

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury

Open to Public

		nue Service	<u> </u>		ly have to use a cop	y of this retui		<u>'</u> _	_	urement	s	tusbection
	or the	e 2009 calen	dar year, d	or tax year beginning				and en				, 20
B	Check if	fapplicable	Please	C Name of organization	WORLD BUDDHIST	r preachi	NG ASSOCI	ATIO	/		D En	nployer identification no
	Address	change	use IRS label or	Doing Business As							91-	1695254
□ ·	Name ch	nange	print or	Number and street (o	PO box if mail is not de	elivered to stree	et address)		Room/s	uite	E Tel	lephone number
	nitial re	turn	type. See	1007 S. WELL	ER ST							
1	ermina	ted	Specific Instruc-	City or town, state or	country, and ZIP + 4						G Gr	oss receipts
	Amende	d return	tions.	SEATTLE, WA	98104						\$	102,910
$\bar{\Box}$ 4	Applicat	ion pending	F Name	and address of principal								
									H(a) Is	this a gro filiates?	up return f	or Yes 🗓 No
1 1	ax-exe	mpt status	X 501(c)(3) ∢ (insert no)	4947(a)(1) or	527			H(b) Ar	re all affilia	ates includ	
J \	Nebsite	× ► N/A		· · ·		-			H(c) G	"No," atta	ch a list (s notion num	led?
		organization	Corporation	n Trust Associati	on Other ▶		L Year of form	ation				micile WA
Pa		Summa		<u> </u>			10 100101				. logal dol	
<u> </u>	1			ganization's mission o	or most significant ac	tivities						
				g=								
A C G					· · · · · · · · · · · · · · · · · · ·							·
ţ o							-					
v e	2	Check this	hov ► 🗍 d	f the organization disc	continued its operation	one or dienos	ed of more th	an 25%	of its not	accate		
ir tn	3		· 	nbers of the governin	·	•				i	3	•
į a	4		•	nt voting members of	• •						4	0
e n	5			oyees (Part V, line 2a)	• •					⊢	5	
& e	ء			-						⊢	6	0
Œ	6	Total mana	er or voluri	teers (estimate if neco business revenue froi	Bot VIII	ECEIVE	D .			$\dots \vdash$		
	7a			s taxable income from			ان: ر			⊢	7a	0
	0	Net unrelate	ea busines	s taxable income from				• • • •			7b	0
R		Cambularia				JG 19 20	ארן שונ		Prio	Year		Current Year
e v	8	D		nts (Part VIII, line 1h)	\		<u>.</u>	⊢		102,	326	102,827
ė	9	Program se	ervice rever	nue (Part VIII, line 2g)		SDEN 1	UT · · · ·					0
n	10	investment	income (Pa	art VIII, column (A), lii	nes 3, 4, and /d/~ :	<u> </u>		\cdots			179	83
e	11	Other rever	nue (Part V	III, column (A), lines t	o, 6d, 8c, 9c, 10c, an	d 11e)						0
	12		···	nes 8 through 11 (mu						102,	505	102,910
	13			ounts paid (Part IX, c				_				0
E	14	•		members (Part IX, co								0
X P	15			nsation, employee be								0
e n				ng fees (Part IX, colur				· · · _				0
\$			•	nses (Part IX, column			0					•
e s	17	•		IX, column (A), lines						104,4		71,504
	18	-		lines 13-17 (must equ						104,4		71,504
	19	Revenue le	ss expense	es Subtract line 18 fr	om line 12		• • • • • • •				957)	31,406
Net Asset	8	_		\					eginning of	Current Y	rear	End of Year
70	20	Total assets		· ·						720,3		748,770
Fund Bal-	-'	Total liabilit						·		321,4	-	318,464
ances				ances Subtract line	21 from line 20					398,	899	430,306
Pa	rt II	_ 	ure Bloc					 				
∌				ry, I declare that I have ex rest, and complete Decla								
Sig	_	1.		/ · /							9/	13/10
											<u> </u>	3//0
Her	е	Signat	ture of effice	ſ							Date	
•		 _										
		Туре	or print name	and title		, , , , , , , , , , , , , , , , , , ,		_			_	
)		Preparer's Date Check if Preparer's id self- (see instruct								-	ing number	
Paid		signature employer						ed ▶ 🗌	(300 1131	uctions)		
	arer's											
•	Only	Firm's nam	e (or yours	SHEN AND CO	MPANY PS				EIN	• ,	_	
	,	if self-employed), address, and ZIP+4 815 S. WELLER ST. NO.113						4/1	6146	४३		
		address, ar	IIQ ZIP + 4	SEATTLE, WA	98104				Phone no	▶206-	343-00	
May	the IR	S discuss the	ıs return wı	th the preparer show	n above? (see instru	ctions)						. 🗌 Yes 🛛 No
For	Privac	y Act and Pa	aperwork l	Reduction Act Notice	e, see the separate	instructions				EI	EA .	Form 990 (2009)

Form 990 (2009)

Form	990 (2009) WORLD_BUDDHIST_PREACHING_ASSOCIATIO #	91-1695254	Page 2
Par			
1	Briefly describe the organization's mission		
			
2	Did the organization undertake any significant program services during the year which were not listed on		-
2	the prior Form 990 or 990-EZ?	☐ Yes	IX No
	If "Yes," describe these new services on Schedule O	🗀 163	<u> </u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O		•
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expense	s	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grant	s and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a		\$)
	RELIGIOUS SERVICE		
		. =	
			
		_	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			-
		-	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	
70	Toda	<u> </u>	· ′
		· · · · · · · · · · · · · · · · · · ·	
			·
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$		

Part IV

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 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 4 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) × 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part 9 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 x 10 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, Х 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D. Part X 12 Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete 12 X 12A Was the organization included in a consolidated, independent audited financial statement for the tax year? No 13 13 X 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X 16 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			X
	24b through 24d and complete Schedule K If "No," go to question 25	24a		L
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7
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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			X
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	i	'
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			ار ا
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			x
	If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly		•	. '
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,		Ī	
	conditions, and exceptions)		ŧ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١.
	Schedule L, Part IV	28b	<u> </u>	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	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	33	L _	\ X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Ĺ X⁻
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	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,			X
	Part VI	37	<u> </u>	<u> </u>
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38		X

	•		Tes	NO
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U S Information Returns Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		1
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			
b		2b		1_1_
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2-	Instructions)			
за	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3-		,
_		3a 3b		X
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	36		<u> </u>
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
ь	If "Yes," enter the name of the foreign country	144	 	
~	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		11
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		X
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			1
	and services provided to the payor?	7a	<u> </u>	'
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		X
	required to file Form 8282?	7c		ļ <u>'</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	-	ŧ	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			Y
	benefit contract?	7e 7f	 -	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		X
h	required?	7h		1
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		1	
	organization, have excess business holdings at any time during the year?	8	Ť	X
9	Sponsoring organizations maintaining donor advised funds.		<u> </u>	 ``
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		1	X
10	Section 501(c)(7) organizations. Enter		<u> </u>	1
а	Initiation fees and capital contributions included on Part VIII, line 12		•	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]	I	
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders]	Ī	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Ī	
	amounts due or received from them)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<u> </u>	1
	EEA	Forn	n 990 ((2009)

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Υ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		×
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Y
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		۲
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		×
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			.,
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11		X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	 	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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			ļ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		}	
а	The organization's CEO, Executive Director, or top management official?	15a	ļ	X
b	Other officers or key employees of the organization?	15b		x
	Describe the process in Schedule O (see instructions)	[]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		Ī	
	with a taxable entity during the year?	16a	<u></u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		×
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization > KUN LIN CHBN			
	#25 562 62 €			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. 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

Check this box if the organization did not compensate any current officer, director, or trustee (F) (B) (C) (D) (E) (A) Name and Title Average Position (check all that apply) Reportable Reportable Estimated Hce i omp hp l ee ny t se a e compensation ltdlt nri nr dur su compensation amount of hours per ō o r m week nr su ts tte ue t e y from from related other the organizations compensation our sevtet de or a or e m p - o y e e organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations o n KUN LIN CHEN BOARD OF DIRECTOR X

	Jection A. Officers, Directors, Trustees,	Key Lilipio	yees,	and	riig	1163	Com	pen	saled Employees	(continued)			_
	, (A)	(B)	•		(0	C)			(D)	(E)	ľ	(F)	
	Name and Title	Average hours per week	Itd	l t n r s u t s l t t e	Office	K e	hat app	ForEe	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	(SC)	Estimate amount of other ompensa from the organizate and relate organizate	of ation ne tion ted
									- .		-		
					-								
					_								
						_							
					<u> </u>						-		
									<u> </u>				
		- · ·								-			
			· · · · · · ·								-		
									-		-		
1b	Total				• •			•	0		0		0
2	Total number of individuals (including but not limited t	to those liste	d abo	ve)	who	rece	eived r	nore	than \$100,000 in				
	reportable compensation from the organization ▶										0		
		·										Yes	No
3	Did the organization list any former officer, director or	-	•	-		-		-					
	employee on line 1a? If "Yes," complete Schedule J fo										. 3		X
4	For any individual listed on line 1a, is the sum of repo	-					-					İ	
	the organization and related organizations greater tha individual										. 4	1	X
5	Did any person listed on line 1a receive or accrue con										-	+	1^
•	services rendered to the organization? If "Yes," compl	•					-				. 5	Ī	X
Sec	ction B. Independent Contractors				•								1
1	Complete this table for your five highest compensated compensation from the organization	Independe	nt con	trac	tors	that	receiv	ed n	nore than \$100,00	0 of			
	(A)								(B)			(C)	
	Name and business addres	s							Description of	services	Con	npensatio	on
						-,							
-									-				
									·				
		==				-							
2	Total number of independent contractors (including b		d to the	ose	liste	d ab	ove) v	vho	received				
	more than \$100,000 in compensation from the organization	zation >											

Page 9

Par	t VIII	Statement of Revenue				
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u></u>	<u>.</u> 1	a Federated campaigns 1a				
Cgo	m '	' *	-			
nfh tte	0 u	b Membership dues	4			
r s, r		c Fundraising events 1c 102,827	_			
bgs		d Related organizations	_}	:		
uri tam		e Government grants (contributions) 1e				
ini			1			
nsa		f All other contributions, gifts, grants, and similar amounts not included above 1f	•			
s, r a		<u> </u>	4			
d		g Noncash contributions included in lines 1a-1f \$	-			
		h Total. Add lines 1a-1f	102,827			
		Business Code	_}			
	_ 2	ła				
	R e	b				
o r	v	c			-	
gv	e n	A	 	-		
a c	ü	<u> </u>	+			
m e	е	e				
		f All other program service revenue	ļ			
		g Total. Add lines 2a-2f		:		
	3	Investment income (including dividends, interest, and				
	-	other similar amounts)	83	83		
	4					-
	5					
	1 3	,				
		(i) Real (ii) Personal	[
	6	Ga Gross Rents	_	:		
		b Less rental expenses				
	1	c Rental income or (loss)	7			
	1	d Net rental income or (loss) ▶	7	1		
					 	
	'	a dross amount norm sales of	-			
		assets other than inventory	4			
		b Less cost or other basis				
0		and sales expenses				
ť		c Gain or (loss)				
h		d Net gain or (loss)				
e	8	Ba Gross income from fundraising				
r		events (not including \$ 102,827			-	
R	İ	of contributions reported on line 1c)				
е		·				
٧		See Part IV, line 18 a	4			
e n	1	b Less direct expenses	_	:		
ü		c Net income or (loss) from fundraising events ▶				
e	9	Gross income from gaming activities				
		See Part IV, line 19 a	[Į	
		b Less direct expenses	7			
	- 1	c Net income or (loss) from gaming activities				
						<u> </u>
	10	Oa Gross sales of inventory, less	ļ.			
		returns and allowances a	_			
		b Less cost of goods sold b				
	- 1	c Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11	1a	7	1]
	'	h	 	 		
		b	 		 	
		c	 	ļ		
		d All other revenue	<u> </u>	1		
		e Total. Add lines 11a-11d ▶				
	12	2 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,				
	'	9c, 10c, and 11e	102,910	83	o	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete colui				
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	· · · · · · · · · · · · · · · · · ·		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
2	organizations in the U.S. See Part IV, line 21				·····
~	Grants and other assistance to individuals in				
3	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
4	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				
-	persons described in section 4958(c)(3)(B)	··· · · · · · · · · · · · · · · · · ·			
7	Other salaries and wages	-	·		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				·
b	Legal				
C	Accounting	820		820	
d	Lobbying	-			
e	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other				
12	Advertising and promotion	425	425		
13	Office expenses	2,248	1,921	327	
14	Information technology	3,816		3,816	
15	Royalties				
16	Occupancy	16,515	16,515		
17	Travel	2,031	2,031		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			_	
19	Conferences, conventions, and meetings				
20	Interest	12,605	12,605		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	- .			
23	Insurance	10,562	10,562		
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together]		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	BANK CHARGE	147		147	
b	REPAIR				
С	FREIGHT	1,061		1,061	
d	UTILITY	21,274	21,274		
е	MISCELLANEOUS				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	71,504	65,333	6,171	0
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

orm 990 (2)	Balance Sheet		1-169525	4 Page
,		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	75,637	1	104,020
2	Savings and temporary cash investments	70,000	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	10,761	4	10,761
5	Receivables from current and former officers, directors, trustees, key	20,7,02	1	20,70
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		• • • • • • • • • • • • • • • • • • •	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
A	Part II of Schedule L		6	
5 7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
	Prepaid expenses and deferred charges		9	
5 9 10a	in the state of the state of the state of the state of the state of the state of the state of the state of the		3	
104	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 633,989			
_		622 000	10-	600.00
Ь 11	Less accumulated depreciation	633,989	10c	633,98
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	720,387	16	748,77
17	Accounts payable and accrued expenses	139,281	17	139,28
18	Grants payable		18	
_ 19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D	1000 (800 °000) - 600 - 1000 - 110	21	, ,
22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified			
	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	182,207	23	179,18
5 24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	321,488	26	318,46
	Organizations that follow SFAS 117, check here ▶ ☐ and			
F	complete lines 27 through 29, and lines 33 and 34.		1 1	
u 27	Unrestricted net assets		27	
n d 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
B a	Organizations that do not follow SFAS 117, check here ▶ 🏻			
î	and complete lines 30 through 34.		1	
a 30	Capital stock or trust principal, or current funds		30	
n c 31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
e 32	Retained earnings, endowment, accumulated income, or other funds	398,899	32	430,30
s 33	Total net assets or fund balances	398,899	33	430,30
34	Total liabilities and net assets/fund balances	720,387	34	748,77
	EEA	. = 0,00,0		Form 990 (

Par	t XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 🗓 Cash 🔲 Accrual 🔲 Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
b	Were the organization's financial statements audited by an independent accountant?	2b		×
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	2d		
	separate basis consolidated basis both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	İ		
	the Single Audit Act and OMB Circular A-133?	3a		٨
b	If "Yes," did the organization undergo the required audit or audits?	3b		

EEA

Form 990 (2009)

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.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

		e organization		,					Employe	r identificatio	on numbe	7	
		BUDDHIST PREACH								695254			
	rt I			Status (All organiza				See instr	uctions				
				use it is (For lines 1 thr	•	•							
1	X			ssociation of churches		n section	170(b)(1)(A)(i).					
2	Ц)(A)(ii). (Attach Schedu									
3	닏			vice organization descri									
4	Ш		janization operat	ted in conjunction with a	hospital i	described i	n section	170(b)(1)	(A)(iii). En	ter the hos	pital's n	ame,	
_		city, and state	 										
5	Ц	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6			-	governmental unit desc									
7				a substantial part of its s	support fro	m a gover	nmental u	nit or from	the gener	ral public			
•	П	described in section 1		· ·		\							
8	\vdash			1 170(b)(1)(A)(vi). (Com	-								
9	Ш	=		(1) more than 33 1/3%					•	•	S		
				mpt functions - subject									
		• • •		and unrelated business				ii tax) irc	m busines	sses			
40		· · · · · · · · · · · · · · · · · · ·		30, 1975 See section				(- \(4 \)					
10	H			d exclusively to test for	-	•				d.			
11	Ш	-		d exclusively for the bei		•			•				
				orted organizations des s the type of supporting						e section			
		a Type I	b Type				rripiete iirie illy integrat		d d	□ Turne	III-Othei	_	
e	П		<u> </u>	e II							III-Othei		
-	Ч	-		rs and other than one o		-			•				
		509(a)(1) or section 509	_	is and other than one o	i illole pu	blicly supp	orted orga	ii iizalioi is	described	III Section			
f				etermination from the IR	S that it is	a Tyne I T	[vne ll or	Type III si	innorting				
•									apporting				
g		•		ation accepted any gift									• • ∟
9		following persons?	rias ine organiz	anon accopica any giit	0. 00		any or the						
			ectly or indirectly	controls, either alone o	r together	with perso	ns describ	ed in (ii)				Yes	No
				y of the supported orga	•	•					11g(i)		110
				cribed in (i) above?							11g(ii)		
			•	n described in (i) or (ii)							11g(iii)		
h				the organizations the o							13()		
	(i) N	ame of supported	(ii) EIN	(iii) Type of organization		rganization	(v) Didy	ou notify	(vi)	ls the	(vii)	Amount	of
		organization		(described on lines 1-9	1	sted in your	the organ		1 *	tion in col	s	upport	
				above or IRC section (see instructions))	governing	document?	col (i)	or your port?		zed in the S?			
					Yes	No	Yes	No	Yes	No	1		
													-
							_	-					
										ļ			
		į											
					 								
_					I								
Tota	ı								E.				

	(Complete only if you checked the box on	line 5, 7, or 8 of	f Part I)				
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	\		1	1		
	publicly supported organization) included	\		1	‡	‡	
	on line 1 that exceeds 2% of the amount	`	[[1		
	shown on line 11, column (f)	ŧ.	AK		‡		
6	Public support. Subtract line 5 from line 4]		
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u></u>	<u> </u>	
12	Gross receipts from related activities, etc (see insti	ructions)		\ .		12	
13	First five years. If the Form 990 is for the organization						
	organization, check this box and stop here			<u> </u>	<u> </u>	<u></u>	▶ ∐
	tion C. Computation of Public Support					T T	
14	Public support percentage for 2009 (line 6, column	•				14	<u>%</u>
15	Public support percentage from 2008 Schedule A,					15	%
16a	33 1/3% support test - 2009. If the organization d						
	and stop here. The organization qualifies as a pub				\		▶ 🏻
Ь	33 1/3% support test - 2008. If the organization d				1		. [7]
	box and stop here. The organization qualifies as a		-		\		▶ □
17a	10%-facts-and-circumstances test - 2009. If the	=			1		
	more, and if the organization meets the "facts-and					1	
_	organization meets the "facts-and-circumstances"	-			· ·	1	
Ь	10%-facts-and-circumstances test - 2008. If the	_				1	or or
	more, and if the organization meets the "facts-and				•	1	
	organization meets the "facts-and-circumstances"	_			-	\	🕨 📮
18	Private foundation. If the organization did not che	eck a box on line	e 13, 16a, 16b, 1	7a, or 17b, chec	k this box and s	ee instructions	▶ ∐
						` `	

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

EEA

Pa	t III Support Schedule for Organiz			on 509(a)(2)			
	(Complete only if you checked the box of	on line 9 of Part I)	<u> </u>				
	tion A. Public Support		·				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise, sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						·
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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 1% of the amount on line 13 for the year		MIX				
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	_				- -	
	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, secor	nd, third, fourth,	or fifth tax year a	as a section 501((c)(3)	· · · · · • 🗆
Sec	tion C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2009 (line 8, colum					15	%
16	Public support percentage from 2008 Schedule A	, Part III, line 15	<u></u>	<u></u>		16	%
Sec	tion D. Computation of Investment Inc	ome Percent	lage			·	
17	Investment income percentage for 2009 (line 10c,	column (f) dıvıde	d by line 13, col	umn (f))		17	%
18	Investment income percentage from 2008 Schedu	ile A, Part III, line	17			18	%
19a	33 1/3% support tests ~ 2009. If the organization 17 is not more than 33 1/3%, check this box and s	did not check the stop here. The or	e box on line 14, ganization quali	and line 15 is miles as a publicly	nore than 33 1/3° supported orga	%, and line	▶ 🛚
b	33 1/3% support tests - 2008. If the organization line 18 is not more than 33 1/3%, check this box a	did not check a b and stop here. Th	oox on line 14 or ne organization o	line 19a, and lir Jualifies as a pub	ne 16 is more tha blicly supported (an 33 1/3%, and organization .	▶ 🛚
20	Private Foundation: If the organization did not ch	neck a box on line	14, 19a, or 19b	, check this box	and see instruct	tions	▶ 🗍

cnedule A (For	m 330 df 330-E2/2003	rage 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10,	
	Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. See instructions	
· · · · · · · · · · · · · · · · · · ·	Part it, line 174 of 17b, of Part III, line 12 Provide any other additional miormation. See instructions	
		
		

SCHEDULE D (Form 990).

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	f the organization			Employer identification number			
WOF	LD BUDDHIST PREACHING ASSO			91-1695254			
Par	Organizations Maintaining Donor A	Advised Funds of	or Other Similar Fund	s or Accounts. Complete if			
	the organization answered "Yes" to Form 990,						
_			or 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 adv	isors in writing that th	e assets held in donor adv	sed			
	funds are the organization's property, subject to the o	•					
6	Did the organization inform all grantees, donors, and						
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other						
	impermissible private benefit?						
Par							
1	Purpose(s) of conservation easements held by the or						
•	Preservation of land for public use (e.g., recreation	-		orically important land area			
	Protection of natural habitat	in or productio,	Preservation of certifie				
	Preservation of open space			- · · · · · · · · · · · · · · · · · · ·			
2	Complete lines 2a-2d if the organization held a qualif	ied conservation con	tribution in the form of a co	nservation easement			
-	on the last day of the tax year	ica conservation con	mbanon in the form of a co	inservation casement			
	on the last day of the tax year			Held at the End of the Year			
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
c	Number of conservation easements on a certified hist						
d	Number of conservation easements included in (c) as						
3	Number of conservation easements modified, transfe	•					
3	the taxable year ▶	rred, released, exting	uished, or terrimated by th	e organization during			
4	Number of states where property subject to conserva	tion assement is less	tod >				
4 5	* * * *						
9	Does the organization have a written policy regarding violations, and enforcement of the conservation ease						
•	Staff and volunteer hours devoted to monitoring, insp						
6	Stall and volunteer hours devoted to monitoring, insp	becting, and emorcing	g easements during the yea	•			
-	Amount of expenses incurred in monitoring, inspecting	a and onforcing can	amonta during the year				
7	► \$	ig, and emoting eas	ements during the year				
8	Does each conservation easement reported on line 2	(d) above satisfy the	requirements of section				
•	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ı)?			Yes No			
0	In Part XIV, describe how the organization reports co						
9	balance sheet, and include, if applicable, the text of t						
	• •		gariization's iirianciai statem	ents that describes			
Da	the organization's accounting for conservation easem If III Organizations Maintaining Collect Organizations Maintaining Collect		torical Treasures of	Other Similar Assets			
Fa	-			Other Sillinal Assets.			
	Complete if the organization answered "Yes If the organization elected, as permitted under SFAS			alone sheet walks of			
1a	· · · · · · · · · · · · · · · · · · ·						
	art, historical treasures, or other similar assets held for	=		rierance of public service,			
	provide, in Part XIV, the text of the footnote to its fina			hkaf-a-k			
ь	If the organization elected, as permitted under SFAS						
	historical treasures, or other similar assets held for pu		ation, or research in furthera	ance of public service,			
	provide the following amounts relating to these items			- A			
	(i) Revenues included in Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, histo			al gain, provide the			
	following amounts required to be reported under SF/						
a	Revenues included in Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X			> \$			

cned	ule D (Form 990) 2009 WORLD BUDDHIST					91-16952		rage E
Par	t III Organizations Maintaining						ets (con	tinued)
3	Using the organization's accession and other re	cords, check any of	the following that	t are a significan	nt use of	its collection		
	items (check all that apply)							
а	Public exhibition	d 🗌 Loar	or exchange pro	grams				
ь	Scholarly research	e 🗌 Othe	er _					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ctions and explain h	ow they further th	ne organization's	exempt	purpose in		
	Part XIV	·	-	-				
5	During the year, did the organization solicit or re	eceive donations of	art, historical treas	sures, or other s	ımılar			
	assets to be sold to raise funds rather than to b						. 🗌 Ye	s 🗌 No
Par	Trust, Escrow and Custodi	al Arrangement	S. Complete if o	rganization ansv	wered "Y	es" to Form 990,		
	Part IV, line 9, or reported an amour							
1a	Is the organization an agent, trustee, custodian	or other intermediar	y for contributions	s or other assets	s not	·	_	
	included on Form 990, Part X?						. 🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIV an	d complete the follow	wing table					
	• •	·	-			Amou	ınt	
С	Beginning balance				. 1c			
d	Additions during the year							
e	Distributions during the year							
f	Ending balance				. 1f			
2a	Did the organization include an amount on For						. <u> </u>	s 🗌 No
b								
	Endowment Funds. Complete	if organization answ	ered "Yes" to For	m 990, Part IV, I	ine 10	_		
·		(a) Current Year	(b) Prior Year	(c) Two Year		(d) Three Years Back	(e) Four	ears Back
1a	Beginning of year balance				Ĭ			
b	Contributions	·					, ,	
С	Investment earnings or losses				1			
d	Grants or scholarships							
е	Other expenditures for facilities			"" " " " " " " " " " " " " " " " " " 				
	and programs			‡	1			
f	Administrative expenses		, Yen Har -		- 1	11' -1111 1111 1 1 1 1 1 1 1 1 1 1 1 1 1	- 1111111111111111111111111111111111111	
g	End of year balance		:					
2	Provide the estimated percentage of the year e		1 11 1					
a	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %	· 						
c	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	ion of the organizati	on that are held a	ind administered	d for the			
	organization by	J					[-	Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on	Schedule R?				3b	
4	Describe in Part XIV the intended uses of the c						<u> </u>	
	rt VI Investments - Land, Build			m 990, Part X, lı	ne 10			
<u> </u>	Description of investment	(a) Cost or ot		Cost or other		Depreciation	(d) Book	value
	Description of investment	(investm	''	pasis (other)	(-)			
1a	Land							
b	Buildings							
c	Leasehold improvements				_			
d	Equipment							
			533,989					633,989
	Add lines 12. 10 (Column (d) should equal E))				633.989

restments - Other Securities. scription of security or category (Including name of security) and other financial products nterests	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
and other financial products		Cost or end-of-year market value	
	.		
nterests			
	• -	- <u>-</u>	
	-		
			
	·		
	-		
	-		
		······································	·····
		·····	
vestments - Program Related.	See Form 990, Part X, line 13		
Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
_			
er Assets. See Form 990, Part X, lir	ne 15		
(a	Description	(b)	Book value
·	· · · · · · · · · · · · · · · · · · ·		
hould equal Form 990, Part X, col(B)lii	ne 15)		
er Liabilities. See Form 990, Part X	line 25		
(a) Description of liability	(b) Amount	, , , , , , , , , , , , , , , , , , ,	
S			
degual Form 990, Part V and /Phinn 25 \	.		

	d equal Form 990, Part X, col (B) line 13 Per Assets. See Form 990, Part X, line (a) Per Liabilities. See Form 990, Part X, (a) Description of liability Per Liabilities Per Liabilities Per Liabilities Per Liabilities Per Liability Per Lia	Description of investment type (b) Book value dequal Form 990, Part X, col (B) line 13) Per Assets. See Form 990, Part X, line 15 (a) Description (b) Amount (c) Book value	Pescription of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Method of valuation Cost or end-of-year market value dequal Form 990, Part X, col (B) line 13) (e) Per Assets. See Form 990, Part X, line 15 (a) Description (b) Amount (c) Method of valuation Cost or end-of-year market value (d) Description (e) Per Assets. See Form 990, Part X, line 15 (e) Description (f) Per Liabilities. See Form 990, Part X, line 25 (g) Amount (h) Amount

	dule D (Form 990) 2009 WORLD BUDDHIST PREACHING ASSOCIATIO	91-1695254	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	_	
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
Ь	Other (Describe in Part XIV)	_	
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
t	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1		
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this p	art	
to pr	ovide any additional information		
	 		
			 -
			

,	Federal Supporting Statements	2009 PG01
Name(s) as shown on return		FEIN
WORLD BUDDHI	ST PREACHING ASSOCIATIO	91-1695254

Form 990, Schedule D, Part VI, Line 1e Statement #D1e Investments - Other

Description <u>of Investment</u>	Cost/basis (Investment)	Cost/basis <u>(Other)</u>	<u>Depr</u>	Book <u>Value</u>
BUILDING	612,554	0	0	612,554
VEHICLE	1,672	0	0	1,672
FURNTIURE	19,763	0	0	19,763
Total	633,989	<u> </u>	0	633,989

Form **8868**, (Rev April 2009)

Application for Extension of Time to File an Exempt Organization Return

(Rev April 2009)		Exempt Organization Return		OMB No 1545-1709	
Department of the Treasury Internal Revenue Service File a separate application for each return.					
If you are f	iling for an A	Automatic 3-Month Extension, complete only Part I and check this box	• • • •	· · · · · · · × 🗓	
• If you are f	iling for an A	Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo	rm)		
Do not comp	lete Part II u	unless you have already been granted an automatic 3-month extension on a previously filed	Form 8	868	
Part I	Automati	ic 3-Month Extension of Time. Only submit original (no copies needed)			
		file Form 990-T and requesting an automatic 6-month extension - check this box and comp	lete		
•	orations (inc	luding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ex	tension	of	
Electronic Fil one of the retu electronically i	l ing (e-file). urns noted b If (1) you wa	Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of colow (6 months for a corporation required to file Form 990-T). However, you cannot file Form the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 86	n 8868 370, gro	up	
		consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Non		of Form	
Type or	Name of I	Exempt Organization Emp	loyer id	lentification number	
print	WORLD	BUDDHIST PREACHING ASSOCIATIO 91-	<u>16952</u>	54	
File by the due date for	Number,	street, and room or suite no. If a P.O. box, see instructions			
filing your		. WELLER ST			
return See instructions	City, town	n or post office, state, and ZIP code. For a foreign address, see instructions			
. 		E, WA 98104			
Check type o	f return to I	be filed (file a separate application for each return)			
Torm 990-	BL	Form 990-T (sec 401(a) or 408(a) trust)	m 5227	!7	
☐ Form 990-	EZ	Form 990-T (trust other than above)	Form 6069		
☐ Form 990-	PF	Form 1041-A	m 8870		
The books	are in the ca	are of	_		
Telephone	No ▶	FAX No ▶			
• If the organ	nization does	s not have an office or place of business in the United States, check this box	- 	▶ 🔲	
• If this is for	a Group Re	eturn, enter the organization's four digit Group Exemption Number (GEN)	his is		
for the whole	group, chec	k this box > If it is for part of the group, check this box I and attach			
	-	EINs of all members the extension will cover			
1 I reques	st an automa	atic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until	08-1	16 , 20 10, to file the exempt organization return for the organization named above. The	extensi	on is	
for the o	organization	's return for			
	-	ar 20 09 or			
	ax year beg		_, 20 _		
2 If this ta	ıx year ıs for	less than 12 months, check reason	unting p	period	
		for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	Ī,		
		able credits See instructions	3a	\$	
	•	for Form 990-PF or 990-T, enter any refundable credits and estimated tax		_	
<u></u>		clude any prior year overpayment allowed as a credit	3b	\$	
		ract line 3b from line 3a Include your payment with this form, or, if required,			
		pupon or, if required, by using EFTPS (Electronic Federal Tax Payment		•	
System) See instru	ctions	3c	\$	