Form

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

2013 Open to Public Inspection

OMB No. 1545-0047

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

<u>A</u>	For the	e 2013 c	alendar year, or tax year beginning $07/01/13$, and ending $06/30/$	14	B. Emile	14-46-46-46-
В	Check if ap	pplicable:	C Name of organization		D Emplo	yer identification number
	Address cl	change	Buddhist Global Relief			
	Name cha	ange	Doing Business As			-2852923
		- 1	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number
H	Initial retur	KI1	P.O. BOX 1611		203	L-895-9977
Ш	Terminale	ed	City or town, state or province, country, and ZIP or foreign postal code			
	Amended	return	SPARTA NJ 07871		G Gross reco	aipts \$ 390,804
	Application	n pending	F Name and address of principal officer:	H(a) Is this a gro	up return for e	ubordinates? Yes X No
-			Bhikkhu Bodhi	11(a) is tills a gio	up return for st	
		- 1	2020 Route 301	H(b) Are all sub		
			Carmel NY 10512	If "No,'	attach a list	(see instructions)
1	Tax-exer	mpt status.	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website	: ► W	ww.buddhistglobalrelief.org	H(c) Group exe	mption numbe	
ĸ	Form of o	organization:	X Corporation Trust Association Other ▶ L	Year of formation: 2	800	M State of legal domicile: NJ
P	art I	Su	mmary			
	1 E		The state of the s			
O)		To a	lleviate suffering, poverty and oppression through	direct aid	ι,	TELEGRAPHICAL STATE OF THE STAT
Ü			omic and technical assistance, education and other			ıble
Activities & Governance			stance to people in need throughout the world.			***************************************
ove	2 (s box ▶ if the organization discontinued its operations or disposed of more than 25%	of its net assets	2	
Ö	1		f voting members of the governing body (Part VI, line 1a)		1 (22)	12
S)			f independent voting members of the governing body (Part VI, line 1b)			12
itie	5 7	Total num	iber of individuals employed in calendar year 2013 (Part V, line 2a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	0
cţį			the state of the s		6	70
Ă			lated business revenue from Part VIII, column (C), line 12			0
						0
-	1 01	Net unrea	ated business taxable income from Form 990-T, line 34	Prior Yea		Current Year
-	8 (Contributi	ons and grants (Part VIII, line 1h)	35'	7,555	390,735
Revenue			service revenue (Part VIII, line 2g)			0
vel		_	nt income (Part VIII, column (A), lines 3, 4, and 7d)		827	69
Re			and (Det)/III selvery (A) lines F. Ed. 9s. Oc. 10s. and 11s)			0
	I.		enue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35	3,382	390,804
_			11.75		1,020	390,957
			aid similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4)	J 1	1,020	0
	4 - 6	•				0
ses	15 5	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		3,365	6,297
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e) Iraising expenses (Part IX, column (D), line 25) ▶ 19,858		, 303	0,257
, a	b	l otal fund	Iraising expenses (Part IX, column (D), line 25)	2	2 4 5 0	28,801
	111		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,459	426,055
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,844	-35,251
- u	19 F	Revenue	less expenses. Subtract line 18 from line 12	Beginning of Curi	5,538	End of Year
Net Assets or Fund Balances	20 7	Total aga:	ote (Part Y. line 16)		1,729	87,925
SSe	20		ets (Part X, line 16) lities (Part X, line 26)		0,363	1,810
let /	21		11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		1,366	86,115
		tunci	s or fund balances. Subtract line 21 from line 20		1,300	00/113
	art II		gnature Block			dee and haliaf it is
tri	nder per	naities of p	erjury, I declare that I have examined this return, including accompanying schedules and statements mplete. Declaration of preparer (other than officer) is based on all information of which preparer has	, and to the best of any knowledge.	my knowie	age and belief, it is
	ac, conc	Jot, and oo			2.	tackers.
٥.		- a	ignature of officer		Date	23/200
Sig		, ,			Duto	*
He	re	- L	Thomas J. Spies Treas	urer		
_			ype or print name and title	Dute	la. z	DTINI
_		Print/Type	preparer's name Preparer's signature	Z/zy/	Check	if PTIN
Pai		Kevin	O'Connor, CPA	14/	√ self-em	
	parer	Firm's nar		F	irm's EIN▶	22-1866743
Use	Only		2 Ridgedale Ave Suite 300			
		Firm's add		р	hone no.	973-605-2777
May	the IR	S discuss	s this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·		Yes No
For	Paperw		ction Act Notice, see the separate instructions.			Form 990 (2013)
DAA						

Form 990 (20	is) Budditist Global Reliel		20-2002923	Page
Part III	Statement of Program Service Accomplish			ĺΨ
	Check if Schedule O contains a response or r	ote to any line in	this Part III	X
	lescribe the organization's mission:	d oppmant	on through di	no at a d
	leviate suffering, poverty ar			
	mic and technical assistance, tance to people in need throu			rms of charitable
αρρτρ	cance to people in need throt	ignout the	WOLTO.	
2 Did the	organization undertake any significant program services dur	ing the year which we	ere not listed on the	
	rm 990 or 990-EZ?	ing the year which we	ore not notice on the	Yes X No
If "Yes,"	describe these new services on Schedule O.		THE REST TO SELECT THE PROPERTY OF THE PARTY OF	
3 Did the	organization cease conducting, or make significant changes	in how it conducts, a	ny program	
services	.?			Yes X No
If "Yes,"	describe these changes on Schedule O.			
	e the organization's program service accomplishments for ea			
	es. Section 501(c)(3) and 501(c)(4) organizations are require		nt of grants and allocations to	o others,
the total	expenses, and revenue, if any, for each program service re	ported.		
4a (Code:	\(\(\int \) \(\text{Pynonece} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ding grants of C	26 900 \/D	de la companya de la
BGR at)(Expenses \$ 26,800 includ warded a \$26,800 grant to Oxf crops in Haiti. Haiti was on	ing grants or a	to help inc	reace vields on
rice	crops in Haiti Haiti was on	ce self-su	efficient in r	ice a stable in
the na	ational diet, but rice produc	tion has s	agged and the	Country now
impor	ts over 80% of its rice. To i	ncrease th	e output and	income of rice
	rs in Haiti, Oxfam America is			
Inten	sification (SRI), a method of	cultivati	on which lower	rs inputs but
	ts in rice plants that are mo			
and d	iseases. Yields can increase		% within one o	or two cropping
seaso	ns. The program benefits 300	farmers.		
\$0010101		eidei Levenia	henning disease and an engalistic	
******	99 - Color C			
Ale /Code:	\(\(\(\) \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	E	20 125 70	•
4b (Code:)(Expenses \$ 20,125 include warded a \$20,125 grant to Lot			
critic	cal rice support to families	of at-risk	girl students	s enrolled in the
Girl's	s Access to Education (GATE)	scholarshi	n project in S	Siem Reap and
Bantea	ay Meanchey, Cambodia. The G	ATE progra	m currently pi	rovides primary
	econdary educational scholars			
target	ts girls who are victims or v	ulnerable	to abuse and	exploitation as a
	t of their socio-economic sta			
	d or remain in school. These			
	of education such as materi			
	e the poorest families have e			
be tal	ken out of school and put to	work. In a	ddition, some	of the girls
4c (Code:	\((\int_{\text{VPanage}}^{\text{C}}\) \(\text{C}\)	ling grants of C	30 000 \	21127112
)(Expenses \$ 30,000 include warded a \$30,000 grant to Bod	hicitta Fo	undation a go	evenue p ocially engaged
	ty established to help slum d			
India				
7 (a.	lishment of a women's vocatio			
	r, one of the largest cities			
	ct. The center has already st			
includ	de parental training, nutriti	onal suppo	rt, day care a	and health camps,
	ter training, sewing classes,			
	areer and financial counselin			
	affected by domestic violence			
childi	cen, and offers basic medical	and housi	ng assistance.	
Ad Other	param appliance (Deposits in Cohedula O.)			
4d Other pro (Expense	ogram services. (Describe in Schedule O.) es \$ 314,032 including grants of \$	314 03	2) (Revenue \$	300

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 1 complete Schedule A 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, X 5 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 Χ "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ 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," Χ complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Χ 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Χ 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Part IV Checklist of Required Schedules (continued)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part X, column (A), line 27 ("Irvas," complete Schedule, I, Part I and III 22 X X X X X X X X	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
on Part IX, Column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2			21	X	
23 Did the organization arswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization sarrest and former officers, directors, fustaces, key employees, and hiphest compensated employees. If "Yes", complete Schedule J 23	22				
23 Did the organization arswer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization sarrest and former officers, directors, fustaces, key employees, and hiphest compensated employees. If "Yes", complete Schedule J 23		on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
employees? If "Yes" complete Schedule J 24a Did the organization have as fax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the leaf day of the year, that was issued after December 31, 2002? If "Yes," onwer lines 24b through 24d and complete Schedule K. If "No," go to line 25s Did the organization invest any proceedes of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceedes of tax-exempt bonds beyond a temporary period exception? 24d Did the organization are sort was excuming the year of odefease any tax-exempt bonds? 4d Did the organization and 501(c)(4) organization such of the tax and a refunding acrove at any time during the year? 4d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L. Part I is the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, indiges compensated employees, or disqualified persons? If so complete Schedule L. Part I is 25					
s 150,000 as of the least day of the year, that was issued after December 31, 2002? If Yes," answer lines 24b through 24d and completes Schedule IX. If Yes, yo to line 25a to the organization west any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24		TACATATATA ARTERIAL DELICATION DE LA CONTRACTA DE LA CONTRACTATA DE LA CONTRACTA DEL CONTRACTA DE LA CONTRACTA DE LA CONTRACTA DE LA CONTRACTA	23		X
through 24d and complete Schedule K. If 'No,' go to line 25e b Did the organization miseral my proceeds of take-exempt bonds' c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds' Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d Did the organization aware that It engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I., Part I Tess' complete Schedule I., Part I Did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, 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 I., Part II Was the organization or apprity to a business transaction with one of the following parties (see Schedule I., Part IV Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule I., Part IV An entity of which a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule I., Part IV A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule I., Part IV A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule I. Did the organization receive contributions of Ir'es,' complete Schedule I. Did the organization incition toward or more than 325, ool in enno-cash contributions? If 'Yes,' complete Schedule II Did the organization incition was a contri	24a				
b Did the organization invest any proceeds of lax-exempt bonds beyond a temporary period exception? C Did the organization maintain an escrow account other than a refunding secrow at any time during the year D Did the organization and at as an "on behalf of "issuer for bonds outstanding at any time during the year? D Did the organization and at as an "on behalf of "issuer for bonds outstanding at any time during the year? D S Section 501(x)(3) and 501(x)(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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 999 or 990-E27 If "Yes," complete Schedule L, Part I D D did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If so complete Schedule L, Part II D D d the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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 II Part IV Instructions for application figure fresholds, conditions, and exceptions? A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee (or a family member of any current or former officer, director, trustee, or key employee (or a family member of any current or former officer, director, trustee, or key employee (or a family member of any current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A C A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete S					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization and 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 with a disqualified person in a prior year, and that the transaction have the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have to been reported on any of the organization sprior Forms 990 or 980-E27 If "Yes," complete Schedule I., Part II 28b X 25b X 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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 I., Part III 27		[# E 7 7 5 4 4 7 7 8 E 4 7 6 4 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			X
to defease any tax exempt bonds? 24d 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 with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a X 25a X Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction in with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, bighest compensated employees, or disqualified persons? If so complete Schedule I, Part II 26b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled enlity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV 28a X 29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 28c X 29 Did the organization contributions of a pricipate Schedule I, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 28c X 20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 28c X 20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule I, Part II 34 X 31		2000 0 0000 0000 0000 0000 0000 0000 0000	24b		
d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year? 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport Proms 990 or 990-E27 If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, by the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persona? If so, complete Schedule L, Part II 26	С				
settion 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 256 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 256 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X 26b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II II 27 X 27c Vax the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X X A A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X Did the organization receive more than 25c, bodo in non-cash contributions? If "Yes," complete Schedule M 29 X X Did the organization receive more than 25c, bodo in non-cash contributions? If "Yes," complete Schedule M 29 X X Did the organization receive contributions of Ir Yes," complete Schedule M 29 X X Did the organization in cereive more than 25c, bodo in non-cash contributions? If "Yes," complete Schedule M 29 X X Did the organization receive contributions of Ir Yes," complete Schedule M 29 X X Did the organization on with 100 of an entity disregarded as separate from the organization under Regulation section of	لم				
with a disqualified person during the year? If "Yes," complete Schedule L, Part I year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I Z5b X Bit he organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I Z5b X Bit disqualified persons? If so, complete Schedule L, Part II Z5b X Did the organization provide a grant or other assistance to an officer, director, frustee, key employee, 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 Z7b X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Part IV instructions for applicable filing threshoids, conditions, and exceptions): a A current or former officer, director, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, or key employee? If "Yes," complete Schedule L, Part IV 28c X A nentity of which a current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified 2 Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified 3 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets, or qualified 3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 and 301.7701-3 and 301.7701-3 and 301.7701-3 and 301.			24d		
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complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	32	AND DESCRIPTION OF THE PARTY OF	31		- 21
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 Ines 11b and	33	IATIVE A TENEFALI I I I I I I I I I I I I I I I I I I	JZ	-	21
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		2017701 2 and 2017701 20 If Was " appropriate Cabadrilla D. Dart I	33		x
or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	34		-00		- 21
Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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		and Mand Dark V. Brand	34		x
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	35a				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			UUU		
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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		controlled entity within the magning of certing E42/b)/42/2 If "Vee" consolide Cabadyla D. Dat V. II 2	35h		
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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36		000		
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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		related organization? If "Ves." complete Schedule P. Part V. line ?	36		Х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	I = \$\$\text{\$\titit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\te			
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		· · · · · · · · · · · · · · · · · · ·			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Part VI	37		Х
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
			38	X	

Pe	ort V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -	f	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	3000000
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			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		00000000
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			3,7
	account)?	4a		X
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		10038888	37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			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			N.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			V
	and services provided to the payor?			Х
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			v
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		^
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	0	0000000	000000000
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0.0	otomown	
a	Did the organization make any taxable distributions under section 4966?			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations.Enter: Initiation fees and capital contributions included on Part VIII. line 12			
a	Initiation root and capital continuations included on that the participant and a second services			
b	Cross receipte, included on the only tall thing into			
11	Section 501(c)(12) organizations.Enter: Gross income from members or shareholders			
a	Cross modified from monitoria of charefulation			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	(COCCOCIO	
12a	A SAME OF THE PROPERTY OF THE			
b 12	, respectively.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		.02000000
а	Note. See the instructions for additional information the organization must report on Schedule O.	000		
L	Enter the amount of reserves the organization is required to maintain by the states in which			
b	122			
_	And the state of t			
C 1/1-	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a	Dig the organization receive any payments for indoor familing services during the tax years.	14h		

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

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

360	Ston A. Governing Body and Management				2250	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		Yes	No
iu	If there are material differences in voting rights among members of the governing body, or	_ ia	12			
	if the governing body delegated broad authority to an executive committee or similar	1 1				
	committee, explain in Schedule O.	1 1				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	I I I	12			
-	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	*******	*********			
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization 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?	0.00 d t d t d t d		5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			0		
<i>,</i> u	and or more members of the governing had a			7.0		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7a		Λ
	stockholders, or persons other than the governing body?			76		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year l	· ortonara	Harring at	_7b		
а	The governing body?	by trie to	llowing;	0.0	X	
b	Each committee with authority to act on behalf of the governing body?			8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	1 K 1 E + + + 1		8b	Λ	-
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	etion B. Policies (This Section B requests information about policies not required by the Intern	al Poy	onue Co			Δ.
000	the interior of this decitor is requests information about policies not required by the interior	arricy	enue Co	ue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	162	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		A + A + A = A = A =	IUa		
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the			11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5 IUIIII!		114		Λ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Χ	\$100 CO
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflict	02	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	COMMICE	S (100000000000	120	Λ.	_
·	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?		(+	13	-	X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval by	es Trans				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO Executive Director, or too management official			15a		X
b	Other officers or key employees of the organization		F = 0 = 0 = 0 = K = 0	15a		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	200	1151516151			21 20
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	0000000000	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	910303	30640000000000			
	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	***********	20/00/10/20
Sec	tion C. Disclosure			1 33 3		
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s on	ly)	C51021050		* * * , * ?
	available for public inspection. Indicate how you made these available. Check all that apply	,,,	.,			
	X Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	oolicv. a	nd			
	financial statements available to the public during the tax year.	.,, -				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization: ▶ Thomas J. Spies 55 Pease Terrace					
Le		8.8	20	1-89	5 - 9	977

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

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

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

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

 $|\mathbb{X}|$ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee,

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1)Bhikkhu Bodhi										
Chairman	6.00 0.00	Х		Х				0	0	0
(2) Charles Elliott										
U_000000000000000000000000000000000000	2.50	37						0	0	0
Director (3) George Clapp	0.00	X			-		_	0	0	
(3) George Crapp	5.00		u l							
Director	0.00	X						0	0	0
(4) Allen Fu										
	2.00									
Director	0.00	X					_	0	0	0
(5) Marcie Barth										
	6.00	X		X				0	0	0
Secretary (6) Sylvie Sun	0.00	1		Δ		\vdash		0	0	
(0) By IVIE Buil	5.00									
Director	0.00	X						0	0	0
(7) Patricia Price										
	2.50									
Director	0.00	X						0	0	0
(8) Thomas J. Spies										
Radional Company Company (Company Company Comp	6.00					Н				0
Treasurer	0.00	X		X	_	\vdash		0	0	0
(9)W. David Braught										
Vice Chairman	2.00	x		X				0	0	0
(10) Thomas Moritz	0.00	1		21		\vdash				
(10) THOMAS MOTTES	2.50									
Director	0.00	X		١				0	0	0
(11) Michael Roehm										
	2.50								_	
Director DAA	0.00	X						0	0	Form 990 (2013)

(A) Name and title	(B) Average hours per week (list any hours for	(c be	do nol ox, uni fficer a	Pos check less po	C) sition more erson direct	than is both or/trus	one n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)Sister Santussi	3.00									
Director (13) Kim Behan	0.00	X						0	0	C
Executive Director	25.00			X				0	0	0
(14)										
(15)										
g	2011/02/2019									
(16)	travarante ann									ı
(17)										
(18)										
(19)	** ***********************************									
1b Sub-total	eets to Part VII, S	Secti	on A		52525		A			
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from			to th	ose I	isted	l abo	ve) v	who received more than \$10	00,000 in	
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire	ctor,	or tru	ıstee	, ke	/ emp	oloye	ee, or highest compensated		Yes No
4 For any individual listed on line organization and related organ	e 1a, is the sum of nizations greater the	f repo	ortab 3150,	le co ,0001	mpe ? If "	nsati Yes,"	on a		n the	4 X
5 Did any person listed on line 1 for services rendered to the or	ganization? If "Ye	ie co	mpe	nsati	on fr	om a	ny u	nrelated organization or ind such person	ividual	5 X
Section B. Independent Contractor Complete this table for your five compensation from the organization.	e highest comper	nsate	d ind	leper	nden	t con	tract	tors that received more than	s \$100,000 of	
	(A) I business address								(B) on of services	(C) Compensation
2 Total number of independent of received more than \$100,000	ontractors (includ	ing b	ut no	ot lim	ited izati	to the	ose I	isted above) who	Ö	

На	rt VI	Check i	ent of Revei f Schedule C		a response o	r note to any line ir	n this Part VIII	************	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated cam	paigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es	1b					
S, G	c	Fundraising eve	ents	1c	134,747				
Sift.		Related organiz		1d					
is, (е	Government grants (c	ontributions)	1e					
tior er S	f	All other contributions							
othe		and similar amounts r	ot included above	1f	255,988				
ont nd (Noncash contributions		F 3: 4 - F 4:1		200 725			
	h	Total. Add lines	s 1a–11		Busn. Code	390,735			
eune	2a								
Revi	b								
ice									
èerv	d								
Program Service Revenue	е				- 1				
	f	All other progra							
		Total. Add lines							
27.	3	Investment inco	me (including d	ividends, inter	rest,				
		and other simila			0.0000000000000000000000000000000000000	69	69		
	4	Income from in	vestment of tax-	exempt bond	proceeds >				
	5	Royalties							
		-	(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental exps.							
	C	Rental inc. or (loss)	45 A						
	d 7a	Net rental incor			(ii) Other				
		sales of assets	(i) Securities		(II) Other				
		other than inventory							
	b	Less: cost or other							
	_	basis & sales exps. Gain or (loss)							
	1	Net gain or (los	9)		•				
		Gross income from							
une	00.	(not including \$	134,						
) ve			ported on line 1c).					000	
Ϋ́			18						
Other Revenue	b	Less: direct exp	enses	b					
0		Net income or (
	9a	Gross income from	-						
			19			_		9868565 31 - 32	
		Less: direct exp							
		Net income or (ng activities					
	10a	Gross sales of	•						
		returns and allo	5050000			-			
		Less: cost of go			0000000000 P				
		Net income or	cellaneous Revenue	of inventory	Busn, Code				
	11a						**************************************		ecccoccocceccoccoccultitiopseeriqueisessess
	b				I				
	d	All other revenu	Je						
	e	Total. Add line							
	12		. See instruction			390,804	69	0	0

Sec	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a response			lete column (A).	
00 1	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	236,632	236,632		
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	154,325	154,325		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
b	Legal				
	Accounting	11,300		11,300	
d	Lobbying				
е		6,297			6,297
f	Investment management fees				***************************************
	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	1,680			1,680
15	Royalties				
16	Occupancy				
17	Travel	1,839		1,839	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,775		562	1,213
24	Other expenses. Itemize expenses not covered			502	1,213
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank Charges	3,890		715	3,175
b	Printing	2,851		13	2,838
С	Registrations and Filing	2,175		175	2,000
ď	Rental Equipment	1,383		479	904
е	All other expenses	1,908		157	1,751
25	Total functional expenses. Add lines 1 through 24e	426,055	390,957	15,240	19,858
.6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

20000000		Check if Schedule O contains a response or note to any line in this Part X	Y	oreno con esta	
			(A) Beginning of year		(B) End of year
_	1	Cash—non-interest bearing	31,502	1	13,409
	2	Savings and temporary cash investments		2	74,516
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	*!	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other 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 employees' beneficiary			
र		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	- Alejon - A
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	41	12	
	13	Investmentsprogram-related. See Part IV, line 11	A)	13	
	14	Intangible assets	2	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	141,729	16	87,925
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	17,650	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
#		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified 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 to unrelated third parties	н —	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	2 712		1 010
		of Schedule D	2,713		1,810 1,810
-	26	Total liabilities. Add lines 17 through 25	20,363	26	1,010
S					
Ce		complete lines 27 through 29, and lines 33 and 34.	103,401	27	86,115
alar	27	Unrestricted net assets	15 065	28	00/113
Ä	28	Temporarily restricted net assets	17,505	29	
Ĕ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check herd and		23	
or F		complete lines 30 through 34.			
Net Assets or Fund Balances	30	· · · · · · · · · · · · · · · · · · ·		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
χA	32	Retained earnings, endowment, accumulated income, or other funds	4.	32	
Ž	33	National states and st	121,366	33	86,115
	34	Total net assets or fund balances Total liabilities and net assets/fund balances	141,729		87,925
	57	Total incoming dilla list depotations against a straight and the straight and strai			

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	potential designation of			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			804
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	6,0	055
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	5,2	251
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	1,:	366
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	8	6,1	115
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				يناكن
				'es	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				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			_	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	(000 pieter) (100 pi	2c	X	Managas
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	-	_X_
þ	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.	1001111	3b		
			Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 26-2852923 Buddhist Global Relief

	ırt l			tatus (All organizations			nis par	t.) See	instru	ictions.			
The	orga	nization is not a	private foundation because i	t is: (For lines 1 through 11, ch	eck only or	ne box.)							
1	Ň			iation of churches described in			A)(i).						
2	Ħ		ribed in section 170(b)(1)(A										
3	П			organization described in sect	tion 170(b)(1)(A)(iii)							
4	H	A medical res	earch organization operated i	n conjunction with a hospital de	escribed in	section 1	70(b)(1)(A)(iii).	Enter th	ne hospita	al's nam	ne,	
-		city, and state		***************						ov. Herena			
5				a college or university owned o	r operated	by a gove	rnmenta	ıl unit de	escribed	in			
•	ш		o)(1)(A)(iv).(Complete Part II		,	, ,							
6				ernmental unit described in se	ction 170	b)(1)(A)(v	·).						
7	H	An organization	on that normally receives a su	bstantial part of its support fror	n a govern	mental un	it or fron	the ge	neral pu	blic			
•	Ш		ection 170(b)(1)(A)(vi).(Cor					J					
0				0(b)(1)(A)(vi).(Complete Part	ш								
8	X	A community	on that normally receives: (1)	more than 33 1/3% of its suppo	ort from co	ntributions	membe	ership fe	es. and	aross			
9	77	All Organization	activities related to its exemp	t functions—subject to certain	evcentions	and (2) n	o more t	han 33	1/3% of	its			
				unrelated business taxable inc						.,_			
				1975. See section 509(a)(2).			i tun, iii	0111 2001					
4.0				clusively to test for public safet			a\(4\						
10				clusively for the benefit of, to p				carry or	it the				
11		An organization	on organized and operated ex	l organizations described in se	ction 509/s	1)(1) or sec	oi, oi to ation 509	3(a)(2)	See se c	tion			
				e type of supporting organization									
							d [n-functio	nally int	egrated	
		a Type		c ∐ Type III–Function nization is not controlled directly							ilany iii	.09.0.00	
е		By checking ti	his box, i certify that the organ	than one or more publicly supp	orted orga	nizations o	lescribe	d in sect	tion 509	(a)(1)			
				than one of more publicly supp	orted orga	11120110110	10001100	a 000.		(-/(-/			
028		or section 509		nination from the IRS that it is a	Tune I Tu	me II or T	vna III s	unnortir	na				
f				filliation from the into that it is a	a type i, t	ypc II, or I							
		•	check this box	n accepted any gift or contribu	tion from a	ny of the		100000100					
g		-		in accepted any girt of continua	tion nom a	ny or the							
		following pers		trale either clane or together w	uith norean	e describe	d in (ii) s	and				Ye	s No
				trols, either alone or together w							F	11g(i)	_
				upported organization?							backer	11g(ii)	
			member of a person describe									11g(iii)	
11277				scribed in (i) or (ii) above?		Martine	WEIGHT.			129 1 500 500		119(117)	
_ <u>h</u>	_		ollowing information about the		Carlo the		(u) Did :	ou notify	(4)	Is the	(vii) A	mount of mo	netary
(ne of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization isted in your		ou notify nization in		tion in col.	(411)	support	notary
	O	ganization		above or IRC section	1 1	document?		of your		ized in the			
				(see instructions)	V	No	Yes	port?	Yes	S.7 No			
_					Yes	IAD	108	140	103	1,40	_	_	
(A)													
	_								1				
(B)													
(0)													
(C)													
(D)													
(E)													
			Scholabele properties				XXXXXXXXX						
Tota	a I												

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>		 	-	
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)▶	(a) 2000	(1-) 0040	() 2011	1 1 2010		607
7	Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the		second, third, fourt	h, or fifth tax vear a	as a section 501(c)		
	organization, check this box and stop her						▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ge				
14	Public support percentage for 2013 (line 6	column (f) divided l	y line 11, column (f))		14	%
15	Public cupnort percentage from 2012 Caba	dulo A Dort II lino	1 A			4 = 1	%
16a	33 1/3% support test—2013. If the organ	ization did not checl	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization quali					C-(+++++++C-+++++++++++++++++++++++++++	▶ □
b	33 1/3% support test—2012. If the organ				is 33 1/3% or more	C-(+ 0.00 + K+ 0.00 0.00 - 1.00 0.00 1.1111	
	check this box and stop here. The organiz			organi-otion			>
17a	10%-facts-and-circumstances test—20				or 16b, and line 14	4 is	
	10% or more, and if the organization meets						
	Part IV how the organization meets the "facorganization	cts-and-circumstanc	es" test. The organ	ization qualifies as	a publicly supporte	ed	▶ □
b	10%-facts-and-circumstances test—20	12. If the organization	n did not check a b	ox on line 13, 16a	, 16b, or 17a, and li	te sete creeks common com ne	easered 1
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me	ets the "facts-and-ci	rcumstances" test.:	The organization of	qualifies as a public	•	▶ □
8	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see		
	instructions					VoMoV process personal articles	

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	,					
	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,147	175,912	363,930	357,555	378,243	1,400,787
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					12,492	12,492
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	125,147	175,912	363,930	357,555	390,735	1,413,279
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						1,413,279
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	125,147	175,912	363,930	357,555	390,735	1,413,279
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			34	827	69	930
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			34	827	69	930
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.)	125,147	175,912	363,964	358,382	390,804	1,414,209
14	First five years. If the Form 990 is for the o	rganization's first, se	econd, third, fourth	n, or fifth tax year as	a section 501(c)(3)	. 🗆
	organization, check this box and stop here					CONTROLLED TO SECURE	
	tion C. Computation of Public Sup					45	0/
15	Public support percentage for 2013 (line 8, c						99.93 %
16	Public support percentage from 2012 Sched			A	HERE YES POOLESTEEL	16	%%
	tion D. Computation of Investmen			-l (A)		17	%
17	Investment income percentage for 2013 (lin						%
18	Investment income percentage from 2012 S 33 1/3% support tests—2013. If the organ			A and line 15 is mor	re than 22 1/20/.	1 T. T. T. P. P. C. C. C. C. C.	
19a	17 is not more than 33 1/3%, check this box	and stop here . The	e organization qua	lifies as a publicly s	upported organiza	tion	• X
þ	33 1/3% support tests—2012. If the organ						
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did						

Schedule A (F	orm 990 or 990-EZ) 2013	Buddhist	Global	Relief		26-2852923	Page 4
Part IV	Supplemental Info Part III, line 12. Als	rmation. Provid	le the expla	nations require	d by Part II, line 10 mation, (See instru	; Part II, line 17a or 17b	; and
	\$7.				, , , , , , , , , , , , , , , , , , , ,		
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule C (Form 990 or 990-EZ) and its ➤ See separate Instructions. instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes." to Form 990. Part IV. line 5 (Proxy Tax) or Form 990-EZ. Part V. line 35c (Proxy Tax), then

the organization answered	165, to Form 330, Fait 14, mie 3 (1 10.	ky taky of total ood LL; take vy mie ood (t tony tany, and
• Section 501(c)(4), (5), or (6)	organizations: Complete Part III.	

Nam	e of organization	£		Employer Identificati				
D	Buddhist Global Relie t I-A Complete if the organization is exemp	t under section 501(c) o	r is a section					
1 2 3	t I-A Complete if the organization is exemp Provide a description of the organization's direct and indirect Political expenditures Volunteer hours	political campaign activities in P	art IV.	▶ \$				
Par	t I-B Complete if the organization is exemp	t under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization	on under section 4955		\$				
2	Enter the amount of any excise tax incurred by organization n	nanagers under section 4955	\$14.454.554.554.554.554.554.554.554.554.5	\$				
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?							
4a	a Was a correction made?							
b	If "Yes," describe in Part IV.		ttlam	E04/a\/2\				
Pai	t I-C Complete if the organization is exemp			501(0)(3).				
1	Enter the amount directly expended by the filing organization			▶ €				
_	activities Enter the amount of the filing organization's funds contributed	to other organizations for secti	on	MILESEN ES SETTLES				
2				▶ \$				
3	527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter	here and on Form 1120-POL.		CORRECT STREET				
3	line 17b			▶ \$				
4	Did the filing organization file Form 1120-POL for this year?				19.000			
5	Enter the names, addresses and employer identification num	ber (EIN) of all section 527 polit	ical organizations t	o which the filing				
•	organization made payments. For each organization listed, en	nter the amount paid from the fil	ing organization's f	unds. Also enter				
	the amount of political contributions received that were prompt	otly and directly delivered to a se	eparate political org	janization, such				
	as a separate segregated fund or a political action committee	(PAC). If additional space is no	eded, provide info	mation in Part IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and			
				filing organization's funds. If none, enter -0-,	promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

Schedu	le C (Form 990 or 990-EZ) 2013 Buddh	ist Global	Relief		26-2852923	Page
Par	t II-A Complete if the organ			01(c)(3) and fil		
	section 501(h)). heck ▶ ☐ if the filing organizer name, address, EIN heck ▶ ☐ if the filing organizer	, expenses, and s	hare of excess lob	bying expendit		member's
		bbying Expendit	tures	er provident	(a) Filling organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p				0	
b	Total lobbying expenditures to influence a	legislative body (direc	t lobbying)		0	
С	Total lobbying expenditures (add lines 1a	and 1b)	060000000000000000000000000000000000000		0	
d	Other exempt purpose expenditures				0	
е	Total exempt purpose expenditures (add l	ines 1c and 1d)		***************************************	0	
f	Lobbying nontaxable amount. Enter the ar	nount from the following	ng table in both			
	columns. If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on li				
	Over \$500,000 but not over \$1,000,000		he excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000		he excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25%	of line 1f)				
h s	Subtract line 1g from line 1a. If zero or les	s, enter -0-		STEELT STRUCTURE OF		
i s	Subtract line 1f from line 1c. If zero or less	, enter -0-				
j l	f there is an amount other than zero on ei	ther line 1h or line 1i, d	lid the organization file	Form 4720		
r	reporting section 4911 tax for this year?		LANGE MARKAGE AND EASTER ASSESSMENT		CENTRAL CETTER CETTER CO.	Yes No
		that made a sect	ing Period Under S ion 501(h) election structions for lines	do not have to	o complete all of the fivon	/e
		obbying Expendit	ures During 4-Yea	r Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2 010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a L	obbying nontaxable amount					
b L	obbying ceiling amount					
(150% of line 2a, column(e))					
сТ	otal lobbying expenditures				0	
d C	Grassroots nontaxable amount					
e (Grassroots ceiling amount					

Schedule C (Form 990 or 990-EZ) 2013

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

- The state of the	(a)		(b)		
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amou	ınt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local	600000000					
legislation, including any attempt to influence public opinion on a legislative matter or						
referendum, through the use of:						
a Volunteers?		_				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?	559					
d Mailings to members, legislators, or the public?	200		-	_		
e Publications, or published or broadcast statements?						_
f Grants to other organizations for lobbying purposes?		_				_
g Direct contact with legislators, their staffs, government officials, or a legislative body?			-	-		_
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						_
j Total. Add lines 1c through 1i	133650					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	200000000000000000000000000000000000000					
b If "Yes," enter the amount of any tax incurred under section 4912	177.77					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	2000	42				00000000
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	14(a)(E) ar	0001	ion			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).		3001				
					Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			0.000	1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
2 Did the diganization make only in-house lobbying expenditures of \$2,000 or local.			0.004 (0.04 (0.01))	-		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		_
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5), or	sect	ion		ie	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	1(c)(5), or	sect	ion		is	
Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes."	01(c)(5), or ," OR (b) F	sect	ion		is	
Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No, answered "Yes." Dues, assessments and similar amounts from members	01(c)(5), or ," OR (b) F	sect Part I	ion		is	
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Schedule C (Form 99		Buddhist Global	Relief	26-2852923	Page 4
Part IV	Supplement	tal Information (continued)			
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer Identification number

Open to Public Inspection

Βı	addhist Global Relief 26	-2852923
THE PERSON	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	85-76 VO-10
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historically important	land area
	Protection of natural habitat Preservation of a certified historic struct	ure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by contact validit decements	2b
C	Trumber of Conservation Casements on a sertine amount of a sertine amount of the conservation of the conse	2c
d		
	Thistoric structure hated in the readonal regions	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	g the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year	
	Tight recognition of	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	▶ \$ _{(1,00,00,00,00,00,00,00,00,00,00,00,00,00}	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	h -
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes t	ne
10044010	organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar	r Accate
r _a	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similal Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Assets
_	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sl	heet
та	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet	1
D	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	public service, provide the following amounts relating to these items:	
		> \$
	(i) Revenues included in Form 990, Part X	\$
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	Was a series and a series with the series and the s
2	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
2	Revenues included in Form 990, Part VIII, line 1	▶ \$ 100000000000000000000000000000000000
a	Assets included in Form 990, Part X	
	/ NOOCIO INTERMINENTI TOTTI COOLI GILA	0-1-1-1- D (F 000) 2042

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1c 1d 1d 1d 1d 1d 1d 1d 1d 1d	No
b Scholarly research e Other reservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance d Additions during the year e Distributions during the year f Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21? Yes	
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 10 11 22 Did the organization include an amount on Form 990, Part X, line 21? Yes	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 10 11 12 13 14 15 15 16 16 17 16 17 17 17 18 19 19 10 10 10 11 11 12 13 14 15 15 16 16 16 16 16 17 16 17 18 19 19 10 10 10 10 10 10 10 10	
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Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes	
Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Yes Yes Amount C Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21?	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes	No
included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Yes	No
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Amount 1c Amount 1d 1d Yes	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 1c 1d 1d 1e 1f Yes	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 1d 1e 1f Yes	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes	= //
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes	
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes	
2a Did the organization include an amount on Form 990, Part X, line 21?	_
h If "Vee " explain the arrangement in Part VIII Cheek here if the explanation has been assisted in Part VIII	No
with 166, explain the arrangement in Fart All. Offect here if the explanation has been provided in Part XIII	
Part V Endowment Funds.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	ck
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and	
losses	
d Grants or scholarships	
e Other expenditures for facilities and	
programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶ %	
b 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 possession of the organization that are held and administered for the	
	No
(i) unrelated organizations 3a(i)	
(ii) related organizations 3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	
4 Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value	
(investment) (other) depreciation	
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	_
e Other	_
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	

Schedule D (Fo	orm 990) 2013 Buddhist Global Relief		26-2852923	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to Fe			
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year mark	et value
(1) Financial d				
(2) Closely-he	d equity interests			
(2) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	COLORS CONTROL		3000000	
Total, (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" to Fe	orm 990, Part IV, line 1	11c. See Form 990, Part X, li	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
Department Separations	Complete if the organization answered "Yes" to Fe	orm 990, Part IV, line 1	I1d. See Form 990, Part X, li	ne 15.
-	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
INICSSOSSEMANDEPORCOCCOS.	Complete if the organization answered "Yes" to F	orm 990, Part IV, line 1	11e or 11f. See Form 990, Pa	art X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
	ncome taxes			
	t Card Payable	1,810		
(3)	# . ≈ 56400.			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,810		
	uncertain tax positions. In Part XIII, provide the text of the footnot		ncial statements that reports the	

Pi	art XI Reconciliation of Revenue per Audited Fi Complete if the organization answered "Yes"	inancial Statements With Revenue per Return. " to Form 990, Part IV, line 12a	
1	Total revenue, gains, and other support per audited financial state		390,804
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		070/001
а			
þ		2b	
С		2c	
d	Other (Describe in Part XIII.)	2d	
е			
3	Subtract line 2e from line 1	A-A-F-A-F-B-F-B-F-B-B-B-B-B-B-B-B-B-B-B-	390,804
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	
а		000000000000	
b		4b	
С	Add lines 4a and 4b	40	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Pa		390,804
Pa	art XII Reconciliation of Expenses per Audited F	inancial Statements With Expenses per Return.	
1	Complete if the organization answered "Yes' Total expenses and losses per audited financial statements		400 000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	**************************************	426,055
a		2a	
	***************************************	errenesconomicados. Za.	
b	Other In	100000000000	
C	[** ** * * * * * * * * * * * * * * * *		
d	record from the first translation of the state of the sta	2d	
3	Add lines 2a through 2d	2e	400 000
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	426,055
d h	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
D	Other (Describe in Part XIII.) Add lines 4a and 4b	4.	
5		Part I, line 18.) 5	426,055
	art XIII Supplemental Information	arti, inie ro.)	420,033
!; Pa		this part to provide any additional information.	
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Schedule D (Fo	orm 990) 2013	Buddhist	Global 1	Relief		26-28	52923	Page 5
Part XIII	Supplemen	tal Information	(continued)					
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□ (a) = \$10 = 0.4 ± 0 = 5.5 7		0.4 (3.4 + 6.4 + 1.4 + 4.4 + 6.4 + 1.4)		90900000000000000000000000000000000000	A P 250 A C C C C C C C C C C C C C C C C C C			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ★ Attach to Form 990. ★ See separate instructions.
 Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Buddhist Global Relief

Employer identification number 26 - 2852923

22222222222222222222222222222222222222	neral Information of the months of the medium of the mediu		itside the United States. Com	plete if the organization answer	ed "Yes" on
1 For grantmal assistance, the	kers. Does the organizate grantees' eligibility for t	ion maintain records he grants or assistal	to substantiate the amount of its grants nce, and the selection criteria used to a	ward the	X Yes No
2 For grantmal			ocedures for monitoring the use of its gr		
3 Activities per F	Region, (The following Pa	art I, line 3 table can	be duplicated if additional space is need	ded.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
East Asia	the Pacific		Grants to modinionts		62,000
(1) South Asia			Grants to recipients		62,000
(2)			Grants to recipients		92,325
(3)					
(4)					
(5)					
(6)					
(7)					
_(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)			/		
(15)					
(16)					
(17)					154,325
3a Sub-totalb Total from continuation sheets to Part I	3				
c Totals (add lines 3a and 3b)					154,325

Page 2

Buddhist Global Relief Schedule F (Form 990) 2013

Part

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

26-2852923

	inco Comment	1000	מונים בייססיים ווחום הווים מונים	מווים מתחומים בי	addition of additional space is liceded	a is incoded.		
(a) Name of organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation (book, FMV)
	(if applicable)		i i	n n	disbursement	assistance	assistance	appraisal,
(C)		Vietnam	Commun Farm Devel	20,000				
(2)		Sri Lanka	Vocat Train Women	10,000				
(3)		India	Commun Farm Devel	15,000				1-
(4)		India	Emer Flood Relief	10,000				
(9)		Cambodia	Commun Farm Devel	20,000				
(9)		Bangladesh	Children's Education	000'6				
ω		India	Vocat Train Women	30,000				
(8)		India	Vocat Train Women	18,325				
(6)		China	Children's Education	7,000				
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(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 7

Enter total number of other organizations or entities က

9

Schedule F (Form 990) 2013

7 4 4 4 5 4 4 4 4 5	dule F (Form 990) 2013 Buddhist Global Relief	26-2852923	Page 4
Pa	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporate the organization may be required to file Form 926, Return by a U.S. Transferor (see Instructions for Form 926)	ansferor of Property to a Foreign	′es X No
2	Did the organization have an interest in a foreign trust during the tax ye may be required to file Form 3520, Annual Return to Report Transactic Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Informat U.S. Owner (see Instructions for Forms 3520 and 3520-A)	ns with Foreign Trusts and ion Return of Foreign Trust With a	⁄es X No
3	Did the organization have an ownership interest in a foreign corporation the organization may be required to file Form 5471, Information Return Certain Foreign Corporations. (see Instructions for Form 5471)	of U.S. Persons With Respect To	res X No
4	Was the organization a direct or indirect shareholder of a passive foreignalified electing fund during the tax year? If "Yes," the organization multiple in the information Return by a Shareholder of a Passive Foreign Investment Fund. (see Instructions for Form 8621)	ay be required to file Form 8621, Company or Qualified Electing	∕es ∑ No
5	Did the organization have an ownership interest in a foreign partnershi the organization may be required to file Form 8865, Return of U.S. Per Foreign Partnerships. (see Instructions for Form 8865)	sons With Respect To Certain	∕es ∑ No
6	Did the organization have any operations in or related to any boycotting "Yes," the organization may be required to file Form 5713, International for Form 5713)	I Boycott Report (see Instructions	res X No

Schedule F (Form 990) 2013

				a .

Part V Supplem

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

Part I, Line 3 - Activities per Region		12 (22 24 25 24 14 44 24 20 20 20 40 40 40 40 40 40 40 40 40 40 40 40 40	668 £ 1000 1000 £000 £000 £000 £000 £000 £				
Region	Exp	enditures Inves	tments				
East Asia & the Pacific	\$	62,000 \$	0				
South Asia	\$	92,325 \$					
		KINGSHARA KITSEF CONCERN ENGEL DEFENDE	· STOCKING OF THE HOME BOTTLE STOCKING STOCK				
Part V - Additional Information							
All Grantees are required to submit a	detaile	d application in	dicating its				
legitimacy, financial history refrences	s, and	layout of how fu	nds are to be				
used.	**************	SOCIOCIO POR SER SE SE LES SECUES DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CO	e-sakosakiesasiira tirtiiraata talaata 1,50				
1. Within 30 days, the recipient organ	ization	must send a let	ter to				
Buddhist Global Relief confirming rece	ipt of	funds.					
2. A quarterly or biannual report of the	he proj	ect's progress i	s required.				
3. Upon project completion a grant final report is submitted explaining how							
funds were used, and noting the success	s and c	hallenges encoun	tered,				
including related human interest storic	es and	photos.					
	000000000000000000000000000000000000000		ergenserikken boossinske in de se				

	- AD 69 G (9550)		A SECRETARIA DE LA COMPANIONE DE LA COMP				

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

26-2852923 Buddhist Global Relief Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iil) Did fund-(vi) Amount paid to (v) Amount paid to raiser have (i) Name and address of individual (Iv) Gross receipts (or retained by) (or relained by) custody or (II) Activity organization from activity fundraiser listed in or entity (fundraiser) control of col (i) contributions? Yes No 2 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Walk to Feed Hu Concert to Feed None (add col (a) through (event type) (event type) col. (c)) (total number) Revenue 122,255 1 Gross receipts 12,492 134,747 122,255 12,492 2 Less: Contributions 134,747 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue : 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

che	dule G (Form 990 or 990-EZ) 2013	Buddhist	Global	Relief	26-285292	3	Page 3
1	Does the organization operate gamine					Yes	No No
2	Is the organization a grantor, benefici	ary or trustee of a trus	st or a member	of a partnership or other entity			
	formed to administer charitable gamir	ig?	ar.aranaaraa.			Yes	No No
3	Indicate the percentage of gaming ac	tivity operated in:					
а	The organization's facility		000-1000-1000-000-000				%
b	An outside facility			. NESCONO CERCE CERCERO E PER ESPERA	13b	,	%%_
4	Enter the name and address of the pe	erson who prepares th	ne organization's	s gaming/special events books and	1		
	records:						
	Name •					11000	
	Address •	CC++++++++++++++++++++++++++++++++++++		HOLERANS PROCESSIONS IN THE STATE OF		11.00	
5a	Does the organization have a contract					П v	[] No
	revenue?				0.0000000000000000000000000000000000000	Yes	No No
b	If "Yes," enter the amount of gaming				and the		
	amount of gaming revenue retained b		\$. De ale ale a VelVale - marine			
С	If "Yes," enter name and address of t	he third party:					
	Name		* (* 4 * 4 * 4 * 4 * 6 * * * * * * * * * *			0.000	
	Address ▶			*****************************		(eservice	
16	Gaming manager information:						
	Name ►		ali wasana wasa PF sha ala		50,44,54,40,60,60,60,60,60		
	Gaming manager compensation ▶	\$	**********				
	Description of services provided ▶	x 200	one coccurrent				
	Director/officer E	Employee	Independe	nt contractor			
17	Mandatory distributions:						
а	Is the organization required under sta	ate law to make charit	able distribution	s from the gaming proceeds to		-	-
	retain the state gaming license?		10.10.00.00.00.000	V20000101010111		Yes	s No
b	Enter the amount of distributions requ	uired under state law t	o be distributed	to other exempt organizations or			
	spent in the organization's own exem	pt activities during the	e tax year	\$			
Par	t IV Supplemental Inform Part III, lines 9, 9b, 10 additional information	b, 15b, 15c, 16, a	and 17b, as a	ons required by Part I, line 2 applicable. Also complete th	b, columns (iii) and (v), is part to provide any	and	
			110 000144001244	15192713111110 (57137M2131A1921144	**************************************		
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220			ELECTION (1910)		************		
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Parti

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.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public OMB No. 1545-0047 Inspection

Employer identification number 26-2852923

å X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance Buddhist Global Relief the selection criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Governments and	vernments and		zations in the Uni	ted States. Com	plete if the orga	anization answ	Organizations in the United States. Complete if the organization answered "Yes" to Form 990,
Part IV, line 21, for any recipient that received more th	received more th	1an \$5,00	ian \$5,000. Part II can be duplicated if additional space is needed	uplicated if additi	onal space is n	eeded.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Helen Keller Int'l - Homestead Food	33.						
352 Park Ave. South							Comm Farm Devel
New York NY 10010	13-5562162		20,000				
(2) Helen Keller Int'l - Mkts for Women							
352 Park Ave. South							Women's Argi Edu
New York NY 10010	13-5562162		15,000				
(3) What If Foundation - Lamanjay Food							
1563 Solano Avenue							Coom Food Relief
Berkeley CA 94707	91-2121669		20,000				
(4) What If Foundation - School Scholar	t 1						
1563 Solano Avenue							Child Education
Berkeley CA 94707	91-2121669		20,000				
(5) Ecology Action - Rwanda							
5798 Ridgewood road							Comm Farm Devel
Willets CA 95490	94-1733259		6,000				
(6) Ecology Action - Malawi							
5798 Ridgewood road							Comm Farm Devel
Willets CA 95490	94-1733259		6,000				
(7) Oxfam America							
226 Causeway Street							Commun Farm Devel
Boston MA 02114	23-7069110		26,800				
(8) Oxfam America - Ethiopia SCI							
226 Causeway Street							Commun Farm Devel
Boston MA 02114	23-7069110		15,000				
(9) Valley Verede							
1530 Meridian Avenue							Comm Farm Devel
San Jose CA 95125	45-3084814		15,000				
2 Enter total number of section 501(c)(3) and government organizations listed	organizations listed	in the line 1 table	1 table				▶ 14

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part II

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 ▶ Attach to Form 990.

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Womens's Education Commun Food Relief Womens's Education Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Commun Farm Devel Relief (h) Purpose of grant or assistance Employer identification number Yes 26-2852923 Comm Food non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 10,000 20,125 10,000 15,000 10,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section if applicable 20-1959280 80-0013909 80-0013909 80-0013909 General Information on Grants and Assistance (p) EIN Buddhist Global Relief the selection criteria used to award the grants or assistance? - Food Proc - Cambodia Gateways 10018 92162 CA 92162 10003 CA 92162 Non-Forma Ed (a) Name and address of organization (5) Urban Rebuilding Intiative CA Z (1) Reciprocity Foundation or government 255 West 36th Street 15 Rutherford Place ı (2) Lotus Outreach (3) Lotus Outreach (4) Lotus Outreach P.O. Box 62022 P.O. Box 62022 P.O. Box 62022 Name of the organization San Diego San Diego San Diego New York New York

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

9

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6

Schedule I (Form 990) (2013)

Part III can be duplicated if additional space is needed	onal space is needed.				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
ā					
2					
3					
4					
5					
9					
2					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information re	quired in Part I, line	2, Part III, column (b)	, and any other additional i	nformation.
Part IV - Additional Information	ation				
THE RESERVE OF THE PROPERTY OF					

See Schedule F, Part V

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.

2013

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Buddhist Global Relief

Employer Identification number 26-2852923

Form 990, Part III, Line 4b - Second Accomplishment
qualify for residential placement in protective housing. GATE also features
a community-based participatory process of building Child Protection
Networks. Through engaging community volunteers and building culturallyrelevant prevention programs, GATE is able to further stem the tide of
human trafficking, domestic violence and sexual abuse.

Form 990, Part III, Line 4d - All Other Accomplishment

BGR has made grants to various partner organizations for: (1) Emergency
relief to the war refugees of Syria, and Hurricane victims in the

Philippines(2) Programs to promote economic and social empowerment of women
through access to vocational training and sustainable livelihoods in India,

Bangladesh, and 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 Haiti, Malawi,
Ethiopia, Rwawanda, Viet Nam, Cambodia, Côte d'Ivoire, United States, Sri
Lanka, and India, (6) Childrens education programs in India, Haiti, China,
Bangladesh and Viet Nam, and education programs specifically for women and
girls vulnerable to being forced into the sex trade in Cambodia, (7) Food
relief to poverty stricken hospital patients in Viet Nam.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Form 990 For the fiscal year ended June 30, 2013 is prepared by the

Name of the organization Employer Identification number Buddhist Global Relief 26-2852923 organization's certified public accountants. It is reviewed by the treasurer who is knowledgeable in tax preparation and certain other members of the Board of Directors prior to filing. 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. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organizations's financial statements, conflict of interest policy, and the governing documents are available to the public upon request.

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

,	u are filing for an Automatic 3-Month Extension, complet	-				▶ X		
	u are filing for an Additional (Not Automatic) 3-Month Ex							
Do not	complete Part II unlessyou have already been granted an	automatic 3-ı	month extension on a previousl	y filed Form 8868,				
Electro	nic filing (e-file). You can electronically file Form 8868 if you	need a 3-m	onth automatic extension of tim	e to file (6 months	for			
	ation required to file Form 990-T), or an additional (not auton							
	request an extension of time to file any of the forms listed in I							
	or Transfers Associated With Certain Personal Benefit Contra							
	ons). For more details on the electronic filing of this form, visi				6)			
Part								
***************************************	ration required to file Form 990-T and requesting an automati					1000		
Part I on	ily							
All other	corporations (including 1120-C filers), partnerships, REMICs	s, and trusts	must use Form 7004 to reques	t an extension of ti	me			
to file ind	come tax returns.							
			E	nter filer's identif	ying number	r, see instructions		
Type or	Name of exempt organization or other filer, see instr	uctions.		Employer identific	ation number	(EIN) or		
print								
	Buddhist Global Relief 26-2852923							
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)								
due date for P.O. BOX 1611								
filing your return. See	City, town or post office, state, and ZIP code. For a	foreign addre	ess, see instructions.					
instruction		07871						
Enter th	e Return code for the return that this application is for (file a s	congrate ann	lication for each return)			01		
	- Return code for the return that this application is for the as	seharare abb						
Appli	cation	Return	Application			Return		
Is For	<u> </u>	Code	ls For			Code		
Form	990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form	990-BL	02	Form 1041-A			80		
Form	4720 (individual)	03	Form 4720 (other than indivi	dual)		09		
Form	990-PF	04	Form 5227			10		
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form	990-T (trust other than above)	06	Form 8870			12		
	Thomas J. Spies							
	271 Longmeadow Rd.							
• The	books are in the care of ▶ Kinnelon				ŊJ	07405		
	ephone No. ▶ 973 - 283 - 2026	FAX No		3155355		. \Box		
	e organization does not have an office or place of business i					1.0 10 11 11 11 11 11 11 11		
• If th	is is for a Group Return, enter the organization's four digit Gr			If this is				
for the v	whole group, check this box	the group, c	heck this box	and attach				
a list wit	h the names and EINs of all members the extension is for.							
	request an automatic 3-month (6 months for a corporation re-							
uı	ntil $05/15/15$, to file the exempt organization return	n for the orga	anization named above. The ex	tension is				
fo	r the organization's return for:							
	calendar year or							
	G	0 = 1 = 0 1						
2 If	the tax year entered in line 1 is for less than 12 months, che	ck reason:	Initial return Fin	al return				
	Change in accounting period				T			
	this application is for Forms 990-BL, 990-PF, 990-T, 4720, o	r 6069, enter	the tentative tax, less any					
	onrefundable credits. See instructions.		K	3a	\$	0		
	this application is for Forms 990-PF, 990-T, 4720, or 6069, e					_		
	stimated tax payments made. Include any prior year overpay			3b	\$	0		
	alance due. Subtract line 3b from line 3a. Include your payn		form, if required, by using			_		
	FTPS (Electronic Federal Tax Payment System). See instruc		0000 F 0150 T 0 -	3c	\$	0		
	. If you are going to make an electronic funds withdrawal (direct debit)		1 8868, see Form 8453-EO and Form	n 8879-EO for payme		0000		
For Pri	vacy Act and Paperwork Reduction Act Notice, see ins	tructions.			For	m 8868 (Rev 1-2014)		
