262852923 10/21/2009 11:14 AM

Department of the Treasury

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.



	nai Revenue S				/01/08 , at	ed andine	6/30/0	9				-
			ar, or tax year begi		/ U T / U G , 81	nd ending	5, 55, 6		Ъ	Employ	er Identific	cation number
\neg	Check if applicable	Please	C Name of organization		IST GLOBA	i. Reitel	7		٦	p.0)		
⊒′	Address change	label or	D 1 - D - 1 - 1 -		TOT GHODE	<u> </u>	·			26-	28529	23
_	Name change	print or	Doing Business As		not delivered to street addr			Room/suite	ĪΕ		ne number	
X ı	nitial return	type. See	PO BOX		HOLOGUEGO TO STREET SOON	555,			-	•		
٦.	Termination	Specific		ite or country, and	7IP + 4			L	G	Gross receir	ots \$	69,723
=	Amended return	instruc- tions,	SPARTA	ite or country, and]	NJ 0787	1					
⇉		E Nom	e and address of prir	ncipal officer:					H(a) Is this a group return for			
ַ .	Application pendi	194 1	IKKHU BOI							affiliates		Yes X No
		I	20 ROUTE						H(I	b) Are all a included	affiliates d?	Yes No
		CA	RMEL		NY 1	0512				If "No,"	attach a list. (see instructions)
ī	Tax-exempt s) 4 (insert no		r 527	,					
J	Website:	www.l	oudddhist	globalr	elief.org						exemption nur	
ĸ	Type of organiza	tion: X Co	rporation Trust	Association	Other ►		L	Year of formation	200	8	M State of h	egal domicile: NJ
A		Summa	ry		<u></u>							
	1 Briefly	describe t	the organization's	mission or most	t significant activitie	s: , .,					. <i>.</i>	
_	То	allev	iate suffe:	ring, pove	erty and opp	pression	through	direct	aid,	econ	omic	
& Governance	an	d tech	nical assi	stance, e	ducation, a	nd other	forms of	f charit	able			
Ţ.	as	sistan	ce, to peop	ple in ne	ed througho	ut the wo	rld.		<i></i>			
Š	2 Chec	k this box	if the orga	anization discon	ntinued its operation	s or disposed o	f more than 2	25% of its ass	sets.			
Ö					(Part VI, line 1a)					3	9	
œ œ					verning body (Part					4		
Activities	1		employees (Part \							5	0	
Ę	1)					6		
4					VIII, line 12, colum					7a		
					n 990-T, line 34 ,					7b		0
								Pr	lor Year		Cı	69,723
•	8 Conti	ributions ar	nd grants (Part VIII	I, line 1h)	.,			ļ				69,723
Revenue	9 Progi	ram service	revenue (Part VI	II, line 2g)								
eve	10 Inves	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)										
œ	11 Otne				8c, 9c, 10c, and 11d					-		69,723
					al Part VIII, column							
					(A), lines 1-3)							34,390
					(A), line 4)							
Ø	15 Salaı	ries, other o	compensation, em	ployee benefits	(Part IX, column (A	.), lines 5–10)						
nses	16a Profe	essional fur	ndraising fees (Par	rt IX, column (A)), line 11e)			ga rayaya saasa sagar	and the second	San San San	interior	
EXDe						.	,266	nacione south was a	Section of Section 1	The Real Sec.	a la la la constitución de la co	6,539
ú	I II Ouie		(Part IX, column									40,929
					t IX, column (A), line	e 25) _,						28,794
	19 Reve	nue less e	xpenses. Subtract	t line 18 from lin	e 12			Regiz	ning of Y	RAT .	E	nd of Year
et Assets or								Jogi.				28,794
886	20 Tota							****		-		
Ž.	21 Tota	l liabilities (Part X, line 26)	tonat lima 24 from	m line 20				**	0		28,794
	리 22 Neta			tract line 21 lioi	11 line 20							
district.	3 2 22		ure Block	1 1 1 1 1 1 1 1 1	xamined this return, in	eludina cocompan	wino echadulas	and statement	s and to	the best o	of my knowl	edge
		Under pen- and belief.	attes of perjury, top-	ciare that i have ex d complete. Decla	xamined this return, in ration of preparer (oth)	er than officer) is I	pased on all info	ormation of whi	ch prepai	er has an	y knowledg	e.
٥.			1/12	1								2009
	gn	<u> </u>			<u> </u>					Date		
-	ere		ture of officer HOMAS J.	SPIES,	CPA		TREA	SURER				
		—	or print name and titl			 .						
_							Date		Check if			er's identifying number
P	aid	Preparer's					1 24.0	1.	self- employed	, _• Γ	T (see ins	structions)
	reparer's	signature	<u> </u>		·			<u></u>	on proyec	EIN	<u>- </u>	
	se Only		ne (or yours 🔪							Phone	-	
	,	if self-emp							no.			
			and ZIP + 4			nno)		······································				Yes No
Ma					ove? (see instruction			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				Form 990 (2008)

<i>*</i>			vice Accomp	olishments (see inst	ructions)	
T a	nd technical a	ffering, ssistanc	e, educa	tion, and oth	er forms of	direct aid, economic charitable
a	ssistance, to	people i	n need t	hroughout the	world.	
2						X Yes No
	the prior Form 990 or 990-E					
	If "Yes," describe these new Did the organization cease of			anges in how it conducts	any program	
3	-					Yes X No
	services? If "Yes," describe these char					🗀 🚾 🖼 🚾
4	Describe the exempt purpos			roanization's three largest	program services by exp	enses.
•	Section 501(c)(3) and 501(c	e)(4) organizations	and section 49	47(a)(1) trusts are required	to report the amount of	grants and
	allocations to others, the total	al expenses, and	revenue, if anv.	for each program service	eported.	_
4a	(Code:) (Expens	ses \$	10,350	including grants of \$	10,350) (Revenue \$)
S	see Schedule O					

			.,,			
					10.000	
4b	(Code:) (Expens	ses \$	10,000	including grants of \$	10,000) (Revenue \$)
S	See Schedule O					.,,
	*					
	* * * * * * * * * * * * * * * * * * * *					
	* * * * * * * * * * * * * * * * * * * *					
	* . ,					
		, , ,				
		. ,				
4.0	(Code: \(Fxpen	ises \$	10,000	including grants of \$	10,000) (Revenue \$
40	: (Code:)(Expen	uses \$	10,000	including grants of \$	10,000) (Revenue \$)
40	(Code:)(Expense See Schedule O	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:)(Expen See Schedule O	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:)(Expen See Schedule O	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:)(Expense) (Expense) (Code:)	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:)(Expen	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:)(Expen See Schedule O	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:)(Expen See Schedule O	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:) (Expen See Schedule O	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:)(Expense See Schedule O	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
40	: (Code:)(Expense See Schedule O	ises \$	10,000	including grants of \$	10,000) (Revenue \$)
\$: (Code:) (Expense Schedule O	Describe in Sched	lule O.)) (Revenue \$)
\$	See Schedule O	Describe in Sched	lule O.)	of \$ 4,(040) (Revenue \$)
40	See Schedule O	Describe in Sched	lule O.)	of \$ 4,()

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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," X complete Schedule D, Part IV 10 X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 X Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return 12 X 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Part III X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20027 If "Yes," answer questions X 24b-24d and complete Schedule K. If "No," go to question 25. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I **b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X 25b person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or X substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Checklist of Required Schedules (continued)

	Checklist of Required Schedules (Continued)	-		
		-	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			ĺ
	complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	-		
-	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
• •	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			İ
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
••	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	`		
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
•	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	. 37	<u> </u>	X
_	**	For	. ggn	(200E)

Form **990** (2008)

<u> </u>	Statements Regarding Other IRS Filings and Tax Compliance				T						
					Yes	No					
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		^			Sur all					
	U.S. Information Returns. Enter -0- if not applicable	1a	0			12.5					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> 16</u>	U								
C	Did the organization comply with backup withholding rules for reportable payments to vendors and repor	table		1c	X						
	gaming (gambling) winnings to prize winners?	1		10	Α	7.					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0								
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>	2b							
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			20		· ·					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see										
	instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y		3a		X					
				3b		_ 					
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • • •	30		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut over, a financial account in a foreign country (such as a bank account, securities account, or other financial	rial									
	account)? b If "Yes," enter the name of the foreign country:										
D	It "Yes," enter the name of the foreign country.	 nk	. ,								
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank										
_	and Financial Accounts.										
5a	to the state of the state of the same of t										
b	the state of the s										
С	· · · · · · · · · · · · · · · · · · ·			5c							
e-	Regarding Prohibited Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible?			6a		X					
6a h	If "Yes," did the organization include with every solicitation an express statement that such contributions		******************								
b	10 and the deductible 0			6b	l						
gits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).											
'a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more th	an									
•				7a		X					
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
-	required to file Form 8282?			7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 <u>d</u>				.33					
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	sonal									
	benefit contract?			7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		X					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	 -	X					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a	S		l		- T					
	required?			7h		X					
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec										
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spons				ľ	Х					
	organization, have excess business holdings at any time during the year?			8							
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			9a	T	Х					
8	Did the organization make any taxable distributions under section 4966?			9b	\vdash	X					
b	Did the organization make a distribution to a donor, donor advisor, or related person?				<u> </u>						
10	Section 501(c)(7) organizations. Enter:	10a		ři e							
8	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_ 100	· L								
11	Section 501(c)(12) organizations. Enter:	11a	1								
a	Gross income from members or shareholders	· · · •									
b	amounts due or received from them.)	116	,								
49-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		······································	12a							
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>								
	in real editor the entreme or the entreme of the contract of t										

Form 990 (2008) BUDDHIST GLOBAL RELIEF Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management	1	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
	Enter the number of voting members that are independent 1b			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	the self-resulting the start to the self-resulting of the self-res	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
5	Does the organization have members or stockholders?	6		X
6	Does the organization have members, stockholders, or other persons who may elect one or more members			
7a		7a		X
_	of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	X
þ	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
_	the year by the following:	8a	X	
a	The governing body?	8b	X	
ь	Each committee with authority to act on behalf of the governing body?	9a	 -	X
9a	Does the organization have local chapters, branches, or affiliates?	- Ju		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	9b		İ
	affiliates, and branches to ensure their operations are consistent with those of the organization?	35		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	10		x
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	11	ļ	x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	111	<u> </u>	
Sec	tion B. Policies		Yes	No
	and the state of t	12a	X	NO
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		┢
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	x	
	rise to conflicts?	120		\vdash
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	x	
	describe in Schedule O how this is done	13		х
13	Does the organization have a written whistleblower policy?	14	 	X
14	Does the organization have a written document retention and destruction policy?	14		
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:	450	["	X
a	The organization's CEO, Executive Director, or top management official?	15a	 	X
b	Other officers or key employees of the organization?	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	40-	ļ	X
	with a taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401	T	
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
<u>Sec</u>	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ THOMAS J. SPIES, CPA 271 LONGMEADOW RD	2.00		
K	INNELON NJ 07405 97			2026

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A) Name and Title	(B) Average	Posit	ion (d		all ti	nat ap		(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	hours per week		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
BHIKKHU BODH CHAIRPERSON	1	x		x				0	0	· · · · · · · · · · · · · · · · · · ·
CHIN LEE DIRECTOR		x						0	0	0
GEORGE CLAPP DIRECTOR		X						0	0	G
JANEMARIE BE	RRY	x						0	0	G
KIM BEHAN EXEC DIRECTO		x						0	0	0
MARCIE BARTH SECRETARY		x		x				0	0	C
MARY HOUTSMA		x						0	0	C
PATRICIA PRI DIRECTOR	CE	x						0	0	0
THOMAS SPIES TREASURER		x		x				0	0	
W. DAVID BRA VICE-CHAIRPE	UGHTON	x		x				0	0	(
									4.40	
,										
. ,,,,,										

DAA

Form **990** (2008)

	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
•	(A)	(B)		AT (((4		(D)	(E)		(F) Estimated	
	Name and title	Average hours per week	or director		Officer		Highest compensated employee			Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
													_
												· -	
• • • • •													
		•											
• • • • • • • • • • • • • • • • • • • •													
• • • • •													
• • • • • • • • • • • • • • • • • • • •													
• • • • • • • • • • • • • • • • • • • •			<u> </u>	_	_		<u> </u>	igert					
• • • • • • • • • • • • • • • • • • • •						_	-	1					
A			<u> </u>		<u> </u>		<u> </u>	<u> </u>					_
	Total	ividuals (including those in	1a\ u	ho n	eceiv	ed r	nore		an \$100,000 in reportable con	noensation from the			
3 4	employee on line 1a For any individual lis the organization and individual Did any person liste	a? If "Yes," complete Sched sted on line 1a, is the sum of direlated organizations greated on line 1a receive or acc	ule J of rep ater t 	for sortal	such ble c \$150 ensa	indix omp ,000 tion	vidua ensa ? If " from	il Yes any	oyee, or highest compensated in and other compensation fro s," complete Schedule J for si by unrelated organization for such person	m uch		4 2	lo K
Sect	ion B. Independent	t Contractors											_
	Complete this table compensation from	the organization.	ensat	ed in	idepe	ende	ent co	ontra	ractors that received more that			/C)	
		(A) Name and business address						╁	Descrip	(B) otion of services		(C) Compensation	_
		·	· - ·					\perp					
					•••								
					•			+					
								+					_
2	Total number of ind	ependent contractors (inclu	ıding	thos	e in	1) w	ho re	cei	ived more than \$100,000 in				
	compensation from											0	

		Statement of Rev	enue		•				
						(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						(Otto levelide	exempt	business	excluded from tax
							function revenue	revenue	under sections 512, 513, or 514
10.10	4-	Federated campaigns	1a				TOTORIGO	•	
Contributions, gifts, grants and other similar amounts			1b						
문질		Membership dues							
설팅	C	Fundraising events	1c						
롍		Related organizations	1d						
훉툂	0	Government grants (contributions)	10						
축회	f	All other contributions, gifts, grants,							
흔뒝		and similar amounts not included above			<u>69,723</u>				
불림	9	Noncash contributions included in lines 1	a-1f: \$						
ડ ≅	h	Total. Add lines 1a-1f				69,723			
9				-	Busn. Code	·			
\$	2a								
٤	b					:			
8	_								
₹	- 4								
رة ا	ū						· · · · · · · · · · · · · · · · · · ·		
린		AN -41							
Program Service Revenue		All other program service rev							-
픠		Total. Add lines 2a-2f				····		·	<u> </u>
	3	Investment income (including							
		other similar amounts)				·			
	4	Income from investment of ta							
	5	Royalties							
		(i) Rea	1	(ii) F	ersonal				
	6a	Gross Rents							
	b	Less: rental exps.							
	c	Rental inc. or (loss)							
	d	Net rental income or (loss)			<u> </u>				
	7 a	Gross amount from (i) Securi			Other				
		sales of assets other than inventory							
	ь	Less: cost or other							
	_	basis & sales exps.							
	_	Gain or (loss)							:
	4	Net gain or (loss)			<u> </u>				
	u 0-	Gross income from fundraising e							
	041	_							
Ę		(not including \$							
94		of contributions reported on line							
æ	_	See Part IV, line 18				•			
Other Revenue		Less: direct expenses		P			!		
Ō		Net income or (loss) from ful		g <u>events</u>	>		<u> </u>		
	9a	Gross income from gaming activi		<u> </u>					
	1	See Part IV, line 19							
		Less: direct expenses	`	b [1		
		Net income or (loss) from ga		ti <u>vities</u>			<u> </u>	1	
	10a	Gross sales of inventory, les	s						
		returns and allowances	+	a <u> </u>					:
	b	Less: cost of goods sold		b					
		Net income or (loss) from sa		ventory	▶		<u> </u>		
		Miscellaneous Reve			Busn. Code				
	11a								
	Ь								
	c								
	ď	All other revenue							
		Total. Add lines 11a-11d							
		Total Revenue. Add lines 1	h. 2a. 3	4, 5, 6d. 7	d. 8c.				
	**	9c, 10c, and 11e				69,723	s o	0	0

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).

Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	30,350	30,350		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	4,040	4,040		
4	Benefits paid to or for members			<u> </u>	
5	Compensation of current officers, directors,	Į			
	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 contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	ļ			
a	Management			4 40 4	
þ	Legal	4,424		4,424	
c	Accounting				
d	Lobbying				
0	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	200		200	
19	Conferences, conventions, and meetings	200		200	
20	Interest				
21	Payments to affiliates			- · · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not				
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
A	PRINTING & COPYING	1,054		533	521
b	PAYPAL FEES	480			480
c	SUPPLIES	135		31	104
d	FUNDRAISE EVENT-BOOTH REN	100			100
۵	POSTAGE & DELIVERY	84		60	24
f	All other expenses	62		25	
25	Total functional expenses. Add lines 1 through 24f	40,929	34,390	5,273	1,266
26	Joint Costs. Check here I if following				
~-	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

		Balance Sheet	(A) Beginning of year		(B) End of yea	ar
Ī	1	Cash—non-interest bearing		1	28	,794
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key			·	
	·	employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				
				6		
	-	Part II of Schedule L		7		
Assets	7	Notes and loans receivable, net		8		
88	8	Inventories for sale or use		9		
⋖	y	Prepaid expenses and deferred charges Land, buildings, and equipment; cost basis 10a		0		
	10a					
	p	Less: accumulated depreciation. Complete		40.		
		Part VI of Schedule D 10b		10c	* '	
	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		. = 0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	28	794
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
Liabilities	21	Escrow account liability. Complete Part IV of Schedule D		21		
Ξ	22	Payables to current and former officers, directors, trustees, key				
ā		employees, highest compensated employees, and disqualified				
Ë	1	persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24	*	
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		26		
(A)		Organizations that follow SFAS 117, check here ▶ X and				
S	1	complete lines 27 through 29, and lines 33 and 34.				
_	27	Unrestricted net assets		27	24	1,21
Bala	28	Temporarily restricted net assets		28		1,582
P	29		· ····································	29		
Fund		Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐				
Ų.		and complete lines 30 through 34.				
0	30			30		****
Assets	i	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31		
Š	31			32		
₹	32	Retained earnings, endowment, accumulated income, or other funds		32	28	3,79
Š	33	Total net assets or fund balances		34		3,79
	34	Total liabilities and net assets/fund balances	<u> </u>	7] 34		,,,
		Financial Statements and Reporting				I N/
		the western western want to account the Form 000:	thar		Y	es No
1			ther		2-	X
2		ere the organization's financial statements compiled or reviewed by an independent accountant			1 06	X
ı		ere the organization's financial statements audited by an independent accountant?		• • • • • • • • • • • • • • • • • • • •	. 2b	- -^
•		"Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility fo				
		ne audit, review, or compilation of its financial statements and selection of an independent acco			2c	
3:		s a result of a federal award, was the organization required to undergo an audit or audits as se				.
		e Single Audit Act and OMB Circular A-133?				<u>_x</u>
1	b lf°	"Yes." did the organization undergo the required audit or audits?		. <i>.</i>	. 3b	1

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 26-2852923

OMB No. 1545-0047

			BUDDATST GEO								-2032	<i>3</i> £ .		
		Reaso	on for Public Charlty !	Status (All organizations	must co	mplete	this pa	ert.) (s	ee ins	tructio	ns)			
The	orga	nization is not a	private foundation because	it is: (Please check only one or	ganization.)								
1	Ш	A church, con	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>А</i>	\)(I).							
2		A school desc	ribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E.)										
3	Ш	A hospital or a	cooperative hospital service	e organization described in sec t	tion 170(b)	(1)(A)(iii).	(Attach	Schedu	le H.)					
4		A medical res	earch organization operated	in conjunction with a hospital de	escribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospit	al's name	,		
		city, and state	• •											
5		An organization	on operated for the benefit of	a college or university owned o	r operated	by a gove	mmenta	l unit de	scribed	in				
		section 170(t)(1)(A)(iv). (Complete Part I	l.)										
6	П			vemmental unit described in se	ction 170(i	b)(1)(A)(v).							
7	П		•	ubstantial part of its support from				the ge	neral pu	blic				
		described in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II.)	•									
8				70(b)(1)(A)(vi). (Complete Part	II.)									
9	X			more than 33 1/3 % of its supp		ntributions	s, memb	ership te	es, and	gross				
-	ت:	_	•	ot functions—subject to certain										
				d unrelated business taxable inc										
				, 1975. See section 509(a)(2).			,	• • • • • • • • • • • • • • • • • • • •						
10	П	-	•				a)(4), (se	e instru	ctions)					
11	H	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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.													
		a Type					a l	_		ber				
•	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													
			ection 509(a)(2).	ind dater than one or more pass	Johns	.oc organi								
				mination from the IRS that it is a	Type I Ty	mellor T	vne III s	upportin	a					
T			check this box	materior rom the mo mat it a	, 19pc (, 19	pe II, or I	ype iii s	uppor tir	9					
		_		on accepted any gift or contribu	tion from a	ny of the			• • • • • •		• • • • • • •			
9		_	_	on accepted any gift of continue	uon nom a	ny or are								
		following pen			ith naraan	a donoriba	رنار منام					1	V	N-
				ntrols, either alone or together v	viin personi						<u>.</u>	//\	Yes	No
				the supported organization?							, . ,	ig(l)		_
			member of a person describe	7								lg(H)		-
		• •	ontrolled entity of a person d								<u>u</u>	(g(lii)		<u> </u>
<u>h</u>		Provide the f	ollowing information about th	e organizations the organization	n supports.				,	,				
(i) Nam	e of supported	(II) EIN	(iii) Type of organization	1 ' '	organization		ou notify	1	sthe	(vii)		unt of	
	OL	janization		(described on lines 1-9 above or IRC section		sted in your document?	the organ	eization in	organizat	zed in the		supp	ort	
				(see instructions))	governing	QQQQIIIQIIL:		ort?		S.?				
					Yes	No	Yes	No	Yes	No				
					1									
						ļ			1					
		•												
									<u> </u>					
											·			
_														
							<u> </u>	L						
Tot	al													

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.) Section A. Public Support (a) 2004 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 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 1-3 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 (a) 2004 Calendar year (or fiscal year beginning in) ▶ (d) 2007 (e) 2008 (f) Total (b) 2005 (c) 2006 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 Other income. Do not include gain or 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 2008 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 33 1/3 % support test-2008. 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-2007. 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—2008. 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 organization b 10%-facts-and-circumstances test-2007. 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 supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 BUDDHIST GLOBAL RELIEF Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box	on line 9 of Pa	rt I.)			
	ion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					69,723	69,723
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5					69,723	69,723
	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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)					69,723	69,723
Sec	tion B. Total Support						
Ca	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6					69,723	69,723
t0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	****					
C	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,					69,723	
	and 12.)						69,723
14	First five years. If the Form 990 is for the organization, check this box and stop here			•)(3)	> 🗷
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (line 8,						- %
16	Public support percentage from 2007 Sche				<u> </u>	16	- %
	tion D. Computation of Investmen			(0)		17	
17	Investment income percentage for 2008 (lin		/ A K 07h	*		140	<u>%</u> %
18 10-	Investment income percentage from 2007 § 33 1/3 % support tests—2008. If the organ				nore than 33 1/3 %		76
19a	17 is not more than 33 1/3 %, check this bo						▶ [
ь							
-	line 18 is not more than 33 1/3 %, check thi						▶ 🗆
20	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2008	BUDDHIST	GLOBAL	RELIEF	26-2852923	Page 4
Supplemental Info	rmation. Comp	lete this par	rt to provide t	he explanation required by Part II, line 10;	
Part II, line 17a or	17b; or Part III,	line 12. Pro	vide any oth	er additional information. (see instructions)	<u> </u>
		,			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	••••				
		, , , , , , , , , , , , , , , , , , , ,			
		• • • • • • • • • • • • • • • • • • • •			
		• • • • • • • • • • • • • • • • • • • •			
					• • • • • • • • • •
,					,
			• . • . • • • • • • • • • • • •		
			• • • • • • • • • • • • • • • • • • • •		
			• • • • • • • • • • • • • • • • • • • •		
					••••
				· · · · · · · · · · · · · · · · · · ·	

262852923 10/21/2009 11:14 AM

SCHEDULE (Form 990)

Name of the organization

General Information on Grants and Assistance BUDDHIST GLOBAL RELIEF

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

Employer identification number 26-2852923

OMB No. 1545-0047

The Selection Criteria used to award the grants or assistance: 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		about 6 male					
	the use of gr		in the United States.				
	ments and ent that rec	l Organic	Organizations in the United States. Complete if the organization answered "Yes" on eived more than \$5,000. Check this box if no one recipient received more than \$5,00 more th	ited States. Com Check this box i	plete if the org f no one recipi	janization ansient received	wered "Yes" on more than \$5,000. Use
organization	(b) EIN	(c) 180 (c) 18	(d) Amount of cash grant (e) Amount of non-cash (book, RN, appraisa)	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance
LOTUS OUTREACH							
403 BEACH DRIVE CA 95003 80-00	80-0013909	501	10,350				CAMBODIA GATE PROJEC
THE CHILDREN LITON ROAD CT 0.6880	06-0726847	102	10.000				MIANWAR-CICLONE NARG
USA STREET							SRI LANKA IDP'S
	113-55081-61	106	00,01				
				11 A A A A A A A A A A A A A A A A A A			
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	zations						m • • • • • • • • • • • • • • • • • •

Schedule I (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

hadrille I (Form can) 2008 BUDDHIST GLOBAL RELIEF	BAL RELIEF	8	26-2852923		Page 2
Grants and Other Assistance to Individuals in the	to Individuals in the		nplete if the organiza	United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	nm 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is	if additional space is	s needed.			
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
					and the second s
Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the informat	ion required in Part I	, line 2, and any other add	tional information.
Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds	ss for Monito	ring the Use	of Grant Fund	8	
All grantees are required to submit a detailed application indicating its	to submit a	detailed appl	ication indic	ating its	
legitimacy, financial history, references, and layout of how funds are to	tory, referen	ces, and layo	out of how fun	ds are to	
be used.					
1. Within 30 days, the recipient organization must send a letter to	cipient organ	ization must	send a letter	to	
Buddhist Global Relief confirming receipt of funds.	nfirming rece	ipt of funds.			
2. A quarterly report of project's progress is required.	project's pro	gress is requ	ired.		
3. Upon Project completion a Grant Final Report is submitted explaining how	n a Grant Fin	al Report is	submitted exp	plaining how	
funds were used, and noting the successes and challenges encountered,	ng the succes	ses and chall	enges encount	ered,	
including related human interest stories and photos.	nterest storic	es and photos			

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Name of the organization

BUDDHIST GLOBAL RELIEF

Employer identification number 26-2852923

Form 990, Part III, Line 2
See detailed descriptions in Form 990, Part III, Line 4.
Form 990, Part III, Line 4d - All Other Achievements
See Schedule O
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Financial transactions are reviewed annually by the Treasurer and certain
members of the Board of Directors. Potential conflicts of interest are
brought forward and made subject to the organization's conflict of interest
procedures, as enumerated in Article III of the organization's conflict of
interest policy.
·
Schedule O - Additional Information
Part III, Line 4a.
BGR awarded a grant to our partner Lotus Outreach International to provide
critical monthly rice support to fifty families of at-risk and exploited
girl students enrolled in the Girls' Access to Education (GATE) scholarship
project in Siem Reap and Banteay Meanchey, Cambodia. The project provides
project in Siem Reap and Banteay Meanthey, Cambotta. The project provides
rice to families of at-risk girl students over a 9-month period, from
rice to families of at-risk girl students over a 9-month period, from
rice to families of at-risk girl students over a 9-month period, from October 2009 through June 2010. It enables families to allow girls to
rice to families of at-risk girl students over a 9-month period, from October 2009 through June 2010. It enables families to allow girls to attend school rather than keeping them home to support the family, and

262652923 10/21/2009 11:14 AM Page 2 Schedule O (Form 990) 2008 **Employer identification number** Name of the organization 26-2852923 BUDDHIST GLOBAL RELIEF Part III, Line 4b. BGR has awarded a grant to Save the Children to aid the recovery of children and their families in Myanmar (Burma) affected by Cyclone Nargis in May 2008. BGR recognizes the need for aid in a crisis such as this, and our grant will benefit children and their families in Myanmar through Save the Children's integrated programs. Part III, Line 4c. BGR awrded a grant to Sarvodaya USA to help alleviate the suffering of internally displaced persons (IDPs) now living in government-run camps in the north of Sri Lanka. Tens of thousands of civilians who were until recently trapped between troops and rebels in the final war zone in the northeast are now living in these camps. The BGR grant will help Sarvodaya meet its goal of providing food to about 30,000 people daily in this especially hard-hit region. Trapped in the camps, the IDPs suffer from a lack of food and, often, potable water. Sanitation standards are low, leaving the people susceptible to debilitating disease. Part III, Line 4d.

- 1. Buddhist Global Relief (BGR) provided much needed meals
 for hospital patients at the Da Khoa Huyen Tam Binh
 hospital in the province of Vinh Long in southern Vietnam
 through our partner the local Red Cross of District Tam
 Binh VietNam.
- 2. BGR microfinanced a women's livelihood development

Page 2 Schedule O (Form 990) 2008 Employer identification number Name of the organization 26-2852923 BUDDHIST GLOBAL RELIEF program through our partner Sarvodaya Women's Movement to ease hunger and empower women in the areas of Malabe and Borella in Colombo District of Sri Lanka. The project originally aimed to support women in developing organic home gardens and creating home-based businesses using agricultural products. It naturally expanded to include sewing, wick production, and a variety of other home-based livelihoods that allow poor women without space for gardens to be productive and earn more for their families. Pat VI, Section A, Line 10. The 990 is prepared the organization's treasurer who is a Certified Public Accountant and experienced tax preparer. It is reviewed by certain Board of Directors members prior to filing. Part VI, Section C, Line 19. The organization's financial statements, conflict of interest policy, and governing documents are available to the public upon request.