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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990 All other organizations with gross receipts less than \$500.000 and total assets
less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

| _ | Fan 1 | h 2000 | 1000 | | | 0000 | | | | | <u>-</u> |
|---------|-------------|--------------------|----------------------|--|---------------------------------------|---------------------------------|-------------------|------------------------|------------|--------------------------|--------------|
| A B | | | пепааг | year, or tax year begii | nning | , 2009, | , and er | | | | |
| <u></u> | | of applicable | Please | C Name of organization | | | | ' | - | oyer identification | numper |
| H | | s change change | use IRS label or | | avana Buddist | | 1_ | | | <u>-0136393</u> | |
| H | Initial | - | print or | Number and street (or | PO box, if mail is not delivere | d to street address) | Roc | om/suite | Telepl | hone number | |
| H | Termin | | type. See | 738 W. 72nd A | | | | | (90 |)7) 344 <mark>-</mark> 9 | 9994 |
| П | | led return | Specific Instruc- | City or town, state or c | ountry, and ZIP + 4 | | | | Grou | p Exemption | |
| | | ation pending | tions. | Anchorage | | A | K 99 | 518 | Numl | | > |
| | | • Section | 501/cV3 | | 947(a)(1) попехетрt ci | | | G Accounting m | ethod: | X Cash | Accrual |
| | | n Section | nust atta | ach a completed Sche | edule A (Form 990 or 99 | O-EZ). | | Other (specif | | 22 000 | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | H Check ► X | | e organization | is not |
| ı | Webs | site: ► N | /A | | | | | required to a | ttach So | chedule B (Fo | |
| J | Тах-е | xempt status | (check o | nly one) — X 501(c) | (3) ◄ (insert no) | 4947(a)(1) or | 527 | 990-EZ, or 99 | 90-PF) | | |
| K. | Chec | k ► lf | the orga | anization is not a secti | ion 509(a)(3) supporting | organization ar | ndıtsg | ross receipts are | normall | y not more th | nan |
| | \$25,0 | 000 A For | m 990-E | Z or Form 990 return | is not required, but if the | e organization c | hooses | to file a return, b | e sure t | to file a comp | lete return |
| L | Add | lines 5b, 6l | b, and 7 | b, to line 9 to determi | ne gross receipts, if \$5 | 00,000 or more, | file For | m 990 | | | |
| | ınste | ad of Form | 1 990-E2 | ? | | | | | | \$ | 72,695. |
| Pa | <u>rt ि</u> | 🦭 Revo | enue, | Expenses, and Cl | hanges in Net Ass | ets or Fund E | <u> Balanc</u> | ces (See the in | nstruc | tions for Pa | art I.) |
| | 1 | | . • | ts, grants, and sımılar | | | | | _ | 1 | 72,695. |
| | 2 | | | | ernment fees and contr | acts | | | | 2 | |
| | 3 | Members | hip dues | s and assessments | | | | | | 3 | |
| | 4 | Investme | nt incon | ne | | , | | | <u> </u> | 4 | |
| | 1 | | | m sale of assets othe | - | | 5 a | | | | |
| | b | Less cos | t or other | er basis and sales exp | enses | | 5 b | | | | |
| R | C | • | • | | ntory (Subtract line 5b from I | , | | _ | : | 5 c | |
| REVENUE | 6 | Special ever | nts and ac | tivities (complete applicable | e parts of Schedule G) If any | amount is from <mark>gam</mark> | ı ng, ched | k here 🕨 🚩 | | <u> </u> | |
| Ñ | a | Gross rev | enue (r | ot including \$ | of cor | ntributions | | | 1.30 | X. | |
| Ē | | reported of | on line 1 | l) | | | 6a | | | İ | |
| | Ь | Less dire | ct expe | nses other than fundra | aising expenses | | 6b | | | | |
| | C | Net income | or (loss) i | rom special events and acti | vities (Subtract line 6b from I | ine 6a) | | | | 6 c | |
| | 7 a | Gross sal | es of in | ventory, less returns a | and allowances | | 7 a | | | | |
| | b | Less cos | t of goo | ds sold | | | 7 b | | | | |
| | С | Gross pro | ofit or (lo | oss) from sales of inve | entory (Subtract line 7b | from line 7a) | | | . | 7 c | |
| | 8 | Other reven | ue (descri | be ► | | | | |) [| 8 | |
| | 9 | Total reve | enue. A | dd lines 1, 2, 3, 4, 5c, | 6c. 7c. and 8 | | | | ´ ▶ | 9 | 72,695. |
| | 10 | | | ar amounts paid (attac | | · | | | 10 | | |
| | 11 | | | or for members | | | | | 1 | | |
| X | 12 | | | ompensation, and emp | olovee benefits | | | | 1 | - j | |
| P | 13 | | | • | to independent contract | ors | | | 1 | | |
| XPENSE | 14 | | | utilities, and maintena | | | | | 14 | | 17,377. |
| | 15 | • | • | ions, postage, and shi | | | | | 19 | | 0. |
| S | 16 | | | ribe ► See Other Expe | | | | ነ | 10 | | 52,793. |
| | 17 | | | Add lines 10 through 1 | | | | | ► 1° | | 70,170. |
| _ | 18 | | |) for the year (Subtrac | | | ····· | | 18 | | 2,525. |
| A | | | • | • • | ng of year (from line 27 | column (A)) (m | uct se- | oo with and of | | | |
| N S E T | " ا | figure ren | orted or | u balances at beginnir n prior year's return) | ig or year (ironi iiile 27 | , coluinii (A)) (M | iust ayr | ee wiiii ena-or-ye | ar 1! | | 66,473. |
| ΤE | 20 | | | | lances (attach explanat | ion) | | | 20 | | -14,577. |
| S | 21 | | | | ear Combine lines 18 | | | | ≥ 2 | | 54,421. |
| Pa | irt II | | | | on line 25, column (B) | | or more | e, file Form 990 ir | | | |
| | | | | (See the instructi | | . , , | | (A) Beginning of | | | d of year |
| 22 | Cas | sh, savings | s, a nd in | vestments ED | | | | | 173. | | 54,421. |
| 23 | Lar | nd and buil | dings | | . } | | | | | 23 | 0. |
| 24 | Oth | er asse | describ | e_• | . |) | | ,_ | | 24 | 0. |
| 25 | | al assets | AF | 'K U = 2010 | | • | | 66, | _ | 25 | 54,421. |
| 26 | | al liabilitie | s (desc | ribe ► | |) | | | | 26 | 0. |
| 27 | | | | . ~- | umn (B) must agree wi | th line 21) | | 66,4 | 173. | | 54,421. |
| BA | | | | | Act Notice, see the se | | ns. | | | | 90-EZ (2009) |

| Form | 990-EZ (2009) Wat Dhamma Bhay | vana Buddist Center | <u>-</u> | 92. | -013 | 36393 Page 2 |
|------|---|---|--|--|---------------|--|
| Par | t III Statement of Program Se | rvice Accomplishments | (See the instruction | ons.) | | Expenses |
| | s the organization's primary exempt purpose? Ch | | (| | (Regi | uired for section |
| Desc | ribe what was achieved in carrying out thibe the services provided, the number of am title. | e organization's exempt purpo persons benefited, or other re | ses In a clear and conclevant information for ea | cise manner, ach | organ 4947 | uired for section c)(3) and (4) ilizations and section (a)(1) trusts; optional hers) |
| | Religious Organizational | Mootings | | | 101 01 | illers) |
| 20 | Religious Organizacional | _Meerings | | | | |
| | | | | | | |
| | | | | | | 70 170 |
| | (Grants \$ 0.) If the | nis amount includes foreign gra | ants, check here | | 28 a | 70,170. |
| 29 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If the | nis amount includes foreign gra | ants, check here | • | 29 a | |
| 30 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If the | nis amount includes foreign gra | ants, check here | | 30 a | |
| 31 | Other program services (attach schedule | e) | | | | |
| | | nis amount includes foreign gra | ants, check here | ▶ | 31 a | |
| 32 | Total program service expenses (add in | | | ▶ | 32 | 70,170. |
| Par | t IV List of Officers, Directors | , Trustees, and Key Em | ployees. List each on | e even if not comp | pensa | ted (See the instrs) |
| | | (b) Title and average hours | (c) Compensation (If | (d) Contributions | to | (e) Expense account |
| | (a) Name and address | per week devoted to position | not paid, enter -0) | employee benefit plar deferred compensa | | and other allowances |
| Von | .Sompong Pluepiam | to position | | deterred compensa | illon | |
| | | | | | | |
| | W. 72nd Ave. | President | | | _ | • |
| | horage AK 99518 | 10.00 | 0. | | 0. | 0. |
| | Somchai Malison | | | | | |
| 100 | 1 Boniface Pwky.#22P | Vice Pres. | | | | |
| | horage AK 99504 | 10.00 | 0. | | 0. | 0. |
| Mrs | . Chalongrat Arun | | | | | |
| 354 | 0 Orbit Circle | Secretary | | | | |
| Anc | horage AK 99517 | 5.00 | 0. | | 0. | 0. |
| Ven | .Khitikarnt Ratchayotha | | | | | |
| | W. 72nd Ave. | Treasurer | | | | |
| | horage AK 99518 | 10.00 | 0. | | 0. | 0. |
| | . Suphamat Yeesaeng | | | | | |
| | 0 Del St. | Director | | | | |
| | horage AK 99502 | 5.00 | 0. | | 0. | 0. |
| | . Neon Hall | 3.00 | | | · | |
| | 0 Wiekershamway | Director | | | | |
| | illa AK 99654 | | 0. | | 0. | 0. |
| | | 5.00 | 0. | | ٠. | |
| | . Dawkmai Taylor | Director | | | | |
| | O Alamosa Dr. | 4 | 0 | | _ | 0 |
| Anc | horage AK 99502 | 5.00 | 0. | | 0. | 0. |
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| | | | Yes | No |
|----|--|--------------|---------------|------------|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of | | | |
| 55 | each activity | 33 | | Х |
| 34 | Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes | 34 | | Х |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | , * | |
| ; | a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, | 25. | | • |
| | reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? | 35 a 35 b | l | <u> X</u> |
| | • | 330 | | |
| | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions | 36 | | Х |
| | b Did the organization file Form 1120-POL for this year? | 37 b | | X |
| | , | -57.5 | | (|
| | a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38 a | | Х |
| | b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b | | | , X |
| | Section 501(c)(7) organizations Enter | | | OA. |
| | a Initiation fees and capital contributions included on line 9 | | | |
| | b Gross receipts, included on line 9, for public use of club facilities a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under | | | : |
| 70 | section 4911 ► , section 4912 ► , section 4955 ► | | | |
| | | | | |
| | b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-EZ? If 'Yes,' complete Schedule L, Part I | 40 b | : | х |
| 1 | c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. | | | |
| 1 | d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | | 1 |
| • | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T | 40 e | | X |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| | | | | |
| 42 | a The organization's books are in care of ► Ven.Khitikarnt Ratchayotha Located at ► 738 W. 72nd Ave. Anchorage AK ZIP + 4 ► 99518 | 344 | - <u>99</u> 9 | 9 <u>4</u> |
| | | Γ | Yes | No |
| | b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42 b | 163 | X |
| | If 'Yes,' enter the name of the foreign country | | , | ¥) |
| | | | . | -3 -3 |
| | | | , | ``; } |
| | | | , . | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. | | £ | |
| • | c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► | 42c | | <u> </u> |
| | | | | |
| | | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | | Yes | No |
| | Did the assessment assessment and demand the set of the Control of | | 162 | 140 |
| 44 | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 44 | | Х |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ | 45 | | X |

May the IRS discuss this return with the preparer shown above? See instructions

BAA

Yes No Form **990-EZ** (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 46 Х Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Х 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Х 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х b If 'Yes,' was the related organization a section 527 organization? 49 h Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' 50 (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100,000 None f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation None d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Preparer's Identifying Number (See instructions) Date Check if self-Preparer's Paid signature 04/06/10 574-16-787 Pre-Roger G Kimura CPA Firm's name (or parer's yours if self-employed), address, and ZIP + 4 92-0133006 225 E. Fireweed Lane, Ste. Use Only 279-5207 99503 (907)Anchorage AΚ Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

| Name o | f the | organization | <u>-</u> | <u> </u> | | | | | Employe | r identifica | tion number |
|--------|----------|--|--|--|-------------------------|--|-------------------|--|----------------------|---|--|
| | _ | | a Buddist Cent | | | | | | 1 | 13639 | |
| Part | <u> </u> | Reason for Pul | blic Charity Statu | s (All organizations | must d | comple | te this | part.) | See ı | nstruct | ions |
| The o | <u>~</u> | nization is not a priv | ate foundation becaus | e it is (For lines 1 throug | gh 11, cl | heck on | y one bo | ox) | | | |
| 1 | X | A church, convention | on of churches or asso | ciation of churches descr | nbed in s | section | 170(b)(1 |)(A)(i). | | | |
| 2 | | A school described | in section 170(b)(1)(A |)(ii). (Attach Schedule E |) | | | | | | |
| 3 | | A hospital or coope | rative hospital service | organization described in | n sectio | n 170(b) | (1)(A)(ii | i). | | | |
| 4 | | A medical research | organization operated | f in conjunction with a ho | spital de | escribed | ın secti | on 170(| b)(1)(A) | (iii) Ente | er the hospital's |
| | _ | name, city, and sta | | | | | | | . . | | |
| 5 | | 170(b)(1)(A)(iv). (C | omplete Part II) | of a college or university of | | • | - | _ | nental u | ınıt desci | ribed in section |
| 6 7 | | An organization tha | | overnmental unit describ substantial part of its sup irt II) | | | | | or from t | the gene | ral public described |
| 8 | | | | 70(b)(1)(A)(vi). (Complete | e Part II. | .) | | | | | |
| 9 | | from activities relati | ed to its exempt functi | i) more than 33-1/3 % of ons — subject to certain as taxable income (less s omplete Part III) | exceptio | ns. and | (2) no r | nore tha | an 33-1/3 | 3 % of its | s support from aross |
| 10 | | | | exclusively to test for pub | lic safet | y See s | ection 5 | 509(a)(4 |). | | |
| 11 | | more publicly suppo | orted organizations de | exclusively for the benefit escribed in section 509(a) ation and complete lines | (1) or s | ection 5 | 09(a)(2) | ions of, See s | or carry ection 5 | out the 09(a)(3). | purposes of one or Check the box that |
| | | a Type I | b ☐ Type II | c Type III | | | | ed | | d 🗍 | Type III- Other |
| е | | | | panization is not controlle one or more publicly sup | | | | | | | |
| f | | If the organization r | eceived a written dete | rmination from the IRS th | hat is a | Type I, | Гуре II о | r Type I | III suppo | orting org | anization, |
| g | | Since August 17, 20 | 006, has the organizat | ion accepted any gift or | contribu | tion fror | n any of | the foll | owing p | ersons? | |
| _ | | _ | _ | | | | - | | - | | Yes No |
| | | (i) a person who below, the government | directly or indirectly overning body of the su | ontrols, either alone or to pported organization? | ogether v | with pers | sons des | scribed | ın (ıı) an | nd (III) | 11 g (i) |
| | | (ii) a family mem | ber of a person descr | ribed in (i) above? | | | | | | | 11 g (ii) |
| | | (iii) a 35% control | led entity of a person | described in (i) or (ii) abo | ove? | | | | | | 11 g (iii) |
| h | | Provide the following | g information about th | e supported organization | ıs. | | | | | | |
| | (i |) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | organizat (i) listed | Is the tion in cold in your erning ment? | the organ | ou notify ization in (i) of upport? | organizat | Is the tion in col ized in the S ? | (vii) Amount of Support |
| | | | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | | |
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| Total | | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2009

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

Schedule A (Form 990 or 990-EZ) 2009 Wat Dhamma Bhavana Buddist Center Part III. Support Schedule for Organizations Described in Section 509(a)(2)

| | (Complete only if you ched | cked the box on lin | ne 9 of Part I.) | | | | |
|----------|--|---|---|---|----------------------------------|---|----------------|
| Sec | tion A. Public Support | | | | <u> </u> | | |
| Cale | ndar year (or fiscal yr 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 'unusual grants ') | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 | | | | | | |
| | Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| t | 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 | | | | | | |
| c | : Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line | ` & | (* %) | | | | 4 |
| | 7c from line 6) | M | ~ ~ ~ ~ × 3 | (* · · · · · · · · · · · · · · · · · · | / | | |
| Sec | tion B. Total Support | <u> </u> | <u> </u> | | l | <u> </u> | 2.8 |
| | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 6 | (4) 2003 | (6) 2000 | (0) 2007 | (4) 2000 | (6) 2003 | (i) Total |
| | i Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included inline 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 14 | Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and | s for the organiza | ation's first, second | third, fourth, or | fifth tax year as | a section 501(c) | (3) |
| Sec | tion C. Computation of Pul | | Percentane | | | | |
| | Public support percentage for 200 | | | 13 column (ft) | | 15 | % |
| | Public support percentage from 2 | | | 13, column (1 <i>))</i> | | 16 | + |
| | tion D. Computation of Inv | | | | | 16 | 1 |
| | Investment income percentage for | | | hy line 12 column | un (ft) | 177 | 0/ |
| | Investment income percentage for | | * * * | - | III (I)) | 17 | |
| | 33-1/3 support tests – 2009. If the more than 33-1/3%, check this bo | e organization did | t not check the box | on line 14 and | line 15 is more | than 33.1/3%, and | |
| | 33-1/3 support tests – 2008. If the is not more than 33-1/3%, check | ie organization did this box and stop | d not check a box on here. The organiza | n line 14 or 19a, ation qualifies as | and line 16 is ma publicly suppo | nore than 33-1/3% orted organization | o, and line 18 |
| | Private foundation. If the organiz | | | | | | ▶ 🗍 |

| Schedule | A (| Form | 990 | or 9 | 90-E | Z) 2 | 009 | Wa | t | Dha | ımma | a Bl | hav | ana | В | udd | ist | С | enter | | 9. | 2-01 | 3639 | 93 | | Page 4 |
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| Part IV | - | up part | oler 11, 1 | nen Ine | tal l 17a | nfo or | rmat 17b; | ion. and | Co J P | omp art | lete III, li | this ne | s pa 12. | ert to Pro | o pi | rovic e an | le th y ot | ne (hei | enter explanati r additior | ons r | equir orma | ed by tion. | Par See | t II, lı ınstrı | ne 10 uction |); 1s. |
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Total

52,793.

| Form 990-EZ, Part I, Line 16 Other Expenses Statement | |
|---|---------|
| Other expenses (describe) | |
| Automobile Expense | 30,004. |
| Cremation Expense | 7,300. |
| Office Expenses | 6,824. |
| Supplies | 6,999. |
| Travel | 0. |
| Miscellaneous | 1,666. |