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Department of the Treesury 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.

OMB No 1545-1150

2009

Open to Public Inspection

_				Of tax year beginning	march	, 200	, and	onung		ruary		, 20 10
В		applicable	Please use IRS	C Name of organization					D Empk	-		n number
片		change	label or	Cambodian Intnl Budd	<u> </u>						2-127941	6
뉘	Name of Initial re	-	print or type.	Number and street (or P.O	. box, if mail is not deliv	vered to street address)	Roc	om/suite	E Telephone number			
Ħ	Termina		See	131 Dellway Drive			1			25		
Ħ	Amende	ed return	Specific Instruc-	City or town, state or coun	try, and ZIP + 4				F Grou	p Exer	nption	
	Applicat	tion pending	tions.	Nashville, TN 37207					Num	ber 🕨	•	
	• Se	ction 501(c)(3)	organiz	rations and 4947(a)(1) n	onexempt charitab	le trusts must attac	:h	G Accou	ntına Me	thod.	✓ Cas	h Accrual
			-	mpleted Schedule A (Fo	-				(specify)			
_				-i				H Check			manızatı	on is not
	Webs	ito: N										3 (Form 990,
			chack o	nly one) — ✓ 501(c) (\ ◀ (insert no.)	74947(9V1) or [527		Z, or 990		i loguic L	, (i Oilli 330,
_											ro than f	25 000 4
n	Check		_	zation is not a section 509 turn is not required, but i				•	-			25,000 A
_										VA LAU	urri.	
	ant I			e 9 to determine gross rece benses, and Change						tions	for Da	# 1\
	_								IIISII UC		IUI Fa	
	1		_	ts, grants, and similar					}	1		49,705
	2	_		revenue including gove					[2		
	3	Membersh	ip dues	s and assessments.]	3		
	4	investmen	t incom	e			-, -		[4		
	5a	Gross amo	ount fro	m sale of assets other	than inventory	<u>5</u> a	<u> </u>			1		
	b	Less: cost	or othe	er basis and sales expe	enses	<u>5</u> t				- 1		
_	C	Gain or (los	ss) fron	n sale of assets other t	than inventory (Sul	btract line 5b from	line 5	5a)]	5c		
3	6	Special event	s and act	tivities (complete applicable	parts of Schedule G). If	any amount is from ga	ıming, (check here l	▶ 🗆 {			
ě	a	Gross reve	enue (no	ot including \$	of c	ontributions			ł	ļ		
Revenue	1	reported o	n line 1)		I	1		- [[
	Ь	Less: direc	t expe	nses other than fundra	ısina expenses	6k						
	C		-	ss) from special events	• .	btract line 6b fron	n line	6a)		6c		
	7a		-	rentory, less returns an	,			,	·			
	Ь	_		•		71:				1		
	- c		•	ss) from sales of inven						7c		
	8	Other reve		•	(002201 ,0	, , , , , , , , , , , , , , , , , , , ,				8		
	9		•	dd lines 1, 2, 3, 4, 5c,	6c. 7c. and 8					9		49,705
	10			r amounts paid (attach					1	10		
	11					RECE	ΙVΕ	Ú	l	11		
00	1	Salarios o	ther co	mnenestion, and empl	ovee henefite			T _Q	l	12		
9	13	Drofossion	al fooe	and other neumonts to	o indopondent cor	.ග	•	၂	l	13		600
Ехрепзев	14	Occupance	ront	and other payments to utilities, and maintena	nco	APR 05	201	0 . 3	J H	14		8,142
X	15	Occupanc	y, 1011t,	ons, postage, and ship		· 山 · 八: ハ × 。		RS S	J }	15		
_	113	• • •			. •	OCDE	VI I	17	1 : H			22 620
	16			describe SEE ATT		OGDE	<u>¥,_</u> _	<u>U.I</u>	┵╴╴┝	16		33,628
_	17	Tucase expe	/defeat	Add lines 10 through 1	lina 17 fram luna 0	<u> </u>		·	•	17		42,370 7,335
話	18			for the year (Subtract						18		7,335
88	19			d balances at beginni e reported on prior yea								00054
Net Assets		=	_		-				+	19		82651
Ž	20		•	net assets or fund bala	•	•			-	20		
	21 art i			d balances at end of years. If Total assets on l						21	d of For	89,986
	alli	Dalaile	31100	(See the instruction) are \$1,250,000 0	r mor					
_				•	•			(A) Beg	inning of		_ 	ind of year
2		_		vestments				<u> </u>	8:	2651 2		21915
2		and and build	-					 		0 2		
2		Other assets (e▶)				24	
2		otal assets .						 	8:	2651 2		0
2		otal liabilitie)	 		0 2		
_2	<u> </u>	let assets or	fund b	palances (line 27 of co	lumn (B) must agr	ee with line 21)	<u></u>		8:	2651 2		0
Fo	r Priva	cy Act and Pa	perwor	k Reduction Act Notice	, see the separate i	nstructions.	1	Cat No 10	6421		Form 9	90-EZ (2009)

SCANNED APR 2 3 2010

Form 9	990-EZ (2009)					Page 2
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	11.)		Expenses
What	t is the organization's primary exempt purpose?					ired for section
	cribe what was achieved in carrying out the org	anization's exempt purpo	ses. In a clear a	nd concise)(3) and 501(c)(4)
manı	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		izations and section a)(1) trusts, optional
each	program title.				for ot	
28	RELIGIOUS ORGANIZATION BRINGING A PARTICU	LAR FORM OF RELIGION TO	A PARTICULAR RI	ELIGION		

	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ □	28a	
29	, , , , , , , , , , , , , , , , , , , ,			<u> </u>		······································
					,	
	(Grants \$) If this amount	ıncludes foreign grants, ch	ack hara	▶ □	29a	
30			eck liele		2.30	
-						

	(Grants \$) If this amount	includes foreign grants, ch	ook boro		30a	
21				. <u> </u>	304	
91	Other program services (attach schedule) (Grants \$) If this amount			. ▶ □	244	
32	(Grants \$) If this amount Total program service expenses (add lines 28a				31a	
	t IV List of Officers, Directors, Trustees, and Ke					tions for Part IV
	List of Officers, Directors, Trustees, and Ne	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	ptans &	account and other allowances
GIM	SUN	devoted to position	enter -0)	deferred compe	isauon	Outer allowances
		PRESIDENT, 8				
	BRENDA LANE, ANTIOCH, TN 37013			 		L
	ABATH CHEA	TREASURER, 4		Ì		
	7 WOODPOINT DRIVE, NASHVILLE, TN 37207			<u> </u>		
	PHAL BENNETT	SECRETARY, 2				
1121	1 WAVERLY PLACE, FRANKLIN, TN 37067	·		 		
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		✓
36	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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
þ	Did the organization file Form 1120-POL for this year?	37b		✓
38 <i>a</i>	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?	38a		1
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved]		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1	1	ł
þ	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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	40b		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			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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	40e		
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ SIM SUN Telephone no. ▶	615-83	4-517	0
	Located at ► 114 BRENDA LANE ZIP + 4 ►	370	013	
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		Yes	No
	account)?	42b	<u> </u>	✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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		✓
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
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		1
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		1
		m 990)-F7	(2000)

Page	4
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Form 990-EZ (2009)	Form	990-	EZ	(2009)
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							-9-
Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section and complete the tables for lines 50	4947(a)(1) nonexempt cha	exempt charitat ritable trusts mus	le trusts only. Ast answer question	ll sec ons 46	tion 3–491	b
46	Did the organization engage in direct or indi					Yes	No
4-	candidates for public office? If "Yes," comple	•			46		-
47	Did the organization engage in lobbying activ	•			47		1
48 40-	Is the organization a school as described in se				48		V
49a b	Did the organization make any transfers to ar If "Yes," was the related organization a section		ed organization? .		49a 49b		1
50	Complete this table for the organization's five				-	es an	d kev
	employees) who each received more than \$1						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	ac	Experiount a	and
NON				<u> </u>			
				T			
					L		
					<u> </u>		
			 		↓		
f	Total number of other employees paid over \$			<u> </u>	<u> </u>		
	(a) Name and address of each independent contra	ctor paid more than \$100,000	(b) Ty	pe of service	(c) Cor	npens	ation
NON	E						
_							
						=	
d	Total number of other independent contractor	rs each receiving over \$100,0	000▶				
	Under penalties of penury, I declare that I have exa and belief, it is true, correct, and complete. Declare	imined this return, including accompation of preparer (other than officer) is	anying schedules and state based on all information	atements, and to the bean of which preparer has	st of my any kno	knowl	edge e.
Sign Here	Signature of officer).,,,		Date			
	Type or print name and title	esident		3/28	11	<u> </u>	
Paid Prepar	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nut	mber (Se	e instruc	tions)
Prepar Use Or	vours if self-employed),		EI				
	address, and ZIP + 4			none no	7.5		
way th	ne IRS discuss this return with the preparer sh	own above? See instructions	<u> </u>		Yes		No (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

Employer identification number

CAI	VIBO	DIAN INTRL	BUDDHIST TE	MPLE INC					62		1279416
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızati	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	anization is n	ot a private four	dation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)	
1	1	A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed ın s	ection 1	70(b)(1)(A)(i).	
2		☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3		A hospital of	r a cooperative l	hospital service organ	nzation d	escribed	ın sectio	n 170(b)	(1)(A)(iii).		
4			esearch organiza ime, city, and st	ation operated in contate:			· -)(A)(iii). Enter the
5		An organizat		the benefit of a colle							l unit described i
6				ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v).	
7			_	y receives a substanti							the general public
	_			(1)(A)(vi). (Complete F				3			g p
8				d in section 170(b)(1)	-	Complete	Part II.)				
9		An organizat	ion that normally	receives: (1) more th	an 331/3 %	of its su	pport froi	m contrib	utions, m	nembersh	ip fees, and gross
		receipts from	n activities relate	ed to its exempt func	tions—su	bject to	certain ex	ceptions	, and (2)	no more	than 331/3 % of its
				ent income and unre						511 tax) from businesse
		acquired by	the organization	after June 30, 1975.	See sec	tion 509	(a)(2). (Co	omplete I	Part III.)		
10				nd operated exclusive							
11	Ц			and operated exclusive							
				blicly supported organ							
				at describes the type					=	_	
	$\overline{}$	a 🗆 Type				e III-Fun	-	_			Type III-Other
е	Ш			tify that the organization							
			er than toundationsection 509(a)(2)	n managers and othe	r than on	e or more	publicly	supporte	ed organi	zations de	escribed in section
					_			_		_	
f				a written determinati	ion from	the IRS	that it is	а Туре	l, Type II	, or Type	III supporting
_		_	, check this box								L
9		following pe		the organization acce	epted any	/ giπ or c	onthoutio	on from a	iny or the	•	
		٠.		r indirectly controls, e	ather alo	ne or too	other wit	h nersor	e decri	and in (ii)	Yes No
				ning body of the sup					is descri	Jea III (II)	11g(i)
			=	erson described in (i)						• • •	11g(ii)
		• •	•	of a person described							11g(iii)
<u>h</u>				ation about the suppo							
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support
				(see instructions))		,		port?		S?	
			··-··		Yes	No	Yes	No	Yes	No	
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Par	(Complete only if you chec					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support					·	-
Ca	lendar 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				<u> </u>	 	
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>	l		i	<u> </u>	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	(f) Total
		(a) 2005	(b) 2006	(0) 2007	(u) 2006	(e) 2009	(1) 10(a)
7	Amounts from line 4		<u> </u>			 	-
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 carned 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 .	L	<u> </u>		<u> </u>	<u> </u>	l
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				
Sec	tion C. Computation of Public Su	pport Perce	ntage			· · · · · ·	
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	0.00 %
15	Public support percentage from 2008 Sc	hedule A, Part	II, line 14 .			15	0.00 %
16a	33% % support test—2009. If the organiand stop here. The organization qualifies	as a publicly	supported organ	nization			▶ [
b	33% % support test—2008. If the organic box and stop here. The organization qua	zation did not	check a box on	line 13 or 16a,	and line 15 is	331/3 % or mo	re, check this
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circumstances" in the content of the conte	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Pa	art IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances Private foundation. If the organization did	acts-and-circun inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Parganization .	art IV how the
				a, 100, 114, 01		20x 410 300 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support								
	lendar 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 .					ļ	, 		
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								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)								
	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total	_
9 10a	Amounts from line 6								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
11	Add lines 10a and 10b								
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.)			<u></u>					
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>						·) • □
Sec	tion C. Computation of Public Su					,			
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 9	ne 8, column (i Schedule A. P	f) divided by linart III. line 15	ne 13, column		15 16		0.00	<u>%</u>
	tion D. Computation of Investmen			<u> </u>	<u> </u>				_,
17	Investment income percentage for 200	•	• • •	•		17		0.00	%
18	Investment income percentage from 20					18		0.00	%
19a b	17 is not more than 33% %, check this b 33% % support tests – 2008. If the organ	ox and stop h	ere. The organ check a box or	ization qualifie n line 14 or line	s as a publicly 19a, and line 1	suppor	ted orga	inization. ▶ 33% %, and	► □ d
20	line 18 is not more than 33%%, check this Private foundation. If the organization								

chedule A (F	orm 990 or 990+EZ) 2009		Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	 Complete this part to provide the explanations required to d Part III, line 12. Provide any other additional information. 	by Part II, line 10; See instructions.
			<i>,</i>
_			<i>,</i>
*******	***************************************		

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