net assets without donor restrictions | 2,414,123 | 27 | 2,757,782 |
| ala | 28 | Net assets with donor restrictions | 126,255 | 28 | 44,957 |
| B | | Organizations that do not follow FASB ASC 958, check here | | | |
| 녎 | | and complete lines 29 through 33. | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et/ | 32 | Total net assets or fund balances | 2,540,378 | 32 | 2,802,739 |
| | 33 | Total liabilities and net assets/fund balances | 2,546,218 | 33 | 2,811,458 |

Both consolidated and separate basis

2c

За

х

х

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

c 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? .

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

separate basis, consolidated basis, or both:

Consolidated basis

X Separate basis

Schedule O.

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name of the organization **Employer identification number** TUMAINI MINISTRIES INC 81-0570599 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🗵 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

instructions

| Ган | | | | | | | |
|-------|---|------------------|------------------|--------------------|-------------------------|-----------------------|--------------|
| | (Complete only if you checked th | | | | | | ality under |
| Secti | Part III. If the organization fails to on A. Public Support | quality und | er the tests is | sied below, p | iease compie | te Part III.) | |
| | dar year (or fiscal year beginning in) > | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | (a) 2017 | (b) 2010 | (6) 2019 | (d) 2020 | (6) 2021 | (i) iotai |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| 2 | organization's benefit and either paid to | | | | | | |
| | - | | | | | | |
| 2 | or expended on its behalf The value of services or facilities | | | | | | |
| 3 | | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 4 | 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | on B. Total Support | | | | 1 | | T |
| | dar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 instruction | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the or | ganization's fi | irst, second, th | ird, fourth, or fi | fth tax year as | a section 501 | (c)(3) |
| | organization, check this box and stop her | e | | | | | ▶ [|
| Secti | on C. Computation of Public Suppor | rt Percentag | je | | | | |
| 14 | Public support percentage for 2021 (line 6 | | - | | | 14 | % |
| 15 | Public support percentage from 2020 Scho | | | | | 15 | % |
| 16a | 33 1/3% support test - 2021. If the organ | ization did not | t check the box | c on line 13, an | nd line 14 is 33 | 1/3% or more | , check this |
| | box and stop here. The organization qual | lifies as a pub | licly supported | organization . | | | ▶ □ |
| b | 33 1/3% support test - 2020. If the organ | ization did no | t check a box o | on line 13 or 16 | Sa, and line 15 | is 33 1/3% or | more, check |
| | this box and stop here. The organization | qualifies as a | publicly suppo | rted organizati | on | | ▶ □ |
| 17a | 10%-facts-and-circumstances test - 202 | 21. If the orga | nization did no | t check a box o | on line 13, 16a | , or 16b, and li | ine 14 is |
| | 10% or more, and if the organization meet | ts the facts-ar | nd-circumstanc | es test, check | this box and s t | t op here. Exp | lain in |
| | Part VI how the organization meets the fac- | cts-and-circun | nstances test. | The organizati | on qualifies as | a publicly sup | ported |
| | organization | | | - | | | · |
| b | 10%-facts-and-circumstances test - 202 | | | | | | |
| | 15 is 10% or more, and if the organization | _ | | | | | |
| | in Part VI how the organization meets the | | | | | - | • |
| | organization | | | - | · · | | |
| 18 | Private foundation. If the organization did | | | | | | |

EEA Schedule A (Form 990) 2021

81-0570599

(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.)

| | on A. Public Support | | | I | T | | Т |
|------------|---|-----------------|-------------------|-------------------|----------|-----------------|--------------|
| Calen | dar year (or fiscal year beginning in)▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") . | 893,674 | 672,020 | 1,045,918 | 621,639 | 1,034,399 | 4,267,650 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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 | | | | | | - |
| J | furnished by a governmental unit to the | | | | | | |
| | | | | | | | |
| • | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 893,674 | 672,020 | 1,045,918 | 621,639 | 1,034,399 | 4,267,650 |
| 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 | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 4,267,650 |
| Secti | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | 893,674 | 672,020 | 1,045,918 | 621,639 | 1,034,399 | 4,267,650 |
| 10a | Gross income from interest, dividends, | 093,074 | 072,020 | 1,043,910 | 021,039 | 1,034,399 | 4,207,030 |
| IVa | | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources | | 131 | 147 | 102 | 66 | 446 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | 131 | 147 | 102 | 66 | 446 |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 10 | and 12.) | 893,674 | 672 151 | 1,046,065 | 621 741 | 1,034,465 | 4,268,096 |
| 14 | First 5 years. If the Form 990 is for the or | | | • | | | |
| 14 | - | • | | | • | , | · · · · |
| C4: | organization, check this box and stop her | | | | <u> </u> | | <u></u> |
| | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2021 (line 8 | | | | | 15 | 99.99 % |
| <u> 16</u> | Public support percentage from 2020 Sch | | • | | | 16 | 99.99 % |
| Secti | on D. Computation of Investment Inc | come Percer | ntage | | | | |
| 17 | Investment income percentage for 2021 (I | ine 10c, colum | n (f), divided b | by line 13, colur | mn (f)) | 17 | 0.00 % |
| 18 | Investment income percentage from 2020 | Schedule A, F | Part III, line 17 | | | 18 | 0.00 % |
| 19a | 33 1/3% support tests - 2021. If the orga | | | | | ore than 33 1/3 | 3%, and line |
| | 17 is not more than 33 1/3%, check this be | | | | | | |
| b | 33 1/3% support tests - 2020. If the organizati | = | - | • | | | |
| | line 18 is not more than 33 1/3%, check this bo | | | | | | |
| 20 | Private foundation. If the organization did | | - | | | - | |
| | | | | ,, | | | |

Part IV **Supporting Organizations**

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

| Section A. All Supporting Organization | Section | A. All | Supporting | Organizations |
|--|---------|--------|------------|---------------|
|--|---------|--------|------------|---------------|

| Secti | ion A. All Supporting Organizations | | Yes | No |
|-------|---|-----|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | 163 | NO |
| • | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | lines 3b and 3c below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | 3b | | |
| С | 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. | 3с | | |
| 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 lines 4b and 4c below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | _ | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| _ | designated in the organization's organizing document? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | 6 | | |
| ′ | (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). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line | | | |
| • | 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| • | disqualified persons, as defined in section 4946 (other than foundation managers and organizations | | | |
| | described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| С | Did a disqualified person (as defined on 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 . | 9с | | |
| 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. | 10a | | |

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

| | e A (Form 990) 2021 | TUMAINI | MINISTRIES 1 | INC | 81-0570599 | | P | age |
|----------|------------------------------|-----------------|----------------------|---|---------------------------------|------------|--------|------|
| Part I | V Supporting | Organization | ons (continued) | | | | | |
| | | | | ((() ()) | Ī | | Yes | No |
| | _ | | | n from any of the following persons? | d in lines 11h and | | | |
| а | • | | | alone or together with persons described | in lines i ib and | 110 | | |
| L | 11c below, the gover | | | | - | 11a 11b | | |
| | A family member of a | • | | | 1h or 11o | IID | | |
| С | provide detail in Par | | on described in T | 1a or 11b above? If "Yes" to line 11a, 11 | D, OF FIC, | 11c | | |
| Section | on B. Type I Suppo | | nizations | | | 110 | | |
| Occin | лг Б. турс гоарр | orting Orga | IIIZation3 | | | | Yes | No |
| 1 | Did the governing body | members of th | ne governing hody | officers acting in their official capacity, or men | nhership of one or | | 103 | 140 |
| • | | | | y appoint or elect at least a majority of the org | · | | | i |
| | | | | No," describe in Part VI how the supported o | | | | i |
| | | | - | zation's activities. If the organization had mor | | | | i |
| | | | _ | remove officers, directors, or trustees were a | * * | | | i |
| | - | | | ns, if any, applied to such powers during the | - | 1 | | |
| 2 | | | | supported organization other than the si | | | | |
| _ | | | | olled the supporting organization? If "Ye | | | | i |
| | | • | | oses of the supported organization(s) the | - | | | i |
| | supervised, or contro | | | • | at operated, | 2 | | |
| Section | on C. Type II Supp | | | on. | | | | |
| Ocom | л о. турс п оарр | orting orgi | amzanons | | | | Yes | No |
| 1 | Were a majority of th | ne organizatio | n's directors or tr | rustees during the tax year also a majori | ty of the directors | | | |
| • | | - | | organization(s)? If "No," describe in Pa | - | | | i |
| | | - | | s vested in the same persons that control | | | | i |
| | the supported organi | | organization was | s voctou in the dame perdene that denie | mod or managed | 1 | | |
| Section | on D. All Type III S | | Organizations | | | | | |
| | <u></u> | арролину | o.g | | | | Yes | No |
| 1 | Did the organization pro | ovide to each o | f its supported orga | nizations, by the last day of the fifth month of | the | | | |
| | | | | ype and amount of support provided during th | | | | i |
| | - | | | ed as of the date of notification, and (iii) copie | - | | | i |
| | | | | of notification, to the extent not previously pro- | | 1 | | |
| 2 | - | - | | or trustees either (i) appointed or elected | | | | |
| _ | | | | ly of a supported organization? If "No," e | | | | |
| | | - | - | is working relationship with the supporte | • | 2 | | |
| 3 | - | | | bove, did the organization's supported o | | | | |
| | = | - | | policies and in directing the use of the o | - 1 | | | i |
| | - | _ | | If "Yes," describe in Part VI the role the | - | | | i |
| | supported organizati | | • | | o.ga.n <u>=</u> ao o | 3 | | |
| Section | | | | orting Organizations | | | | |
| 1 | | | | ation used to satisfy the Integral Part Te | est during the year (see | inst | ructio | ons) |
| а | | | _ | Complete line 2 below. | 0 , (| | | , |
| b | | | | pported organizations. Complete line 3 | below. | | | |
| С | = - | = | - | escribe in Part VI how you supported a gove | | ctions) |)_ | |
| 2 | Activities Test. Ansv | | | | , | ĺ | Yes | No |
| а | | | | during the tax year directly further the ex | kempt purposes of | | | |
| | | | | ation was responsive? If "Yes," then in I | | | | i |
| | | | - | v these activities directly furthered their o | - | | | i |
| | = = | - | = | ported organizations, and how the orgar | | | | i |
| | that these activities of | - | | - | | 2a | | |
| b | | | - | stitute activities that, but for the organiza | ition's | | | |
| | | | | pported organization(s) would have been | | | | |
| | | | - | ization's position that its supported orga | | | | |
| | | | | zation's involvement. | . , | 2b | | |
| 3 | Parent of Supported | | - | | | | | |
| а | | - | | opoint or elect a majority of the officers, | directors, or | | | |
| | | | | "Yes" or "No," provide details in Part V i | | 3a | | |
| b | | | | ction over the policies, programs, and activities | | | | |
| | - | | - | VI the role played by the organization in this | | 3b | | |

81-0570599

| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trus | st on Nov. 20, 1970 (expl | • |
|-------|--|----------|---------------------------|-----------------------------|
| Secti | instructions. All other Type III non-functionally integrated supporting organ on A - Adjusted Net Income | ızatl | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Secti | on B - Minimum Asset Amount | <u>'</u> | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Secti | on C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | lly ir | ntegrated Type III suppor | ting organization |
| | (see instructions). | _ | | |

EEA Schedule A (Form 990) 2021

| Part | V Type III Non-Functionally Integrated 509(a)(3 | Supporting Organ | izations (continue | ed)_ | |
|------|---|------------------------------------|---------------------------|------|--------------|
| Sect | ion D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | xempt purposes | | 1 | |
| 2 | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | oses of supported organ | izations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | 5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) | | | | |
| 6 | 6 Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | 7 Total annual distributions. Add lines 1 through 6. | | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | | | /ii\ | | (iii) |

| | | Excess Distributions | Underdistributions Pre-2021 | Distributable Amount for 2021 |
|------------|---|----------------------|--------------------------------|----------------------------------|
| 1 [| Distributable amount for 2021 from Section C, line 6 | | | |
| 2 (| Underdistributions, if any, for years prior to 2021 | | | |
| (| (reasonable cause required - explain in Part VI). See | | | |
| i | instructions. | | | |
| 3 I | Excess distributions carryover, if any, to 2021 | | | |
| | From 2016 | | | |
| b | From 2017 | | | |
| | From 2018 | | | |
| d | From 2019 | | | |
| | From 2020 | | | |
| f - | Total of lines 3a through 3e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2021 distributable amount | | | |
| | Carryover from 2016 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 [| Distributions for 2021 from | | | |
| | Section D, line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2021 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| | Remaining underdistributions for years prior to 2021, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 I | Remaining underdistributions for 2021. Subtract lines 3h | | | |
| á | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | |
| | Part VI. See instructions. | | | |
| | Excess distributions carryover to 2022. Add lines 3j | | | |
| | and 4c. | | | |
| _ 8 I | Breakdown of line 7: | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| | Excess from 2019 | | | |
| | Excess from 2020 | | | |
| e | Excess from 2021 | | | |

EEA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 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)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

TUMAINI MINISTRIES INC

► Attach to Form 990 or Form 990-PF.

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

Name of the organization

Employer identification number

81-0570599

| Organization type (check one): | | | | | | | | |
|---------------------------------|--|--|--|--|--|--|--|--|
| Filers of: | Filers of: Section: | | | | | | | |
| Form 990 o | or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | 1 | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| 527 political organization | | | | | | | | |
| Form 990-P | PF | 501(c)(3) exempt private foundation | | | | | | |
| | 1 | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | J | 501(c)(3) taxable private foundation | | | | | | |
| Check if you | ur organization is cover | ed by the General Rule or a Special Rule . | | | | | | |
| Note: Only instructions. | (/ (/ · (/ | , or (10) organization can check boxes for both the General Rule and a Special Rule. See | | | | | | |
| General Rule | | | | | | | | |
| or | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | | |
| Special Ru | Special Rules | | | | | | | |
| re _! | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | | |
| co | 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | | |
| co co du Ge | 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 | | | | | | | |
| | Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "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).

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 |
|------------|--|----------------------------|--|
| _1_ | COMMUNITY UPLIFT MINISTRIES PO BOX 18636 | \$ | Person 🗷 Payroll 🗌 Noncash 🗍 |
| | GOLDEN CO 80402 | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2_ | THE CLIFFLINE FOUNDATION 191 UNIVERSITY BLVD 237 DENVER CO 80206 | \$50,000 | 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 | THE NATIONAL CHRISTIAN FOUNDATION 11625 RAINWATER DR 500 ALPHARETTA GA 30004 | \$383,920 | Person K Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | PETE MORGAN FOUNDATION 1520 W CANAL CT STE 220 LITTLETON CO 80120 | \$25,000 | Person Rayroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5_ | CASTING CROWNS FOUNDATION PO BOX 2439 EVERGREEN CO 80437 | \$30,000 | Person Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | JAMES GOFF 23084 N TURKEY CREEK RD MORRISON CO 80465 | \$34,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

TUMAINI MINISTRIES INC 81-0570599

| raiti | Contributors (see instructions). Ose duplicate copi | es of Fart i if additional space is if | eeded. |
|------------|---|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | DAN SIERRA 3749 WHITE BAY DR Littleton CO 80126 | \$\$ | Person x Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | PAUL MARTEL 207 CAPE SHORE DR Kemp TX 75143 | \$\$ | Person X Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | SHANE COORS 3401 E COUNTY ROAD 16 Loveland CO 80537 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 10 | FIDELITY CHARITABLE GIFT FUND PO BOX 770001 Cincinnati OH 45277 | \$\$ | 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 |

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.

Internal Revenue Service Name of the organization

Department of the Treasury

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

OMB No. 1545-0047

Open to Public Inspection

| Name c | f the organization | | | Employer identification number |
|--------|---|---------------------------|--------------------------|------------------------------------|
| TUMA: | INI MINISTRIES INC | | | 81-0570599 |
| Pa | rt I Organizations Maintaining Donor Advised | Funds or Other Si | milar Funds or Ac | counts. |
| | Complete if the organization answered "Yes" of | on Form 990, Part I | V, line 6. | |
| | | (a) Donor a | 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 | writing that the assets | held in donor advised | I |
| | funds are the organization's property, subject to the organization | ation's exclusive legal | control? | |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that | grant funds can be us | sed |
| | only for charitable purposes and not for the benefit of the do | nor or donor advisor, o | or for any other purpos | e |
| | conferring impermissible private benefit? | | | |
| Par | t II Conservation Easements. | | | |
| | Complete if the organization answered "Yes" of | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | ol <u>y).</u> | |
| | Preservation of land for public use (for example, recreation | on or education) | | historically important land area |
| | Protection of natural habitat | | Preservation of a | certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualit | fied conservation cont | ribution in the form of | a conservation |
| | easement on the last day of the tax year. | | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | | |
| b | Total acreage restricted by conservation easements | | | |
| С | Number of conservation easements on a certified historic str | | | 2c |
| d | Number of conservation easements included in (c) acquired | | | |
| | historic structure listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, | or terminated by the | organization during the |
| | tax year • | | | |
| 4 | Number of states where property subject to conservation ea | | | |
| 5 | Does the organization have a written policy regarding the pe | | | □ v ₂₀ □ N ₀ |
| | violations, and enforcement of the conservation easements i | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | riariding of violations, | and emorcing conserv | valion easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and | enforcing conservatio | n easements during the year |
| • | ► \$ | alling or violations, and | chlording conscivatio | reasements during the year |
| 8 | Does each conservation easement reported on line 2(d) abo | ove satisfy the require | ments of section 170(h | n)(4)(B)(i) |
| · | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| | balance sheet, and include, if applicable, the text of the footn | | | |
| | organization's accounting for conservation easements. | | | |
| Par | | of Art, Historica | I Treasures, or (| Other Similar Assets. |
| | Complete if the organization answered "Yes" of | on Form 990, Part I | V, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 9 | 958, not to report in its | revenue statement an | d balance sheet works |
| | of art, historical treasures, or other similar assets held for pu | ıblic exhibition, educat | ion, or research in furt | herance of public |
| | service, provide in Part XIII the text of the footnote to its final | ancial statements that | describes these items. | |
| b | If the organization elected, as permitted under FASB ASC 9 | 958, to report in its rev | enue statement and ba | alance sheet works of |
| | art, historical treasures, or other similar assets held for public | c exhibition, education | , or research in further | rance of public service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | | | > \$ |
| 2 | If the organization received or held works of art, historical tre | easures, or other simil | ar assets for financial | gain, provide the |
| | following amounts required to be reported under FASB ASC | C 958 relating to these | items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| b | Assets included in Form 990, Part X | | | > \$ |

| Schedule | D (Form 990) 2021 TUMAINI MINISTR | IES INC | | | 81-05705 | 599 | Pa | age 2 |
|----------|--|----------------------|----------------------------|----------------------|----------------------|------------|------------|--------------|
| Part | III Organizations Maintaining | Collections of | Art, Historical | Treasures, or | Other Similar Ass | sets (co | ntinu | ied) |
| 3 | Using the organization's acquisition, accessi | | | | | | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | | d 🗌 Loan | or exchange progra | ms | | | |
| b | Scholarly research | | e Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ain how they further t | he organization's ex | empt purpose in Part | | | |
| | XIII. | | | | | | | |
| 5 | During the year, did the organization solicit o | | | | | _ | | |
| | assets to be sold to raise funds rather than t | | s part of the organization | tion's collection? | | Yes | : <u> </u> | No |
| Part | | | II - 000 - 1 | Dest 11/4 Pers 0 | | | | |
| | Complete if the organization | answered "Yes | s" on Form 990, I | Part IV, line 9, c | or reported an amo | unt on | Form | 1 |
| | 990, Part X, line 21. | | P. 6 | | | | | |
| 1a | Is the organization an agent, trustee, custodia | | | | | □ v | | |
| | included on Form 990, Part X? | | | | | Yes | · 🗆 | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the | rollowing table: | Г | Λ | | | |
| • | Beginning balance | | | - | 1c Amo | unt | | |
| q C | Additions during the year | | | _ | 1d | | | |
| e | Distributions during the year | | | | 1e | | | |
| f | Ending balance | | | | 1f | | | |
| 2a | Did the organization include an amount on Fe | | | _ | | Yes | . \Box | No |
| | If "Yes," explain the arrangement in Part XIII | | | | • | _ | = | |
| Part | | | | | | | | |
| | Complete if the organization | answered "Yes | s" on Form 990, F | Part IV, line 10. | | | | |
| | · | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four | years ba | ack |
| 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 | | | <u> </u> | | | | |
| 2 | Provide the estimated percentage of the curr | • | , , | a)) held as: | | | | |
| а | Board designated or quasi-endowment | <u> </u> | % | | | | | |
| b | Permanent endowment Tanana and associated as a second control of the second control of | % | | | | | | |
| С | Term endowment ►% | | | | | | | |
| 20 | The percentages on lines 2a, 2b, and 2c sho | • | ization that are hold a | and administered for | tho | | | |
| 3a | Are there endowment funds not in the posse | ession of the organi | ization that are neid a | ina administered for | trie | [| Voc | No |
| | organization by: (i) Unrelated organizations | | | | | 3a(i) | Yes | No |
| | (ii) Related organizations | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organizations. | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | 35 | | |
| Part | | | aominon iunus. | | | | | |
| | | | | | | | | |

Complete if the organization answered "Yes" on Form 990. Part IV. line 11a. See Form 990. Part X. line 10.

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------|-------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a | Land | | 1,112,388 | | 1,112,388 |
| b | Buildings | | 1,286,931 | 630,292 | 656,639 |
| С | Leasehold improvements | | | | |
| d | Equipment | | 219,264 | | 219,264 |
| е | Other | | | | |
| Total. | 1,988,291 | | | | |

| 1. | (a) Description of liability | (b) Book value |
|--------------------------|--|----------------|
| (1) Federal income taxes | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) m | ust equal Form 990, Part X, col. (B) line 25.) . ▶ | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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. . Schedule D (Form 990) 2021 TUMAINI MINISTRIES INC 81-0570

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Page 4 81-0570599

| Ган | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | e per iveturi | • |
|-----------------|---|---|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,034,465 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | • | 1,034,465 |
| a | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | | |
| C | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | | 1,034,465 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | 1,031,103 |
| 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 revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) | | 1,034,465 |
| Part | | | |
| ı uıt | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | oco per mera | •••• |
| 1 | Total expenses and losses per audited financial statements | 1 | 772,104 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | • | 772,104 |
| a | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| | Other losses | | |
| c d | Other (Describe in Part XIII.) | | |
| | Add lines 2a through 2d | 20 | |
| е 3 | Subtract line 2e from line 1 | | 772 104 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | 772,104 |
| | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| a | Other (Describe in Part XIII.) | | |
| b C | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | <u> </u> | 772,104 |
| Part | | 3 | 772,104 |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, | line 4: Part V lin | 0 |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information | | C |
| 2 , 1 an | At, lines 2d and 4b, and 1 art An, lines 2d and 4b. Also complete this part to provide any additional information | | |
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EEA Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

81-0570599 TUMAINI MINISTRIES INC 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.