# Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements, or tax year beginning 07/01/11, and ending 06/30/12

OMB No. 1545-0047 2011 Open to Public Inspection

<u>A</u>		of cable C Name of organization	12	D Emplo	yer idenlification number
1	Check if ap	product		D Emplo	Act requirement mainter
	Address ch				
	Name char	ge Doing Business As			-2852923
	initial retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Teleph	one number
	Mitra refer	P.O. BOX 1611		973	3- <u>283-</u> 2026
	Terminated	City or town, state or country, and ZIP + 4			
	Amended r	etum SPARTA NJ 07871		G Gross reco	alpts 363,964
$\equiv$		F Name and address of orincipal officer			
<u></u>	Application	Bhikkhu Bodhi	H(a) is this a g	oup return for	affiliales? Yes X No
		2020 Route 301	H(b) Are all af	iliales include	d? Yes No
		Carmel NY 10512	1		(see instructions)
			-  " '''	,	, tare management
	Твх-ехеп				
	Website:		H(c) Group ex		
700000	************		ear of formation: 2	800	м State of legal domicie: NJ
. 8	art I	Summary		· · · · · · · · · · · · · · · · · · ·	
	1 E	riefly describe the organization's mission or most significant activities:			
ø		To alleviate suffering, poverty and oppression through	direct aid	l,	
Š		economic and technical assistance, education and other			ble
Ľ		assistance to people in need throughout the world.			
Activities & Governance	20	Theck this box ► if the organization discontinued its operations or disposed of more than 25%			
Ö				1 1	12
≪ 5		lumber of voting members of the governing body (Part VI, line 1a)		. 3	12
Ę	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		- 4	
.≧		otal number of individuals employed in calendar year 2011 (Part V, line 2a)			0
Ac		otal number of volunteers (estimate if necessary)		. 6	50
,	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	- 0
	bΝ	let unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea		Current Year
Φ	8 0	Contributions and grants (Part VIII, line 1h)	17	5,912	<u>363,930</u>
Ž	9 P	rogram service revenue (Part VIII, line 2g)		O	0
Revenue	10 ir	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)		0	34
ĸ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
		otat revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17	5,912	363,964
	_			5,540	284,054
		strants and similar amounts paid (Part IX, column (A), lines 1–3)	<u></u>		
		enefits paid to or for members (Part IX, column (A), line 4)		0	0
es SS	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	
Expenses	16a₽	rofessional fundraising fees (Part IX, column (A), line 11e) otal fundraising expenses (Part IX, column (D), line 25) ▶ 12,552		1,879	4,690
Ľ.	ÞΤ	otal fundraising expenses (Part IX, column (D), line 25) ▶ 12, 552	an de		
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,217	19,660
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16	6,636	308, <u>404</u>
		evenue less expenses. Subtract line 18 from line 12		9,276	55,560
Pes			Beginning of Cur		End of Year
Net Assels or Fund Balances	20 T	otal assets (Part X, line 16)	6	0,430	105,961
₹8	21 T	otal liabilities (Part X, line 26)	1	0,162	133
要	22 N	et assets or fund balances, Subtract line 21 from line 20		0,268	105,828
_	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules and statements.	and to the best of	Ferry (comple	dee and hotief it is
		the soft perjuly, recease that make examined this retain, including accompanying screeding and statements, it, and complete. Declaration of which preparer has a		THY MIUMIC	ode eign negel it is
				9	110/2-17
<b>~</b>	.	Signature of officer	· · · · · · · · · · · · · · · · · · ·	Date	110/2013
Sig		· · · · · · · · · · · · · · · · · · ·		Date	•
He	re	Thomas J. Spies Treas	urer		
		Type or print name and title	····		
	ł	Print/Type preparer's name Preparer's signature	Date	Check	i/ PTIN
Paid	# <b> </b>	Kevin O'Connor, CPA	01/08	/13 self-en	ployed P00045800
Pre	marar [	Firm's name > German, Vreeland & Associates LLP	F	im's EIN	22-1866743
Use	Only	7 Century Drive, Suite 301			
	ŀ	Firm's address > Parsippany, NJ 07054		hone ño.	973-605-2777
May	the IRS	discuss this return with the preparer shown above? (see instructions)		erio riu.	Yes No
		vork Reduction Act Notice, see the separate instructions.			Form 990 (2011)
DAA	· -h,				(2011)

Form 99	<u>0(2011) Buddhis</u>	t Global Reliet	26	5-2852923	Page 2
Part	III Statement of	f Program Service Accomplish	ments		
	Check if Sche	edule O contains a response to a	ny question in this F	Part III	<u></u> X
<b>1</b> Br	iefly describe the organiz	ation's mission:			<del>-</del>
		uffering, poverty and echnical assistance,			
ass	sistance to p	people in need through	ghout the wo	rld.	
	-	ake any significant program services durin	g the year which were no	ot listed on the	□ ਓJ
	or Form 990 or 990-EZ? 'Yes," describe these nev	v services on Schedule O.			Yes X No
	d the organization cease rvices?	conducting, or make significant changes in	n how it conducts, any pi	rogram	Yes X No
	'Yes," describe these cha	nges on Schedule O.			
		program service accomplishments for eac			
		) and 501(c)(4) organizations and section			f
gra	ants and allocations to ot	hers, the total expenses, and revenue, if a	any, for each program se	rvice reported.	
4a (C	ode: ) (Expen	ses \$ 24,061 includi	ing grants of \$	24,061 ) (Reveni	ue \$)
Dha	ırmagiri-Khup	huka Project			
		cants of \$24,061 to			
suf	fering of v	initiative provides ulnerable households	in the comm	unities of Mag	atteviace che
Kwa	thunzi and l	Kwapitela in South A	frica, and p	provides more s	sustainable
so]	lutions to th	ne households' food	security iss	ue such as sur	porting
fan	milies to obt	cain social governmen	nt security	grants to whic	h they are
		gh our information ar	nd advocacy	service, and t	hrough the
cre	eation of a	rood garden.	• • • • • • • • • • • • • • • • • • • •		
• • •				,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• • • •					**************
4b (C	ode: ) (Expen	ses \$ 23,000 includi	ng grants of \$	23,000 ) (Reven	ue \$
Ka]	lyanamıtra Fi	ınd - Bodhicitta-Ind	iaWomen's Li	vlihood Progra	ım
		\$23,000 grant to Th			
		n's Livlihood Program Women and build thei			
		socio-economic status			
		women and children.			
		lies and take the s			
					• • • • • • • • • • • • • • • • • • • •
٠			• • • • • • • • • • • • • • • • • • • •		
٠					.,,.,
٠	,				,
4c (C	ode: ) (Expen	ses \$ 22,100 includi	ing grants of \$	22,100 ) (Reven	ue \$
Bac	llao Foundat:	Lon			
BGF	provided a	\$22,100 grant to BA	DLAO FOUNDAT	ION for the pu	rpose of
ımb	roving the e	economic status and oghar District of Jh	living condi	tion of 150 ma	arginalized
		ckward districts in			
sta	gnation, lov	v agricultural produc	ctivity, foo	d insecurity.	population
pre	ssure, chror	ic indebtedness and	forced migr	ation. No dev	relopment can be
sus	stained if it	is not supported b	y economic i	mprovement and	l financial
inc	lependence of	the women. This pro	oject will t	ry to address	both these
		can lead to a sustai			
bri	ncipally agi	carian community. The	ne project w	ill result in	errective use
4d Of	her program services. (De	escribe in Schedule O.)	· · · · · · · · · · · · · · · · · · ·		
		214,893 including grants of \$	214,893	) (Revenue \$	)
4e To	tal program service ex				

	artiva Grecklist 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,"			ĺ
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	\ '		1
	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,"	<u> </u>		
۰	complete Schodule D. Bort III	8		Х
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<b>-</b>		<del>  ^</del>
9				
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_		7.7
	complete Schedule D, Part IV	9		<u> X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1		**
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	residentation.	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	: Exil	De men	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	}		1
	complete Schedule D, Part VI	11a		X_
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investmentsprogram related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d.	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a				
	Schedule D, Parts XI, XII, and XIII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	,		
V	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	144		1-2
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	4 41		\ <sub>v</sub>
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<del>                                     </del>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1	3,5	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X	<del></del>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			,.
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ļ	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

			Yes	No
1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	İ
:	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
,	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	0.600-0.00	23		Х
la	employees? If "Yes," complete Schedule 3  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
ra	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	Absorbed Odd and appropriate Calculula IV 189No P on to Cop OF	245		X
	through 24d and complete Schedule K. If "No," go to line 25	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		┢
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		├-
_	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
ia	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Σ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			Ì
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			۱ _
	If "Yes," complete Schedule L, Part I	25b		Σ
3	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	ł		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Σ
•	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	;		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		2
1	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		W. Anio	55
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Σ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		2
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Σ
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	the country to the terms of the control of the cont	30		2
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			ऻ
	Part I	31		1
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		_
•		32		Σ
3	complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_
•		92		2
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		┵
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		1	١,
	IV, and V, line 1	34		2
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		╁┵
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	l		Ι,
	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Ι2
•	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			١.
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	2
•	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	Σ
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	L

Pa	Statements Regarding Other IRS Filings and Tax Compliance	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response to any question in this Part V				
		1 <b>1</b>	Commercia	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	_ 2	1. 1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		Par de		\$4.45
	reportable gaming (gambling) winnings to prize winners?	, <u>.</u>	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	_	25 M	Alar
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	e profession	27 (A) 5.
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Selection .	51.7 (Zef	7. T
3a			3a		<u> X</u>
b			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors a financial account in a fersion country (such as a hardy account account or other financial).				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financ account)?		4a		Х
b	If W/G 2 and the water of the facility assumes h				21
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Act				
5a			5a	The second	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds			
	and services provided to the payor?	.,	7a		X
þ			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	1 1	7c	440000	Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g 7h		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	THE S FORTH 1090-C?	NAME OF		A A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	and the state of t		8	Marini in	regeries.
9	Sponsoring organizations maintaining donor advised funds.	***************************************	52.		
а			9a	No amonda in	( and a second
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		Tivil		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			#0.E
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a		100	
b	Gross income from other sources (Do not net amounts due or paid to other sources			33458	
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a	ores Storme.	7 2 TAVA (1.7)
þ		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		8-9-01-19-04 8-9-01-19-04		#1157,411
а	***************************************		13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.		A STATE OF THE STA		
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1 406	00000000000000000000000000000000000000	57.5%	
_	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		14a	Condendary of the Second	Х
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		14b	<u> </u>	<del> </del>

Form 990 (2011) Buddhist Global Relief 26-2852923 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 12 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Х 8a Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **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 Х 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply, |X| Own website | Another's website |X| Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the

271 Longmeadow Rd.

NJ 07405

973-283-2026

Kinnelon

organization: Thomas J. Spies

Form 990 (2011) Buddhist G	lobal Relie	:£
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26-2852923

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - . List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the orga	nization nor any	relat	ed o	rgani	zatio	ns co	omp	ensated any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	bo	x, unle	Pos check ess pe	more i rson is directo	than both an both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Sylvie Sun										**
Director	5.00							0	0	0
(2) Thomas Moritz		<del> </del>			<u> </u>					
Director	3.00							0	0	0
(3) Bhikkhu Bodhi		$\vdash$						<u>-</u>		
Chairman	8.00	Х		X				0	0	0
(4) Charles Elliott		T								<del></del>
Director	2.50	X						0	0	0
(5) George Clapp										
Director	10.00	Х						0	0	0
(6) Allen Fu										
Director	2.00	Х						0	0	0
(7)Kim Behan										
Executive Director	25.00	Х						0	0	0
(8) Marcie Barth										
Secretary	3.00	X		X				0	0	. 0
(9) Patricia Price										
Director	2.50	X						0	0	0
(10) Thomas J. Spies										
Treasurer	6.00	X		X				0	0	0
(11)W. David Braught										
Vice Chairman	2.00	Х		Х				0	0	0
(12) Michael Roehm										
Director	4.00	X						0	0	0
(13) Sister Santussik								_		
Director	5.00	X						0	0	0
(14)										

	n 990 (2011) Buddhist Int VII Section A. Officers					mple	)\/OO		26-285 nd Highest Compensated		Page 8		
<u> </u>	(A) (B) Name and title Average hours pe week (describe hours fo			o not x, unle	Pos check ess pe	C) sition more rson i directo	than o	an ee)	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization		
		organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	(VF2 1005-WI3C)		and related organizations		
(15)													
(16)													
(17)													
(18)					_								
(19)					-								
(20)						-							
(21)					-		-						
(22)													
(23)													
(24)		· · ·											
(25)					-						·		
1b c d	Sub-total  Total from continuation shee  Total (add lines 1b and 1c)	ts to Part VII, S	ectio	n A	 .,			<b>&gt;</b>		00.000 in			
2 —	Total number of individuals (incl reportable compensation from t	-		to tn 0	ose	ııstet	abo	ve)	who received more than \$1				
3 4 5	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related organization individual Did any person listed on line 1a	complete Schedu  1a, is the sum o  cations greater the  receive or accru	le J f rep an \$ ue co	for s ortat 150, ompe	uch i ole co 000? ensati	indivompe ompe of If "	idual ensat Yes,"	ion con	and other compensation from mplete Schedule J for such unrelated organization or inc	n the dividual	Control of the contro		
	for services rendered to the orgation B. Independent Contractor	ors									.   5   X		
1	Complete this table for your five compensation from the organiza	ation. Report com							year ending with or within t	he organization's tax year.	(c)		
	Name and	(A) business address							Descript	(B) ion of services	(C) Compensation		
				•••	_								
2	Total number of independent correceived more than \$100,000 o	•	•						listed above) who	0			
DAA		- Jonnyon Journal 1	. 3,11		J. 561					<u> </u>	Form <b>990</b> (2011)		

Pa	ırt V	III Staten	nent of Reve	nue_			,		,	
							(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	46733							exempt function	business revenue	excluded from tax under sections
					Carried Control	2.53		revenue	revenue	512, 513, or 514
報報	1a	Federated can	npaigns	1a_						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership d	ues	1b						
A,	C	Fundraising ev	ents	1c						Windowski W. Colon
き	đ	Related organi	izations	1d			The second secon			
ä,	е	Government grants	(contributions)	1e_			And the second s			
Figure S	f	All other contribution					The second secon		de la companya de la	
E E	)	and similar amounts	not included above	1f	363	<u>,930</u>		and a fine of the state of the		The second secon
<u>a</u>	g	Noncash contribution	ns included in lines 1a-1	lf: \$	3					
	h	Total. Add line	s 1a–1f			. 🕨	363,930	Algreen fat talk to the first to	No. of the last of	
Program Service Revenue					Bus	n. Code				
š	2a	*								
쬬	b									
ξ	С	* * * * * * * * * * * * * * * * * * * *								
Se	ď				,					
ш	е									
ğ	f	All other progra	am service reven	ue ,						
<u>~</u>	9	Total. Add line	s 2a–2f			. >			The second second second	Secretary Control of the Control of
	3		ome (in <b>clud</b> ing d							
		and other simil	lar amounts)			•	34	34		
	4	Income from in	vestment of tax-	exempt	bond proceed	s 🕨				
	5	Royalties				<u>.                                    </u>				
			(i) Real		(ii) Persona	l	The state of the s	en vince and side of	at word of parties of 40 cha	And the second s
	6a	Gross rents					The second secon	The second secon		
	b	Less: rental exps.								Control of the Contro
	С	Rental inc. or (loss)								
	_d		me or (loss)			<u>,                                    </u>				
	7a	Gross amount from sales of assets	(i) Securities		(ii) Other					A Company of the Comp
		other than inventory							A description of the second of	A STATE OF THE STA
	b	Less: cost or other						The state of the s	A Company of the Comp	Annual Marie and American Amer
		basis & sales exps.						world file and the second seco	The state of the s	
	C	Gain or (loss)						Application and the state of th		
	d	Net gain or (los	ss)			. 🕨				
0	8a	Gross income fro	om fundraising even	ts						
nua		(not including \$		.,,,						
Revenue		of contributions re	eported on line 1c).						The control of the co	The second control of
		See Part IV, line	18	a						and the property of the control of t
Other	b	Less: direct ex	penses	, Ել						A Company of the Comp
٦	C	Net income or	(loss) from fundr	aising _	events	. 🕨		entegralia.		
	9a		m gaming activities	. [					PARKET SELECTION	
		See Part IV, line	19	. a						
	b	Less: direct ex	penses	, p[						
	C	Net income or	(loss) from gamii	ng activ	vities	. 🕨				
	10a	Gross sales of	* *	l						Company of the Compan
		returns and all	owances	, a						
	b	Less: cost of g	oods sold	, b∐					2.00 TO 2.120 CO.	
	C	Net income or	(loss) from sales	of inve	ntory	<u>.                                    </u>				
3		Misc	cellaneous Revenue		Busi	ı. Code		A THE COURT OF THE	The same of the sa	
	11a									
	b									
	C									
	d	All other revenue	ue							
-	е	Total. Add line	s 11a–11d			. •				2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	12	Total revenue	. See instructions	š		. >	363,964	34	0	0

### 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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response	to any question in this Part	IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	131,945	131,945		
2	Grants and other assistance to individuals in		•		
	the U.S. See Part IV, line 22			The second secon	And the second s
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	152,109	152,109		
4	Benefits paid to or for members	132,107	132,103		C Remain Commission
5	Compensation of current officers, directors,			AND	handan in the same and a same and
J					
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	*****			
11	Fees for services (non-employees):				
а	Management	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
b	Legal				
C	Accounting	9,000		9,000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	4,690			4,690
f	Investment management fees				
g	Other	500		500	
12	Advertising and promotion				
13	Office expenses	83		83	
14	Information technology	726			726
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,000		1,000	1 11 11 11 11 11 11 11 11 11 11 11 11 1
20	Interest			_,	
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization				
23	lan manan				
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				The second section of the section o
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Bank Charges	4,418		752	3,666
	Supplies	1,644		134	1,644
b	Printing	1,167			
G	Rental Equipment			200	1,167
d	***************************************	465 657		390	75 504
	All other expenses		204 054	73	584
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	308,404	284,054	11,798	12,552
20	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)				000

		(A) Beginning of year	(B) End of year
1	Cash—non-interest bearing	60,430 1	10,927
2	Savings and temporary cash investments		95,034
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Receivables from current and former officers, directors, trustees, key		
	employees, and highest compensated employees. Complete Part II of		
	School do 1		1757 - 1244 1959 201 1258 201 1246 44 44 47 47 47 47 47 47 47 47 47 47 47
6	Receivables from other disqualified persons (as defined under section		
•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary	The second secon	A CONTROL OF THE PROPERTY OF T
	employees' beneficiary organizations (see instructions)	A SERVICE CHE TO ENTRY THE CONTROL OF THE CONTROL O	
STARSET 7	Notes and loans receivable, not	7	
ž 8		8	
9	Inventories for sale or use	9	
1 1	Prepaid expenses and deferred charges		
IVa	Land, buildings, and equipment: cost or		
١.	other basis. Complete Part VI of Schedule D 10a	Spinis shipping a shipping releasing the state of the sta	
	Less: accumulated depreciation 10b	100	
11	Investments—publicly traded securities	11	<u> </u>
12	Investments—other securities. See Part IV, line 11	12	<u> </u>
13	Investmentsprogram-related. See Part IV, line 11		
14	Intangible assets	14	
15	Other assets. See Part IV, line 11	15	70= 051
16	Total assets. Add lines 1 through 15 (must equal line 34)	**************************************	105,961
17	Accounts payable and accrued expenses		
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22	Payables to current and former officers, directors, trustees, key		
	employees, highest compensated employees, and disqualified persons.	Committee of the commit	
Liabilities	Complete Part II of Schedule L		
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		
1	of Schedule D	162 25	133
26	Total liabilities. Add lines 17 through 25	10,162 26	133
	Organizations that follow SFAS 117, check here ▶ X and complete		
ž	lines 27 through 29, and lines 33 and 34.	The second secon	
<b>E</b> 27	Unrestricted net assets	42,768 27	50,928
28	Temporarily restricted net assets	7,500 28	54,900
29	Permanently restricted net assets		
2	Organizations that do not follow SFAS 117, check here ▶ and		
5	complete lines 30 through 34.		
27 28 29 30 31 32 32	Capital stock or trust principal, or current funds	30	TO DEPOSIT OF A POST OF THE ANALOGY A
2 31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	50 000	105,828
i i	Total liabilities and net assets/fund balances		

OHI	1990 (2011) Budditist Grobal Relief 26-2652925			raç	Je 14
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36	53,9	96 <u>4</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3(	08,4	104
3	Revenue less expenses. Subtract line 2 from line 1	3	Ę	55,5	560
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	Ę	50,2	268
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	10	)5,8	<u> 328</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			22	
	Schedule O.		and the second	700	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
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?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	- <b></b>	3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L
			<b>Г</b> ол	m <b>99</b> (	<b>)</b> (2011)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Buddhist Global Relief 26-2852923 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  $|\mathbf{x}|$ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.) 10 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 that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III--Functionally integrated d | Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) ...... (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (v) Did you notify (iv) Is the organization (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of in col. (i) listed in your organization (described on lines 1-9 the organization in omazization in colsupport col. (i) of your (i) organized in the above or IRC section governing document? support? (see instructions)) Yes No Yes No Yes Nο (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2009 (a) 2007 (b) 2008 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... Net income from unrelated business activities, whether or not the business is regularly carried on ...... Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) ..... 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2010 Schedule A, Part II, line 14 15 15 16a 33 1/3% support test-2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	. "		,	•	•	
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		69,723	125,147	175,912	363,930	734,712
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			·		34	34
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		69,723	125,147	175,912	363,964	734,746
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			·			
	Add lines 7a and 7b					and the control of th	
8	Public support (Subtract line 7c from	trapendo a					
Sec	line 6.) tion B. Total Support		The state of the s	Complete the section of the section	and the second of the second		734,746
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(1)	69,723	125,147	175,912	363,964	734,746
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		69,723	125,147	175,912	363,964	734,746
14	First five years. If the Form 990 is for the		second, third, fourth,	, or fifth tax year as	a section 501(c)(	3)	ু ভো
500	organization, check this box and stop here						<u>X</u>
15	tion C. Computation of Public Su Public support percentage for 2011 (line 8,			···		15	
16	Public support percentage from 2010 Sched	dule A. Part III. line	75 mile 15, coloriir (i,	"		16	
	tion D. Computation of Investme						
17	Investment income percentage for 2011 (lin			lumn (f))		17	%
18	Investment income percentage from 2010	Schedule A, Part III,	line 17			18	%
19a	33 1/3% support tests—2011. If the organ						_
	17 is not more than 33 1/3%, check this box		-	•	•		🕨 📙
b	33 1/3% support tests—2010. If the organ						, m
٠.	line 18 is not more than 33 1/3%, check this	-					······· ₹H
20	Private foundation. If the organization did	LIDIC CLIECK & DOX OF	i iirie 14, 19a, or 19b	, check this box an	a see instructions		

Schedule A (Fo	rm 990 or 990-EZ) 2	2011 Budo	dhist C	Slobal	Relief		26-2852923	Page 4
Part IV	Supplemental	Informatio	n. Complet	e this par	t to provide	the explanations r this part for any a	equired by Part II, line 10; additional information. (See	<u> </u>
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#### SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection -

Name of the orga	nization		Employer identification number
Buddhi	st Global Relief		26-2852923
Part I	Organizations Maintaining Donor Advised Fun organization answered "Yes" to Form 990, Part IV		
		(a) Donor advised funds	(b) Funds and other accounts
1 Total nu	mber at end of year	-	
2 Aggrega	te contributions to (during year)		
3 Aggrega	te grants from (during year)		
4 Aggrega	te value at end of year		
	organization inform all donors and donor advisors in writing that the		
funds an	e the organization's property, subject to the organization's exclus	ive tegal control?	Yes N
6 Did the	organization inform all grantees, donors, and donor advisors in wi	iting that grant funds can be used	
-	charitable purposes and not for the benefit of the donor or donor	· · · · · · · · · · · · · · · · · · ·	
conferrin	g impermissible private benefit?		Yes N
Part II	Conservation Easements. Complete if the organ	nization answered "Yes" to For	n 990, Part IV, line 7.
	(s) of conservation easements held by the organization (check al	I that apply).	
Pres	servation of land for public use (e.g., recreation or education)	Preservation of an historically	· ·
Prot	ection of natural habitat	Preservation of a certified hist	oric structure
	ervation of open space		
•	e lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conse	ervation
easemer	nt on the last day of the tax year.		59/\$5:com4
			Held at the End of the Tax Ye
	mber of conservation easements		
<b>b</b> Total ac	reage restricted by conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b
	of conservation easements on a certified historic structure include		2c
	of conservation easements included in (c) acquired after 8/17/06	and not on a	_
	of conservation easements modified, transferred, released, exting	guished, or terminated by the organiza	tion during the
	<b>&gt;</b>		
	of states where property subject to conservation easement is loc		
	e organization have a written policy regarding the periodic monitor		П. П.
	s, and enforcement of the conservation easements it holds?		
6 Staff and	I volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the y	rear
			•
	of expenses incurred in monitoring, inspecting, and enforcing col	nservation easements during the year	
▶\$			
	ch conservation easement reported on line 2(d) above satisfy the		
	ection 170(h)(4)(B)(ii)?		Yes [] N
	(IV, describe how the organization reports conservation easemen		
_	sheet, and include, if applicable, the text of the footnote to the or	ganization's ilinaridal statements that d	escribes the
Part III	ion's accounting for conservation easements.  Organizations Maintaining Collections of Art,	Historical Transumes or Othe	y Similar Accate
ırai tilli	Complete if the organization answered "Yes" to Fo		r Jilliar Assets.
1a If the org	anization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and	balance sheet
works of	art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furth	erance of
public se	rvice, provide, in Part XIV, the text of the footnote to its financial	statements that describes these items.	
<b>b</b> If the org	panization elected, as permitted under SFAS 116 (ASC 958), to n	eport in its revenue statement and bala	ince sheet
_	art, historical treasures, or other similar assets held for public ex	-	
	rvice, provide the following amounts relating to these items:		
•	enues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	4- 1-1-1-1-1- F 000 D-4-V		<b>.</b> .
	panization received or held works of art, historical treasures, or of		ovide the
	amounts required to be reported under SFAS 116 (ASC 958) re		
-	s included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	cluded in Form 990, Part X		

Sche	dule D (Form 990) 2011 Buddhist	Global Reli	ef		26-285292	3		P.	age <b>2</b>
	rt III Organizations Maintaining			reasures.			continue		age a
3	Using the organization's acquisition, accession, collection items (check all that apply):							,	
а	Public exhibition	d $\square$ lo	an or exchange pro	varams					
b	Scholarly research			_					
c	Preservation for future generations	· Ш оп							
4	Provide a description of the organization's colle	ections and evolain how	they further the or	nanization'e	evernt numbre in Da	<del></del>			
-	XIV.	coons and explain now	they totaled the of	garnzanorrs	exempt purpose in Fa	T.			
5	During the year, did the organization solicit or r	receive donations of art	historical transura	e or other ci	miles				
-	assets to be sold to raise funds rather than to be	oe maintained as part o	of the organization's	collection?			Ye		No
£ 153	rt IV Escrow and Custodial Arra	_	-	nization ar	nswered "Yes" to I	-orm 990,	Part IV	,	
	line 9, or reported an amount			<u> </u>					
1a	Is the organization an agent, trustee, custodian	•					<del></del>	_	1
_	included on Form 990, Part X?		• • • • • • • • • • • • • • • • • • • •				Ye	5 ∟	No
þ	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	ng table:		_				
					<u>_</u>		Amount		
	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			_
2a	Did the organization include an amount on Form	n 990, Part X, line 21?					Ye	3 <u> </u>	No
	If "Yes," explain the arrangement in Part XIV.								
E Pa	rt V Endowment Funds. Comple			Yes" to Fo	<u>ırm 990, Part IV, I</u>	ine 10.			
		(a) Current year	(b) Prior year	(c) Two	rears back (d) Three	years back	(e) Four	years t	oack
				<del> </del>				200	
	Contributions			<u>.</u>					
C	Net investment earnings, gains, and								<u>.</u>
	losses								ed area.
	Grants or scholarships							war.	
е	Other expenditures for facilities and							á.	
	programs								
f	Administrative expenses								
g	End of year balance					<del> </del>		, yr iidd	
2	Provide the estimated percentage of the current		e 1g, column (a)) h	eld as:					
	Board designated or quasi-endowment ▶	%							
	Permanent endowment ▶ %								
C	Temporarily restricted endowment ▶								
	The percentages in lines 2a, 2b, and 2c should	equal 100%.							
3a	Are there endowment funds not in the possessi	on of the organization t	that are held and a	dministered 1	for the		,	<del></del> ,	
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		· .
	(ii) related organizations						3a(ii)		
þ	If "Yes" to 3a(ii), are the related organizations list						3b		
4	Describe in Part XIV the intended uses of the c								
Pa	TEVE Land, Buildings, and Equip	ment. See Form 9	<u>990, Part X, line</u>	<del>2</del> 10.					
	Description of property	(a) Cost or other basis (investment)		other basis ner)	(c) Accumulated depreciation		(d) Book v	alue	
1a	Land					Control Control			
b	Buildings								-
С	Leasehold improvements								
	Equipment								
	Other	. ***-							
Total	Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, o	olumn (B), line 10(d	;).) <u>, , , , , , , , , , , , , , , , , , ,</u>		▶			

Schedule D (Form 990) 2011

Part VII	Investments—Other Securities. See Form 990,		26-2652925	Page_ <u>J</u>
E CILLERIES	(a) Description of security or category	(b) Book value	(c) Method of valua	tion:
	(including name of security)		Cost or end-of-year mark	
(1) Financial of	derivatives			
(2) Closely-hel	d equity interests			
(3) Other				
(B)				
(C)				
(P)				· · · · · · · · · · · · · · · · · · ·
(E)		<u></u>		
(F)		·		
(G)	· ·•••			
(Ḥ)				<del></del>
(1)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	Ded V. See 42		
Part VIII	Investments—Program Related. See Form 990			
	(a) Description of investment type	(b) Sook value	(c) Method of valua Cost or end-of-year man	
(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				·- <u> </u>
(6)				
(7)				
(8)				
(9)				
(10)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.	<u> </u>	manufacture was the desired manufacture and the content of	The second secon
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 15.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
Part X 1.	Other Liabilities. See Form 990, Part X, line 25.	(b) Book value		
	ncome taxes	(b) Dook Yaldo		
<del></del>	t Card Payable	13	3	er of the second
(3)	0 0424 101,40210			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	13	3	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sche	dule D (Form 990) 2011 Buddhist Global Relief	26-28529	23	Page 4
P	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial State	ments	<u>-</u>
1	Total revenue (Form 990, Part VIII, column (A), fine 12)		1	363,964
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	308,404
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	55,560
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	55,560
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme			
1	Total revenue, gains, and other support per audited financial statements			363,964
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		100 (100 (100 (100 (100 (100 (100 (100	
а	Net unrealized gains on investments	2a	13. 14. 14. 14.	
b		2b		
C		2c		
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	363,964
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		A CONTRACTOR	•
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	And the second of the second o	
b			CONTRACTOR	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	363,964
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme		Return	
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·		308,404
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		A Supplemental Company of the Compan	
а	Donated services and use of facilities	2a		
b			100 100 100 100 100 100 100 100 100 100	
c	Other losses		Annual Control	
d	Other (Describe in Part XIV.)	2d	Charles Committee	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			308,404
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	308,404
	rt XIV Supplemental Information	iral <del>- de la la facilità de la desta de la desta de la la desta de la facilità de la facilità de la facilità d</del> La facilità de la facilità della facilità de la facilità della facilità de la facilità della facilità d		,
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4: Part IV lines 1b and	2h.	
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and			
	additional information.		01.00	
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Schedule D (Fo	m 990) 2011 Supplementa	Buddhist	Global	Relief		26-2852923		Page 5
Part XIV	Supplementa	I Information	(continued)					
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#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

2011 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization Employer identification number 26-2852923 Buddhist Global Relief General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total employees, agents, and independent a program service, describe specific type of expenditures for and investments offices in the region (by type) (e.g., fundraising, program services, investments, region service(s) in region in region grants to recipients located in the region) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14) (15)(16) (17)3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Page 2

Schedule F (Form 990) 2011 Buddhist Global Relief

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

26-2852923

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-	(a) Name of	(b) IRS code	(c) Region	(q) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
	organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	ron-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)
ε			Vietnam	Comm Farm Devel	866'6				
(2)			Cambodia	Comm Farm Devel	10,000				
(3)			Sri Lanka	Vocat Train Women	9,400				
9			India	Children's Education	10,780				
(6)			India	Children's Education	10,895				
6 6			India	Commun Farm Devel	15,000				
ε			Sri Lanka	Commun Farm Devel	8,875				
8			South Africa	Comm Farm Dev ca	24,061				
6)			India	Vocat Train Women	23,000				
(10)			India	Vocat Train Women	22,100				
£					·				
(12)									
9									
<b>(1</b>				·					
(I)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

8

Schedule F (Form 990) 2011

10

Schedule F (Form 990) 2011

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

General Information on Grants and Assistance

Buddhist Global Relief

Open to Public Inspection

> Employer identification number 26-2852923

2011

Schedule I (Form 990) (2011) **≗** ⊠ Trai Educat Drought Relief Wells Relief Commun Farm Devel Education Relief (h) Purpose of grant Child Nutrition Devel or assistance Relief / Commun Water Commun Food že U Food Comm Farm to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. . □ Girls' Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes Food Emer Comm non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of non-cash assistance 10,000 10,000 10,000 10,000 21,000 10,750 10,000 10,000 15,864 (d) Amount of cash the selection oriteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section applicable Part II can be duplicated if additional space is needed 13-3170676 13-1685039 80-0013909 80-0013909 13-5562162 91-2121669 94-1733259 52-1805231 94-1156481 (D) EIN For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table CA 94102 ᅜ CA 95490 - Cambodia Water - Mid- Peninsula Cambodia Gate NY 10016 NY 10010 21136 CA 92162 CA 94707 22116 CA 92162 (a) Name and address of organization Helen Keller International ďΑ Ð P.O. Box 7039 or government 5798 Ridgewood road 14045 Mantua Mill Rd Garden Harvest, Inc. 352 Park Ave. South 6 East 32nd Street 1563 Solano Avenue (3) What If Foundation 330 Ellis Street (4) Ecology Action (8) Lotus Outreach (9) Lotus Outreach P.O. Box 62022 P.O. Box 62022 (2) City Harvest San Francisco CARE - USA Reisterstown Merrifield San Diego San Diego New York New York Berkeley (7) Glide Willets

SCHEDULE I

OMB No. 1545-0047

(Form 990)		Governme	nts, an	Governments, and Individuals in the United States	to Organizaτικ ι the United S	ons, States		2011
Department of the Treasury Internal Revenue Service		Complete if the o	rganizatio	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	om 990, Part IV, lin 0.	e 21 or 22.		Open to Public Inspection
Name of the organization	Buddhist Global Rel	Relief				Employer identification in 26-2852923	Employer identification number 26-2852923	
Part   General	n on Grants	Assistance						
1 Does the organization the selection ontena us	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	amount of the grant	ts or assist	ance, the grantees' eligi the United States	bility for the grants or	assistance, and		Yes No
	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Darf II can be diminated if additional energies needed.	vernments and ecipient that rec	l Organi: ceived m	and Organizations in the United States. Complete if the organization answered "Yes" received more than \$5,000. Check this box if no one recipient received more than \$5,000.	ted States. Compleck this box if n	olete if the orgar o one recipient r	ization answe eceived more	ed "Yes" than \$5,000.
1 (a) Name and	(a) Name and address of organization or government	3	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Lotus Outreach - Non P.O. Box 62022 San Diego	- Non-Formal Educat	80-0013909	anound the second	7,581		franc		Women's Education
ya USA te Stre	- Water Supply Progrm set WI 53703	13-3358148		12,000				Commun Water Wells
(3)							,	
(4)								
(5)					A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
(9)								* Calabara and the same and the
(4)								
(8)	(1)							
(6)	(1)					-		
<ul><li>2 Enter total number of s</li><li>3 Enter total number of s</li></ul>	Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table	ions listed	in the line 1 table	able				<b>A</b>
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ır Form 990.						Schedule I (Form 990) (2011)

Page 2 Schedule I (Form 990) (2011) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 26-2852923 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients Buddhist Global Relief Type of grant or assistance Schedule 1 (Form 990) (2011) Part III Part IV Ą

# SCHEDULE O

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2011 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Buddhist Global Relief

Employer identification number 26-2852923

Form 990, Part III, Line 4c - Third Accomplishment
of the agricultural land resulting in improved economic status and living
standard of the beneficiary population.
Form 990, Part III, Line 4d - All Other Accomplishment
BGR has made grants to various partner organizations for: (1) Emergency
relief to drought stricken areas in the Horn of Africa, (2) Programs to
promote economic and social empowerment of girls through access to
vocational training and sustainable livelihoods in Sri Lanka, (3)
Assistance to organizations providing meals and nutritional education to
the homeless and poor in communities the United States, (4) food relief in
earthquake ravaged Haiti, (5) Community farm development with instruction
on sustainable and ecological farming methods to provide increased yields
and self empowerment in Viet Nam, Cambodia, Kenya, United States, Sri
Lanka, and India, (6) Training to women on child nutrition and breastfeed
ing practices in Côte d'Ivoire, Africa, (7) Childrens education programs in
India and Haiti, and education programs specifically for women and girls
vulnerable to being forced into the sex trade in Cambodia, (8) a Micro-
Lending program in Cambodia, (9) Community water well installation projects
in Cambodia and Sri Lanka.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Form 990 For the fiscal year ended June 30, 2012 is prepared by the
organization's certified public accountants. It is reviewed by the
treasurer who is knowledgeable in tax preparation and certain other members

Name of the organization Buddhist Global Relief	Employer identification number 26-2852923
of the Board of Directors prior to filing.	
Form 990, Part VI, Line 12c - Enforcement of Conf	licts Policy
Financial transactions are reviewed annually by t	he treasurer and certain
members of the Board of Directors. Potential conf	licts of interest are
brought forward and made subject to the organizat	ion's conflict of interest
procedures, as enumerated in Article III of the o	organization's
conflict of interest policy.	
Form 990, Part VI, Line 19 - Governing Documents	
The organizations's financial statements, conflic	t of interest policy, and
the governing documents are available to the publ	ic upon request.
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## Form **5768**

(Rev. September 2009)

### Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation

Department of the Treasury Internal Revenue Service

(Under Section 501(h) of the Internal Revenue Code)

For IRS
Use Only

Employer identification number
26-2852923
Roam/suite
de, relating to
n 501(h) of the Code,
ies.
JAFA   //13/2013 (Date)
i

Total				Statements		
Total		Form	990, Part IX, Line 11g - Other I	Fees for Service (Non	-employee)	
Form 990, Part IX, Line 24e - All Other Expenses   Service   Ser		Description	Total Expense		//anagemei General	
Eorn 990, Part IX. Line 24e - All Other Expenses           Description         Total Expenses         Program General         Management & Fund Raising           Speaker         \$ 241         \$ \$ 73         \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	tal					
Description         Total Expenses         Program Service         Management & Fund General General Raising           Speaker         \$ 241				e - All Other Expense	Øl	
Speaker \$ 416 \$ \$ 73 \$ \$ 73 \$ \$ \$ 73 \$ \$ 73 \$ \$ 74 \$ 9 \$ 9 \$ 77 \$ \$ 9 \$ 9 \$ 9 \$ 9 \$ 9 \$ 9		Description		Program	Management &	Fund
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26-2852923	Federal Statements	
	Schedule A. Part III. Line 2(e)	
	Description	Amount
Taxable Interest on Savings a Total	Savings and Temporary Cash Investments	34
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