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## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

## A For the 2013 calendar year, or tax year beginning

, 2013, and ending

B Check if applicable	C Name of organization SACRED MOUNTAIN MONESTARY			D Employer identification number 20-1744897	
	Doing business as			E Telephone number (586) 883-3856	
	Number and street (or P O box if mail is not delivered to street address) 4820 E 9 MILE ROAD			Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Warren MI 48091			F Gross receipts \$ 133,536.	
	Amended return			G (a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Application pending			H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, attach a list (see instructions)	
I Tax-exempt status X 501(c)(3) 501(c) ( ) (insert no) 4947(a)(1) or 527			J Website: ► N/A		
K Form of organization X Corporation Trust Association Other ►			L Year of formation 2000		M State of legal domicile MI

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities	HOUSE OF WORKSHIP			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0		
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5			
	6 Total number of volunteers (estimate if necessary)	6	12		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a			
	b Net unrelated business taxable income from Form 990-T, line 34	7b			
	8 Contributions and grants (Part VIII, line 1h)	Prior Year 152,421.			Current Year 133,536.
	9 Program service revenue (Part VIII, line 2g)				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,421.			133,536.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,780.			4,850.	
14 Benefits paid to or for members (Part IX, column (A), line 4)					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
16a Professional fundraising fees (Part IX, column (A), line 11e)					
b Total fundraising expenses (Part IX, column (D), line 25) ► 0.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,336.			76,711.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	67,116.			81,561.	
19 Revenue less expenses Subtract line 18 from line 12	85,305.			51,975.	
20 Total assets (Part X, line 16)	827	Beginning of Current Year 222,931.			End of Year 241,053.
21 Total liabilities (Part X, line 26)	827	MAY 14 2014			51,000.
22 Net assets or fund balances Subtract line 21 from line 20	827				171,931.
RECEIVED	RESC				205,053.

## Part II Signature Block

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 Here	► Signature of officer	Date 05/05/2014		
	► XY V NGUYEN			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	
	Huong L Howell E.A.	<i>Huong L Howell</i>	05/05/2014	
	Firm's name	Check <input type="checkbox"/> if self-employed P00376024		
	Firm's address	Firm's EIN ► 37-1662737		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . Yes  No 

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/08/13

Form 990 (2013)

### **Part III Statement of Program Service Accomplishments**

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

**1 Briefly describe the organization's mission.**

## HOUSE OF WORKSHIP

2 Did the organization undertake any significant program services during the year which were not listed on the prior

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . .  Yes  No  
If 'Yes', describe these changes on Schedule Q.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4 a (Code                   ) (Expenses \$       81,561.       including grants of \$               0.      ) (Revenue \$       133,536.      )  
TO PROVIDE A HOUSE OF WORKSHIP FOR GENERAL PUBLIC

4 b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4 c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4 d Other program services (Describe in Schedule O )**

**4 e Total program service expenses ► 81,561.**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A . . . . .	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	2 X	
3 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 . . . . .	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II . . . . .	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . . .	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I . . . . .	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II . . . . .	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III . . . . .	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV . . . . .	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V . . . . .	10 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI . . . . .	11a X	
b 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 16? If 'Yes,' complete Schedule D, Part VII . . . . .	11b X	
c 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 . . . . .	11c X	
d 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 . . . . .	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . .	11e X	
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . . .	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII . . . . .	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E . . . . .	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV . . . . .	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV . . . . .	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV . . . . .	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) . . . . .	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . .	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III . . . . .	19 X	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . .	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? 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 24b through 24d and complete Schedule K If 'No,' go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	34	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	35a	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	36	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	37	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	38	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		

BAA

Form 990 (2013)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1 a	0	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	1 b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1 c	X	
2 a 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 . . . . .	2 a		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3 a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . .	3 b		
4 a 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)? . . . . .	4 a	X	
b If 'Yes,' enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5 a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5 b	X	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5 c		
6 a 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 as charitable contributions? . . . . .	6 a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6 b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7 a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7 c	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . .	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7 e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7 f	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7 h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the organization make any taxable distributions under section 4966? . . . . .	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9 b		
<b>10 Section 501(c)(7) organizations.</b> Enter			
a Initiation fees and capital contributions included on Part VIII, line 12. . . . .	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10 b		
<b>11 Section 501(c)(12) organizations.</b> Enter			
a Gross income from members or shareholders. . . . .	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11 b		
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . .	12 b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13 a		
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13 b		
c Enter the amount of reserves on hand . . . . .	13 c		
<b>14 a Did the organization receive any payments for indoor tanning services during the tax year?</b> . . . . .	14 a	X	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .	14 b		

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

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. . . . . **1a** 3

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O

1b Enter the number of voting members included in line 1a, above, who are independent . . . . . **1b** 0

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** X

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 governing documents since the prior Form 990 was filed? . . . . . **4** X

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . **5** X

6 Did the organization have members or stockholders? . . . . . **6** X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . **7a** X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . . **7b** X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? . . . . . **8a** X

b Each committee with authority to act on behalf of the governing body? . . . . . **8b** X

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** X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a** X

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a** X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . . **12a** X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12b**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . . **12c**

13 Did the organization have a written whistleblower policy? . . . . . **13** X

14 Did the organization have a written document retention and destruction policy? . . . . . **14** X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official . . . . . **15a** X

b Other officers of key employees of the organization . . . . . **15b** X

If 'Yes' to line 15a or 15b, 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 with a taxable entity during the year? . . . . . **16a** X

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate 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**

### Section 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  Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► **TONY NGUYEN** 4820 E 9 MILE RD WARREN MI 48091 (586) 883-3856  
TEEA0106 07/02/13

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C)			(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Position (do not check more than one box, unless person is both an officer and a director/trustee)	Former Officer or director	Key Employee	Highest compensated employee		
(1) <u>XY_V_NGUYEN</u> MONK	25.00		X			0.	0.
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							
(13) -----							
(14) -----							

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee	Institutional trustee	Officer	Key employee				Former employee
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
<b>1 b Sub-total.</b>							0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>							0.	0.	0.
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►									
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual						3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual						4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person						5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns . . . . .	1 a			
	b Membership dues . . . . .	1 b	23,400.		
	c Fundraising events . . . . .	1 c			
	d Related organizations . . . . .	1 d			
	e Government grants (contributions) . . . . .	1 e			
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1 f	110,136.		
	g Noncash contributions included in lines 1a-1f \$				
	<b>h Total. Add lines 1a-1f . . . . .</b>	<b>133,536.</b>			
PROGRAM SERVICE REVENUE	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue . . . . .				
	g Total. Add lines 2a-2f . . . . .				
3	Investment income (including dividends, interest and other similar amounts) . . . . .				
4	Income from investment of tax-exempt bond proceeds . . . . .				
5	Royalties . . . . .				
6 a	Gross rents . . . . .	(i) Real	(ii) Personal		
b Less rental expenses					
c Rental income or (loss) . . . . .					
d Net rental income or (loss) . . . . .					
7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b Less cost or other basis and sales expenses . . . . .					
c Gain or (loss) . . . . .					
d Net gain or (loss) . . . . .					
8 a	Gross income from fundraising events (not including. \$ _____ of contributions reported on line 1c)				
See Part IV, line 18	a				
b Less direct expenses . . . . .	b				
c Net income or (loss) from fundraising events . . . . .					
9 a	Gross income from gaming activities See Part IV, line 19. . . . .	a			
b Less direct expenses . . . . .	b				
c Net income or (loss) from gaming activities . . . . .					
10 a	Gross sales of inventory, less returns and allowances . . . . .	a			
b Less cost of goods sold . . . . .	b				
c Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code			
11 a					
b					
c					
d All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . .					
12	<b>Total revenue. See instructions . . . . .</b>	<b>133,536.</b>			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .	4,850.	4,850.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .				
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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 accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees) . . . . .				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	39,343.	37,805.	1,538.	0.
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .	14,813.	0.	14,813.	0.
17 Travel . . . . .	2,903.	2,903.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .				
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	13,568.	0.	13,568.	0.
23 Insurance . . . . .	3,425.	0.	3,425.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) . . . . .				
a Shipping & Postage . . . . .	1,665.	1,665.	0.	0.
b Bank Charge . . . . .	239.	0.	239.	0.
c Property Tax . . . . .	0.	0.	0.	0.
d Trash . . . . .	755.	0.	755.	0.
e All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24e. . . . .	81,561.	47,223.	34,338.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here □ if following SOP 98-2 (ASC 958-720). . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X . . . . . 

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing . . . . .	25,600.	1	3,150.
	2 Savings and temporary cash investments . . . . .		2	
	3 Pledges and grants receivable, net . . . . .	18,200.	3	11,400.
	4 Accounts receivable, net . . . . .		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .	7,200.	8	5,650.
	9 Prepaid expenses and deferred charges . . . . .		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a	248,559.	
	b Less accumulated depreciation . . . . .	10b	27,706.	171,931.
	11 Investments – publicly traded securities . . . . .		10c	220,853.
	12 Investments – other securities See Part IV, line 11 . . . . .		11	
	13 Investments – program-related See Part IV, line 11 . . . . .		12	
	14 Intangible assets . . . . .		13	
	15 Other assets See Part IV, line 11 . . . . .		14	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>222,931.</b>	<b>16</b>	<b>241,053.</b>
LIABILITIES	17 Accounts payable and accrued expenses . . . . .		17	
	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 . . . . .		21	
	22 Loans and other 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 . . . . .		23	
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	51,000.	24	36,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>51,000.</b>	<b>26</b>	<b>36,000.</b>
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .		27	
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .	171,931.	29	205,053.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .		32	
	33 Total net assets or fund balances . . . . .	171,931.	33	205,053.
	34 Total liabilities and net assets/fund balances . . . . .	222,931.	34	241,053.

BAA

Form 990 (2013)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. 

1 Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	133,536.
2 Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	81,561.
3 Revenue less expenses Subtract line 2 from line 1 . . . . .	3	51,975.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	171,931.
5 Net unrealized gains (losses) on investments . . . . .	5	
6 Donated services and use of facilities . . . . .	6	
7 Investment expenses . . . . .	7	
8 Prior period adjustments . . . . .	8	
9 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-18,853.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	205,053.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. 

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2 a	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 b Were the organization's financial statements audited by an independent accountant? . . . . .	2 b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2 c 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? . . . . .	2 c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3 a	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .	3 b	

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Form 990 (2013)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

SACRED MOUNTAIN MONESTARY

Employer identification number

20-1744897

**Part I 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)

1  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).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state

5  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).

7  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 33-1/3% 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 33-1/3% 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).

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated

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 is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

**h** Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') . . . . .

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .

3 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .

4 Total. Add lines 1 through 3 . . . . .

5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .

6 Public support. Subtract line 5 from line 4 . . . . .

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1						
2						
3						
4						
5						
6						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

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 . . . . .

12 Gross receipts from related activities, etc (see instructions) . . . . .

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ►

	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7						
8						
9						
10						
11						
12						12
13						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .

15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .

14	%
15	%

16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ►

b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ►

17a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ►

b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . . . ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ►

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'). . . . .	72,784.					72,784.
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 <b>Total.</b> Add lines 1 through 5 . . . . .	72,784.					72,784.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .						
c Add lines 7a and 7b . . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						72,784.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 . . . . .	72,784.					72,784.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0.					0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	0.					0.
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 <b>Total Support.</b> (Add Ins 9,10c 11 and 12) . . . . .	72,784.					72,784.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	100.00 %
16 Public support percentage from 2012 Schedule A, Part III, line 15. . . . .	16	100.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	0.00 %
19a <b>33-1/3% support tests — 2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b <b>33-1/3% support tests — 2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service  
Name of the organization**Supplemental Financial Statements**► Complete if the organization answered 'Yes,' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013****Open to Public  
Inspection**

Employer identification number

SACRED MOUNTAIN MONESTARY

20-1744897

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements . . . . .	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements . . . . .	2 a
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2 c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2 d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
(ii) Assets included in Form 990, Part X . . . . .	► \$ . . . . .
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1 . . . . .	► \$ . . . . .
b Assets included in Form 990, Part X . . . . .	► \$ . . . . .



**Part VII Investments – Other Securities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 12)</b> ►		

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 13)</b> ►		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B), line 15)</b> . . . . .	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, column (B) line 25)</b> . . . . .	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII . . . . .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 . . . . .	2a	
b Donated services and use of facilities . . . . .	2b	
c Recoveries of prior year grants . . . . .	2c	
d Other (Describe in Part XIII) . . . . .	2d	
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		
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b Other (Describe in Part XIII) . . . . .	4b	
c Add lines 4a and 4b . . . . .	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Reconciliation of Expenses per Audited Financial Statements with Expenses  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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	
a	Donated services and use of facilities. . . . .	2a
b	Prior year adjustments . . . . .	2b
c	Other losses . . . . .	2c
d	Other (Describe in Part XIII) . . . . .	2d
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIII) . . . . .	4b
c	Add lines 4a and 4b . . . . .	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

### **Part XIII | Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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BAA

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Schedule D (Form 990) 2013

**Part XIII** Supplemental Information (continued)

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

SACRED MOUNTAIN MONESTARY

Employer identification number

20-1744897

Pt VI, Line 11b SIGN POSTED AT TEMPLE THAT ALL DOCS ARE AVAILABLE

FOR PUBLIC REVIEW AT OFFICE RIGHT NEXT TO SIGN DURING

TEMPLE HOURS

Pt X LOAN PAID BACK TO MEMBERS

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2013

Attachment  
Sequence No 179Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

SACRED MOUNTAIN MONESTARY

Business or activity to which this form relates

Form 990 / Form 990EZ

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions) . . . . .	1		
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2		
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3		
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4		
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5		
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29 . . . . .	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8		
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9		
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . .	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) . . . . .	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12		
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . . . . . ► 13			

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14
15 Property subject to section 168(f)(1) election . . . . .	15
16 Other depreciation (including ACRS) . . . . .	16

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2013 . . . . .	17 11,062.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ► <input type="checkbox"/>	

## Section B – Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property . . . . .						
b 5-year property . . . . .						
c 7-year property . . . . .						
d 10-year property . . . . .						
e 15-year property . . . . .		50,124.	15.0 yrs	HY	150 DB	2,506.
f 20-year property . . . . .						
g 25-year property . . . . .			25 yrs		S/L	
h Residential rental property . . . . .			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property . . . . .			39 yrs	MM	S/L	
				MM	S/L	

## Section C – Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20 a Class life . . . . .					S/L
b 12-year. . . . .			12 yrs		S/L
c 40-year. . . . .			40 yrs	MM	S/L

## Part IV Summary (See instructions)

21 Listed property Enter amount from line 28 . . . . .	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions . . . . .	22 13,568.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles )**

24a Do you have evidence to support the business/investment use claimed? . . .  Yes  No 24b If 'Yes,' is the evidence written? . . .  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							25	

26 Property used more than 50% in a qualified business use


27 Property used 50% or less in a qualified business use


28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 . . . . .

28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 . . . . .

29

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles). . . . .	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes		No	
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. . . . .				
39 Do you treat all use of vehicles by employees as personal use? . . . . .				
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .				
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles				

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)					

43 Amortization of costs that began before your 2013 tax year. . . . .	43
44 Total. Add amounts in column (f) See the instructions for where to report . . . . .	44

## Form 990 p 7 Part VII Compensation of Officers etc.

**Smart Worksheet for Officers, Directors, Trustees, Key Employees and  
Highest Compensated Employees**

**Note:** Enter all the information below for Part VII, Section A. The first 14 entries will be placed on the appropriate lines on page 7. , The next 10 entries will be placed on the appropriate lines on page 8. If more than 25 items are entered, the remainder will be placed on continuation sheets for Part VII.

(A) Name and Title	(B) Avg hrs/wk (list hrs for related orgs below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compn from the organi- zation (W-2/ 1099-MISC)	(E)	(F) Est amt of oth compn from org and related orgs
		C1	C2	C3	C4	C5	C6			
(1) XY V NGUYEN MONK	25.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.	0.	0.
(2) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(3) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(4) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(5) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(6) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(7) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(8) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(9) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(10) -----	-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

## Form 990 p 10 Part IX Statement of Functional Expenses

**Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet**To enter assets, **QuickZoom** to Asset Entry Worksheet. . . . . →

To view a calculated report of all depreciation information for Form 990,

**QuickZoom** to the Depreciation/Amortization Report . . . . . →**QuickZoom** to Form 4562 for Form 990 . . . . . →

The following items carry to line 22 below

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>A</b> Depreciation . . . . .	13,568.	0.	13,568.	0.
<b>B</b> Depletion . . . . .				
<b>C</b> Amortization . . . . .				

## Sch D, page 5 (Copy No. 1). Part XIII Supplemental Information

**Supplemental Information Smart Worksheet**Description of this copy of Schedule D, page 5. . . . Copy No. 1**QuickZoom** here to another copy of Schedule D, page 5. . . . . →

Schedule O: Supplemental Information to Form 990

## Supplemental Information Smart Worksheet

**QuickZoom** here to Schedule O, page 2 . . .

## Specific Information for Form 990-EZ, Parts I, II, III and V

**Note:** The following lines for 990-EZ have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

Form 990-EZ, Part I, Line 8	QuickZoom to Part I, Line 8	...	...
Form 990-EZ, Part I, Line 10	QuickZoom to Part I, Line 10	...	...
Form 990-EZ, Part I, Line 16	QuickZoom to Part I, Line 16	...	...
Form 990-EZ, Part I, Line 20	QuickZoom to Part I, Line 20	...	...
Form 990-EZ, Part II, Line 24	QuickZoom to Part II, Line 24	...	...
Form 990-EZ, Part II, Line 26	QuickZoom to Part II, Line 26	...	...

**Note:** Enter information specific to any of the following lines below:

Enter information specific to any of the following lines below:

- Form 990-EZ, Part III, Line 31 (Description of other program services)
- Form 990-EZ, Part IV (Officer, Directors, Trustees, Key Employees additional information)
- Form 990-EZ, Part V, Personal Benefit Contract(s)
- Form 990-EZ, Part V, Line 33 (Response to Yes for Question 33)
- Form 990-EZ, Part V, Line 34 (Response to Yes for Question 34)
- Form 990-EZ, Part V, Line 35b (Why organization did not report unrelated business income)
- Form 990-EZ, Part V, Line 44d (Response to No for Question 44d)
- Form 990-EZ, Part VI, Line 50 or Line 51 (HCE and Independent Contractors)

## **Specific Information for Form 990, Parts III, V, VI, VII, IX, XI and XII**

**Note:** The following lines for 990 have their own supplemental overflow statement. If information is required for these lines, enter the information on the appropriate supplemental overflow statement:

Form 990, Page 2, Part III, Line 4d	QuickZoom to Part III, Line 4d . . ►
Form 990, Page 6, Part VI, Section A, Line 9	QuickZoom to Part VI, Line 9 . . ►
Form 990, Page 6, Part VI, Section C, Line 17	QuickZoom to Part VI, Line 17 . . ►
Form 990, Page 10, Part IX, Line 11g	QuickZoom to Line 11g Stmt . . ►
Form 990, Page 10, Part IX, Line 24e	QuickZoom to Line 24e Stmt . . ►

**Note: Enter information specific to any of the following below:**

Enter information specific to any of the following below:

- Form 990, Page 2, Part III, Line 2, or Line 3.
- Form 990, Page 5, Part V, Line 3b, 13a or 14b
- Form 990, Page 6, Part VI, Section A, Lines 1a, 2-7b, 8a, or 8b.
- Form 990, Page 6, Part VI, Section B, Lines 10b, 11b, 12c, 15a, or 15b
- Form 990, Page 6, Part VI, Section C, Line 18, or 19
- Form 990, Page 7, Part VII, Column (E) or Column (F)
- Form 990, Page 9, Part VII
- Form 990, Page 11, Part X
- Form 990, Page 12, Part XI
- Form 990, Page 12, Part XII, Line 1, 2c or 3b

Choose a specific line number from the Line Number picklist and enter an explanation. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O page 2 if needed.

Line Number	Explanation
Pt VI, Line 11b	SIGN POSTED AT TEMPLE THAT ALL DOCS ARE AVAILABLE FOR PUBLIC REVIEW AT OFFICE RIGHT NEXT TO SIGN DURING TEMPLE HOURS
Pt X	LOAN PAID BACK TO MEMBERS

Note: Enter the line number and explanation for lines **not** mentioned above here. The line number references and explanations entered here are automatically included in the lines below the Smart Worksheet and Schedule O, page 2 if needed.

# MEMBERSHIPS DONATION OF THE YEAR 2013

STT	Họ và Tên	Address	Tổng Cộng
1	An Lê Postma	44099 Manitou Dr. - Clintonb Twp., MI 48038	240.00
2	Brian Đào	19565 Pine Cone Dr.- Macomb, MI 48042	120.00
3	Diệp Kim Du	204 N. Center Rd. - Royal Oak, MI 48067	120.00
4	Dương Thị Mỹ Xuân	8144 Garbor Rd. - Warren, MI 48093	240.00
5	Đào Bình Hoa	34316 Orsini Dr. - Sterling Heights, MI 48312	200
6	Đoàn Thị Hồng		240.00
7	Đào Xuân - Diệp Hà	19565 Pine Cone Dr.- Macomb, MI 48042	240.00
8	Đặng Ngọc Loan	4128 Morningdale - Troy, MI 48098	240.00
9	Đặng Quốc Tín & GD	3400 Sare Road # 1104 - Bloomington, IN 47401	240.00
10	Đặng Thiếu Linh	27737 Goldin Road - Madison Heights, MI 48071	300.00
11	Đỗ Thanh & GD	18596 Country Club - Macomb, MI 48042	400.00
12	Hà Bích Hà & GD	18596 Country Club - Macomb, MI 48042	240.00
13	Hoàng Mùi + Đắc	33831 Bartola Dr.- Sterling Heights, MI 48312	240.00
14	Hoàng Cúc + Phúc	4638 State Street - Saginaw, MI 48603	250.00
15	Hồ Huân + Nhung	33616 Monterra Lane - Sterling Heights, MI 48312	240.00
16	Hồ Ngọc Phương	10109 Castle Road - Dearborn, MI 48126	240.00
17	Hồ Thị Trung		60.00
18	Hồ Văn Hạc & GD	24308 Emily Dr. - Brownstown, MI 48183	600.00
19	Huỳnh Ken + Kim My	28348 Webster Rd. - Warren, MI 48092	300.00
20	Huỳnh Thị May	2452 St. Patrick's Ave. Windsor, ONT N9E-4V9 CA.	240.00
21	Huỳnh Tuấn - Hoa	33035 Wendy Dr. - Sterl - Sterling Heights, MI 48310	240.00

22	Huỳnh Tuấn + Trang	33876 Stonewood St. - Sterling Heights, MI 48312	240.00
23	Huỳnh Tùng - Trâm	13447 Couwlie Dr. - Warren, MI 48089	240.00
24	Huỳnh Trg Th Phương	4377 Lancelot - Sterling Heights, MI 48310	240.00
25	Huỳnh Văn Vinh & GD	1372 Pembroke - Rochester Hills, MI 48307	600.00
26	Hứa Chấn Triều & GD	2727 Grant Dr. Ann Arbor, MI 48108	120.00
27	Hứa Mỹ Phương	2727 Grant Dr. Ann Arbor, MI 48108	120.00
28	HL. Lã Thị Tèo	31555 Beaconsfield St. - Roseville, MI 48066	120.00
29	HL:Ngô Tài Hương	28348 Webster Rd. - Warren, MI 48092	60.00
30	HL : Nguyễn Văn Mầu	31555 Beaconsfield St. - Roseville, MI 48066	120.00
31	HL : Nguyễn Văn Tình	31555 Beaconsfield St. - Roseville, MI 48066	120.00
32	HL : Quách Hồng Thái	875 Sheffield St. - Auburn Hills, MI 48325	240.00
33	HL : Tả Chí Văn	4224 Crystal Creek - Ypsilanti,, MI 48197	240.00
34	HL : Nguyễn Tử Đóa	30184 Sterling Dr. - Novi, MI 48377	300.00
35	HL:Võ Văn Nhị	42738 Sussex Park - Sterling Heights, MI 48314	120.00
36	HL:Nghiêm Thị Gái	47939 Fox Chase Ct. - Shelby Twp., MI 48315	120.00
37	Janer + Hery Hương	25714 Pennie Street - Dearborn Heights, MI 48125	120.00
38	Jia Yin Liu & Family	6799 Barabeu Dr. - Troy, MI 48085	120.00
39	Lâm Hoàng Loan	6251 Norborne Ave. - Dearborn Heights, MI 48127	240.00
40	Lâm Ngọc Huê & GD	29143 Sandalwood Bldg # 3- Roseville, MI 48066	240.00
41	Lê Thái + Dung	1143 W. Warren Ave. - Detroit, MI 48201	200
42	Lê Toàn + Hiếu	4240 E. Nine Mile Rd. - Warren, MI 48091	150.00
43	Lê Văn Bình & GD	45598 Hanford Rd. - Canton, MI 48187	120.00
44	Lưu Tú Hiền & GD	28155 Brentwood - Southfield, MI 48076	120.00
45	Lưu Văn Nghĩa & GD	3680 Acorn Dr. - Troy, MI 48083	600.00

46	<b>Lý Ngọc Mai</b>		120.00
47	<b>Marri Đào</b>	34649 San Pablo Dr. - Sterling Heights, MI 48312	120.00
48	<b>May Fong &amp; GĐ</b>	38904 N. Pointe Pkwy. - Harrison Twp., MI 48045	120.00
49	<b>Ngọc Vĩnh</b>		400.00
50	<b>Nguyễn Ánh Tuyết</b>	35556 Maureen Dr. - Sterling Heights, MI 48312	240.00
51	<b>Nguyễn Bích Huyền</b>		240.00
52	<b>Nguyễn Chuơng + Dũng</b>	33572 Lamdarter Dr. - Sterling Heights, MI 48310	240.00
53	<b>Nguyễn Cindy &amp; GĐ</b>	11119 Glenis Dr. - Sterling Heights, MI 48312	400.00
54	<b>Nguyễn Erich Minh</b>	1360 S. 134Th Street - Burien, WA 98168	120.00
55	<b>Nguyễn Family</b>	8341 Emerald Ln. West- Westland, MI 48185	240.00
56	<b>Nguyễn Jenny</b>	16113 Musket Dr. - Macomb, MI 48044	120.00
57	<b>Nguyễn Khâm Yến</b>	39540 Moriah Dr. - Sterling Heights, MI 48313	200
58	<b>Nguyễn Liên Malisa</b>	34621 San Pablo Dr. - Sterling Heights, MI 48312	120.00
59	<b>Nguyễn Ngọc Thành</b>	27582 Parkview Blvd. - Warren, MI 48092	400.00
60	<b>Nguyễn Quốc Chí</b>	2939 Hartman St. - Toledo, OH 43608	120.00
61	<b>Nguyễn Rebecca Quỳnh</b>	432 Cornwall Glen - Escondido, CA 92027	120.00
62	<b>Nguyễn Sonny + Lê</b>	16113 Musket Dr. - Macomb, MI 48044	240.00
63	<b>Nguyễn Thảo Michelle</b>	34621 San Pablo Dr. - Sterling Heights, MI 48312	120.00
64	<b>Nguyễn Thị Đa</b>	12303 Deming Dr. - Sterling Heights, MI 48312	120.00
65	<b>Nguyễn Thị Kim Anh</b>	71648 David Ct. - Romeo, MI 48065	120.00
66	<b>Nguyễn Thị Hòa</b>	34420 Wallis Street - Clinton Twp., MI 48035	150.00
67	<b>Nguyễn Thị Liên</b>		240.00
68	<b>Nguyễn Thị Nguyệt</b>	15125 Brighton Dr. - Sterling Heights, MI 48310	120.00
69	<b>Nguyễn Thị Nhàn</b>	12738 Windsor Dr. Sterling Heights, MI 48313	240.00

70	Nguyễn Vy Michelle	8630 So. 123rd Street - Seattle, WA 98178	120.00
71	Nguyễn Tony Tuấn	34621 San Pablo Dr. - Sterling Heights, MI 48312	240.00
72	Nguyễn Văn Hiển	365 Cherry Street - Troy, MI 48083	240.00
73	Peter Viên	7563 Marian Ave. - Warren, MI 48093	120.00
74	Pey Peng Ross	29315 Pinetree Dr. - Southfield, MI 48076	120.00
75	Phạm Dũng Diễm	30184 Sterling Dr. - Novi, MI 48377	240.00
76	Phạm Đức Tuyền	7440 Provincial Road - Canton, MI 48187	150.00
77	Phạm Thị Lê	41728 Hillview Dr. - Sterling Heights, MI 48314	120.00
78	Phạm Thị Tu	62 Mould Ave. - Toronto, ONT. M6N-3Z9 Canada	240.00
79	Phạm Văn Minh	30309 Kelsey Dr. - Warren, MI 48092	300.00
80	Phan Thị Lan	13456 Cowlicher Dr. Warren, MI 48089	240.00
81	Phan Thị Thu Thủy	41728 Hillview Dr. - Sterling Heights, MI 48314	120.00
82	Phan Thị Tiên	13456 Cowlicher Dr. - Warren, MI 48089	120.00
83	Phan Thị Yến Phương	41728 Hillview Dr. - Sterling Heights, MI 48314	120.00
84	Quách Tuấn An	19565 Pine Cone Dr. - Macomb, MI 48042	120.00
85	Quách Tuấn + Nga	19565 Pine Cone Dr. - Macomb, MI 48042	240.00
86	Simone Verellen	5246 Shruboak Dr. - Sterling Heights, MI 48310	240.00
87	Thạch Thị Nho & GĐ	25714 Pennie Street - Dearborn Heights, MI 48125	240.00
88	Thái Bích Nghi & GĐ	904 Rikki Ann Ct. - Wixom, MI 48393	240.00
89	Thích Nữ Nhu Tâm	36638 Engleside Rd. - Troy, MI 48310	150.00
90	Thomas + Ann So	5120 Rochester Rd. - Troy, MI 48098	120.00
91	Trần Đôn + Trg Fang	8955 Royce Dr. - Sterling Heights, MI 48313	120.00
92	Trần Hân Tiffany	14451 - 8Th Ave. South - Burien, WA 98168	120.00
93	Trần Lộc + Hiền	29509 Westbrook Ave. - Warren, MI 48092	150.00

94	Trần Tâm Tịnh	6251 Norborne Ave. - Dearborn Heights, MI 48127	120.00
95	Trần Trí Tịnh	6251 Norborne Ave. - Dearborn Heights, MI 48127	120.00
96	Trần Tùng + Huệ	10109 Castle Road - Dearborn, MI 48126	300.00
97	Trần Văn Minh	2495 Burningbush Dr. - Sterling Heights, MI 48314	60.00
98	Trần Vi + Gái	13389 Chestnut Lane - Taylor, MI 48180	300.00
99	Trương Lập Chí & GĐ	8955 Royce Dr. - Sterling Heights, MI 48313	120.00
100	Trương Nguyên Loan	33749 Stonecrest Dr. - Sterling Heights, MI 48312	300.00
101	Trương Thị Bạch Huệ		240.00
102	Trương Thị Xin	1528 Commeree Pines Dr. Commere Twp., -MI 48390	120.00
103	Văn Cù + Chiểu	34345 Giannetti Dr. - Sterling Heights, MI 48312	250.00
104	Văn Hiền + Hồng	1545 Holmes Rd. - Ypsilanti, MI 48198	300.00
105	Văn Ngũ + Xuân	33892 Bartola Dr. - Sterling Heights, MI 48312	400.00
106	Võ Thị Cửu Châu	42309 Willsharon Dr. - Sterling Heights, MI 48314	120.00
107	Vũ Đăng Khoa	53 E. Long Lake Rd. - Troy, MI 48085	60.00
108	Vũ Hồng Thuận	6237 Queen Jane St. - Corpus Christi, TX 78414	240.00
109	Vũ Phạm Austin	6237 Queen Jane St. - Corpus Christi, TX 78414	240.00
110	Vũ Thị Phin	365 Cherry Street - Troy, MI 48083	240.00
111	Vương Thị Chăm	47939 Fox Chase Ct. - Shelby Twp., MI 48315	120.00
112	Vương Sơn - D. Thiện	13299 Floreltine Dr. - Shelby, MI 48315	120.00
113	You Keang Be	24301 Jefferson Dr. - St. Clair, MI 48080	250.00
114	TỔNG CỘNG		23,400.00