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Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoning 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

A Fo	r the 2	2009 calenda	r year,	or tax year beginning	8/01	, 2009,	and en	ding	7/31		, 20	10
_	eck if app		Please	C Name of organization				D	Employer id	entif	ication numb	er
_	dress ch	a igc	use IRS label or	Sati Center for Buddhist Studies					7	7-04	72210	
_	ıme char tıal retun	_	print or type.	Number and street (or P.O. box, if mail	is not delivered to street	address)	Room/s	surte E	Telephone n	umb	er	
_	minated		See	108 Birch St.								
Ar	nended r		Specific Instruc-	City or town, state or country, and ZIP	+ 4			F	Group Exe	mpt	ion	
Ar	polication	pending	tions.	Redwood City, CA 94062			_		Number I	>		
•	Secti	on 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt	charitable trusts mu	st attach	G	Accounti	ng Method:	7	Cash 🗌 A	Accrual
			a con	npleted Schedule A (Form 990 or	990- <i>EZ</i>).			Other (sp	oecify) ▶			
							н	Check ▶	if the	orgai	nization is ne	ot
W	ebsite	; ► <u>www.</u> :	sati.org					required	to attach S	chec	lule B (Form	990,
J Ta	x-exer	npt status (c	heck or	nly one) — 🗹 501(c) (d) ◀ (inse	ert no.) 🔲 4947(a)(1)	or 🗌 52	27	990-EZ,	or 990-PF).			
K Cł	eck 🕨	☐ If the	organi	zation is not a section 509(a)(3) supp	orting organization an	d its gros	s receip	ts are norr	mally not m	ore t	han \$25,000). A
Fo	rm 99	0-EZ or Form	990 re	turn is not required, but if the organ	ization chooses to file	e a return,	be sure	e to file a c	complete re	tum.		
				9 to determine gross receipts, if \$50						<u> </u>		35,434
Pa	rt	Revenue	e, Exp	enses, and Changes in Ne	t Assets or Fund	Balanc	es (Se	e the in	struction	s fo	r Part I.)	
	1	Contributio	ns, gift	s, grants, and similar amounts	received				. 1			14,512
	2	Program se	ervice r	evenue including government fe	ees and contracts				. 2			20,900
	3	Membershi	p dues	and assessments					. 3			
-	4	Investment	incom	e					. 4			22
- 1	5a	Gross amor	unt fro	m sale of assets other than inve	entory	5a	<u>.</u>					
				r basis and sales expenses .		5b						
	C	Gain or (los	s) from	n sale of assets other than inver	ntory (Subtract line 5	5b from l	ine 5a)		. 5c			
ğ	6	Special events	and act	ivities (complete applicable parts of Sch	edule G). If any amount is	s from gam	ning, che	ck here ►				
Revenue	а	Gross revenue (not including \$ of contributions										
ב		reported on line 1)										
1	b											
Ì	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										
-	7a	Gross sales	of inv	entory, less returns and allowar	nces	7a	[
- [b	Less: cost of	of good	ds sold		7b						
ı	С	Gross profit	t or (lo	ss) from sales of inventory (Sub	tract line 7b from lir	ne 7a) .	·		. 7c			
	8	Other rever	nue (de	scribe ►		•) 8			
	9	Total rever	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, an	d8				▶ 9			35,434
l	10	Grants and	simila	r amounts paid (attach schedule	e) . F	FIV/E	<u> </u>		. 10			
				r for members		LIVL	<u>u</u>	1	. 11			
မှု မြ	12	Salaries, ot	her co	mpensation, and employee ben	efits		lò	<u>ά</u> Ι	. 12			
ense	13	Professiona	al fees	and other payments to indepen	dent contractors T.	2 9.20	10. 15	λ. 24 · ·	. 13			2,000
<u>8</u>	14	Occupancy	, rent,	utilities, and maintenance .			.]	弘	. 14			2,164
EXD	15	Printing, pu	ıblicatı	ons, postage, and shipping .		F. F. F.		٠, ٠	. 15			1,985
	16	Other expe	nses (d	describe > see statement	1000	[-] \\] [-]	Man Marie	. 11) 16			25,102
	17	Total expe	nses.	Add lines 10 through 16					▶ 17			31,251
2	18	Excess or (deficit)	for the year (Subtract line 17 fr	om line 9)				. 18			4,183
Se				d balances at beginning of yea		lumn (A))) (must	agree w	/ith			
Assets		end-of-year	r figure	reported on prior year's return					- 19			57,440
Š	20	Other chan	ges in	net assets or fund balances (att	ach explanation) .				. 20			
				balances at end of year. Comb					▶ 21			61,623
Pa	rt II	Balance	Shee	ts. If Total assets on line 25, co		0,000 or	more, f	file Form	990 instea	ad o	f Form 990	-EZ.
				(See the instructions for Part	11.)			(A) Beginn	ing of year		(B) End of ye	ear
22	Cas	sh, savings,	and in	vestments			. [_		57,850	22		62,700
23		id and build	_				. [23		
24	Oth	er assets (d	lescnb	e funds in transit			_, [·	86	24		320
25		al assets .					. [57,936	25		63,020
26		al liabilities					_, [496	_		1,397
27	Net	t assets or t	fund b	alances (line 27 of column (B)	nust agree with line	e 21) .	. Г		57,440	27		61,623

Form 990-EZ

(2009)

•						. ugo =
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
What is the organization's primary exempt purpose? Religious						
	cribe what was achieved in carrying out the org					c)(3) and 501(c)(4)
	ner, describe the services provided, the number o	of persons benefited, and c	other relevant info	rmation for		nizations and section (a)(1) trusts; optional
each	program title.					hers.)
28	The organization supports the study of buddhist tea	chings, ethics, psychology a	nd provides a budd	ldhist		
	chaplaincy program with evenings and week-end cla					
	<u></u>		*****			
	(Grants \$) If this amount	includes foreign grants, che	eck here	▶ □	28a	31,251
29	Totalio 4 Titalio all'iodite	modeco foreign grants, en	<u> </u>	<u> </u>		0.,_0.
	(Grants \$) If this amount	includes foreign grants, che	ook horo		29a	
30	(Grants \$) It this amount	includes loreign grants, chi	eck nere	<u> </u>	298	
30						
	(Onesta © \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in all of a familiar annual all		<u>-</u>	00-	
0.4		includes foreign grants, che			30a	
31	Other program services (attach schedule)				 	
20	(Grants \$) If this amount	includes foreign grants, che	eck nere	<u>. ▶ ↓</u>	31a	24.054
	Total program service expenses (add lines 28a to 1V) List of Officers, Directors, Trustees, and Key				32	31,251
rai	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contribute		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	t plans &	account and
		devoted to position	enter -0)	deferred compe	nsation	other allowances
	y Bernhard	President / 3	_		_	
	K Street, Davis, CA 95616		0		0	0
	nard Shankman	Secretary / 2			_	
	emplar Place, Oakland, CA 94618		0		0	0
	ren Gasner	Treasurer / 2	_		_	
	Granada Drive, Mountain View, CA 94043		0		0	0
	ronsdal	Board member / 1	_			
	Upland Rd, Redwood City, CA 94062		0		0	0
	lleen Lori Wong	Board member / 1	_			_
	Sierra Gold Ct, Riverbank, CA 95367-9414		0	ļ	0	0
	ert Cusick	Board member / 1	_			_
	Box 151533, San Rafael, CA 94915-1533		0		0	0
	olyn Dille	Board member / 1	_	i	_	_
	Calsita Drive, Santa Cruz, CA 95060		0		0	0
	Hardin	Board member / 1	_		_	_
1617	40th Street, Sacramento, CA 95819		0	 	0	0
			ļ			 -
-						
					•	
						
				ļ	•	
						
		i	I	l .		I

Part	Other Information (Note the statement requirements in the instructions for Part V.)			<u> </u>
			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		✓
b	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 0	Γ.		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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		✓
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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. ▶ California			
42a		550-96	9-579	3
	Located at ► 108 Birch St., Redwood City, CA ZIP + 4 ►	94	062	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		r	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	_
	account)?	42b		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	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		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		. 1	▶ □
•	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		j
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		∀
				<u> </u>

Part	- 501	ction 501(c)(3) o (c)(3) organization complete the ta	rganizations and ons and section 49 ubles for lines 50 ar	section 4947(a)(47(a)(1) nonexem nd 51.	1) nonexent pt charitabl	npt charita le trusts mi	i ble trusts only. A ust answer questio	II sec ns 46	tion 5–49b)
			e in direct or indirec			n behalf of	or in opposition to		Yes	No
•	candidate	es for public office	? If "Yes," complete	Schedule C, Part I				46		✓
			e in lobbying activitie	•				47		√
	_		as described in section		•			48		√
		_	any transfers to an ex	•	ole related or	ganization?		49a		√
			ganization a section !					49b		<u> </u>
			organization's five hived more than \$100,							
	employee	s) who each rece	ved more man proo,	(b) Title and ave		Compensation			Expen	
	(a) Name a	nd address of each em than \$100,000	ployee paid more	hours per wed devoted to pos	ek i	· 	employee benefit plans & deferred compensation	ac	count a	ınd
None		·		_						
			· · · ·	·						
								}		
				<u> </u>				<u> </u>		
								├		
		·		-						
				-						
				•						
f	Total num	nber of other emp	loyees paid over \$10	0,000	>	0	<u> </u>			
None	(a) N	ame and address of ea	ich independent contractor	r paid more than \$100,0	00	(b)	Type of service	(c) Co	mpens	ation
d	Total num	nber of other inde	pendent contractors	each receiving ove	r \$100,000	>				
	Unde and b	er penalties of perjury, loelief, it is true, correct	declare that I have examin and complete Declaration	ned this return, including n of preparer (other than	accompanying sofficer) is based	schedules and I on all informat	statements, and to the be- ion of which preparer has	st of my any kno	knowi owledg	edge e
Sign Here	-	Signature of officer Steven Gasner, Tro	_ / Juz_	<u> </u>			10/2 7/1- Date			
		Type or print name and	title							
Paid Propare	signa	arer's liture			Date	Check if self- employed ▶	Preparer's identifying nui	nber (Se	e instruc	tions)
Prepare Use On	ly yours	s name (or of self-employed), ess, and ZIP + 4					EIN >			
May the			th the preparer show	n above? See instr	ructions		Phone no. ▶	Yes	<u> </u>	No
		W	properor onow			:	Fo			(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Internal Revenue Service Employer identification number Name of the organization Sati Center for Buddhist Studies 0472210 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I c Type III-Functionally integrated **b** Type II d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization the organization in (described on lines 1-9 in col. (i) listed in your organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes No Yes No Yes

Total

							
Par	 ··· ·					and 17	0(b)(1)(A)(vi)
Sec	(Complete only if you check tion A. Public Support	ved the DOX	OH MHE 3, 7,	oi o oi Fail I	.)		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009 (f) Total
		(=/ == <u>; =</u>		(-)	(1)	(2, 33	
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 6	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)						
	tion B. Total Support			1	L	<u> </u>	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009 (f) Total
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 carried on	_					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc	. (see instructi	ons)			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					r .	
14	Public support percentage for 2009 (line					14	%_
15	Public support percentage from 2008 Sci					15	%
16a	33% % support test—2009. If the organi			•			
	and stop here. The organization qualifies						
b	33½% support test—2008. If the organi box and stop here. The organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum meets-and-circum mee	acts-and-circu	mstances" test,	check this box	and stop here	. Explain	in Part IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances"	acts-and-circurances" test. The	nstances" test, e organization qu	check this box alifies as a publi	and stop here. cly supported o	Explain ıı rganızatıor	n Part IV how the
18	Private foundation. If the organization did	l not check a b	ox on line 13, 16	ia, 16b, 17a, or	17b, check this	box and s	see instructions ▶ L

Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section 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	2,669	1,246	30,166	17,296	14,512	65,889
2	any "unusual grants.")	35,725	28,841	14,265	31,176	20,900	130,907
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	38,394	30,087	44,431	48,472	35,412	196,796
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 .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					:	
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						196,796
	tion B. Total Support	(-) 000F	(h) 0000	(-) 0007	(A) 0000	(-) 0000	/A Tatal
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007 44,431	(d) 2008 48,472	(e) 2009 35,412	(f) Total 196,796
9	Amounts from line 6	38,394	30,087	44,431	40,472	35,412	190,790
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	284	93	395	169	22	963
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	284	93	395	169	22	963
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.)						197,759
14	First five years. If the Form 990 is for organization, check this box and stop	-	on's first, secor				
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2009 (lir	ne 8, column (f) divided by lin	e 13, column	(f))	15	99 %
16	Public support percentage from 2008			<u> </u>		16	99 %
Sec	tion D. Computation of Investmen	nt Income Po	ercentage				· · · · · · · · · · · · · · · · · · ·
17	Investment income percentage for 200	•	• •	•	olumn (f)) .	17	1 %
18	Investment income percentage from 20					18	1 %
19a	33\% % support tests - 2009. If the org						
b	331/3 % support tests - 2008. If the organ	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	line 18 is not more than 33\% %, check the Private foundation. If the organization	=	_	· ·		-	
				,			

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Schedule A (Form 990 or 990-EZ) 2009	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. Se	Part II, line 10; e instructions.

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Tax year 8/1/2009 to 7/31/2010 Form 990-EZ , Line 16 statement	Sati Center for Buddhist Studies 77-0472210
Advertising	820
Administrative costs	750
Insurance/Liability	466
Meals	164
Teaching fees	18268
Telephone /website	567
Donations to non-profits	4067
	25102
Printing & Reproduction	1,985
Prof Fees	2000
Storage	2164
Total Expenses	31,251