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EXTENDED TO NOVEMBER 15, 2016

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.

5 Open to Public

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection A For the 2015 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Address Ichange BUDDHIST CHURCHES OF AMERICA - ENDOWMENT Name change 94-2857583 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/surte E Telephone number Final return/ 1710 OCTAVIA STREET (415) 776-5068 termi City or town, state or province, country, and ZIP or foreign postal code 8,015,560. G Gross receipts \$ Amended SAN FRANCISCO, CA 94109 H(a) Is this a group return Applica-tion pending F Name and address of principal officer HIDEAKI MIZUNO Yes X No for subordinates? 1710 OCTAVIA STREET, SAN FRANCISCO, CA 9410 H(b) Are all subordinates included? Yes No Tax-exempt status \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (4947(a)(1) or) ◀ (insert no.) [527 If "No," attach a list. (see instructions) J Website: ► HTTP: //WWW.BUDDHISTCHURCHESOFAMERICA.COM H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1929 M State of legal domicile: CA Part I | Summarv Briefly describe the organization's mission or most significant activities TO PROMOTE JODO SHINSHU BUDDHISM · Activities & Governance IN AMERICA. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 17 3 Number of voting members of the governing body (Part VI, line 1a) 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 2 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 19 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), Jine 12 0. 7a b Net unrelated business taxable income from Form 990-T, III 6-31 -| N'Bèvenue 2∪1 **Prior Year** Current Year ပ္ပ Contributions and grants (Part VIII, line 1h) 81,539. 944,412. OCT 27 2016 0. Ο. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,761,753 586,527. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10d and 11eh 0 0. 11 530,939. 1,843,292. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 944,870. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 636,532 Ο. Benefits paid to or for members (Part IX, column (A), line 4) 0. 129,130 166,678. Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) $211, 2\overline{28}$. 184,435. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 950,097 1,322,776. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 893,195. 208,163. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 32,585,154. 32,091,851. 20 Total assets (Part X, line 16) 13,455,301 13,466,366. 21 Total liabilities (Part X, line 26) 19,129,853. 18,625,485. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that wave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declarate of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of office Sign HIDEAKI MIZUNO, OFFICER Here Type or print name and title Date Check PTIN Print/Type preparer's name Preparer's signature 10/17/16 self-employed Paid ELAINE LEUNG P00535713 Firm's name FRANK, RIMERMAN & CO, Preparer Firm's EIN 94-1341042 LLP Use Only Firm's address 1 EMBARCADERO CENTER STE 2410 SAN FRANCISCO, CA 94111 Phone no. (415) 439-1144 No X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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

Form 990 (2015)

| | 990 (2015) BUDDHIST CHURCHES OF AMERICA - ENDOWMENT 94-2857583 Page 2 |
|----------------|--|
| Pa | rt 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 |
| - | TO RAISE AND MANAGE FUNDS TO SECURE A SOUND FINANCIAL BASE FOR THE |
| | BUDDHIST CHURCHES OF AMERICA TO PROPAGATE JODO SHINSHU HONGWANJI-HA |
| | BUDDHISM IN THE CONTINENTAL UNITED STATES. |
| | BODDITOM IN THE CONTINENTAL ONLIED DIAILO: |
| | Did the annual to the desired and a second a |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? |
| | · |
| | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the 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 are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported |
| 4a | 4 050 506 |
| | FUNDING PROFESSIONAL CHAIRS, SCHOLARSHIPS, AND OTHER EDUCATIONAL |
| | PROGRAMS AND PROVIDES SUPPORT TO JODO SHINSHU MINISTERS IN AMERICA. |
| | INCOMEND IND INCOMEND DOLLORI TO GODO DILINDIO MINIDIDAD IN INDOMENI. |
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| 4d | Other program services (Describe in Schedule O.) |
| - | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses \(\) 1,070,736. |
| | Form 990 (2015) |
| 53200 12-16 | 2 |

| Pai | t 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? | 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 | Section 501(c)(3) organizations. 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 | | | |
| Ŭ | 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 | | | |
| U | 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 |
| 0 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| 8 | Schedule D, Part III | 8 | | x |
| _ | · | - | | -21 |
| 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? | 9 | | x |
| 40 | If "Yes," complete Schedule D, Part IV | 9_ | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | 40 | X | |
| 44 | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | 10 | | \vdash |
| 11 | | | | |
| _ | as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 110 | X | |
| | Part VI | 11a | Λ | \vdash |
| D | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 446 | X | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | 44- | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| a | 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 | | | x |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| 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 | 40 | v | |
| | Schedule D, Parts XI and XII | 12a | X | _ |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 401 | | |
| 40 | 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 | | 14a | | |
| Đ | 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 | 446 | | v |
| | 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 | | | v |
| 46 | 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 | | | v |
| | 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, | ا | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | <u> </u> | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 4. | | v |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u>X</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | Ì | i | Ī |

complete Schedule G, Part III

Page 4

BUDDHIST CHURCHES OF AMERICA - ENDOWMENT Part IV Checklist of Required Schedules (continued)

| • | | | Yes | No |
|-----|---|------|-----|--------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| ь | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 19 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 or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 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 | | х |
| ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | Х |
| 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 | | х |
| 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 "Yes," | | | |
| | complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | 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 | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| þ | 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 | 35b | | ļ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | 1 |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | X | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 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 | 38 | X | L |
| | | Form | 990 | (2015) |

| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | l |
|-----|--|------|---|
| | amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041 | ? |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | l |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | |
| | 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 | 13b | l |
| С | Enter the amount of reserves on hand | 13c | ١ |

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

| 140 | | | |
|------|-----|------|----|
| Eorm | 990 | /201 | ٤, |

12a

13a

142

| Pai | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th | rough | 7b below, and for a | "No" r | espon | se | | | | |
|---|---|----------|------------------------|------------|-------|-----------|--|--|--|--|
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C | . See | nstructions. | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | | |
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 17 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | 1 | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | İ | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 13 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | | | | • | | | | |
| _ | officer, director, trustee, or key employee? | | • | 2 | | х | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direc | t supervision | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | , | 3 | | х | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 990 wa | s filed? | 4 | | Х | | | | |
| 5 | | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | | | <u>5</u> | | X | | | | |
| _ | Did the organization have members, stockholders, or other persons who had the power to elect or a | point | one or | | | | | | | |
| | more members of the governing body? | | | 7a | | х | | | | |
| ь | b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | |
| _ | persons other than the governing body? | | J. 30. 3 , 5. | 7b | | х | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar hv th | e following: | | | | | | | |
| а | | | | | | | | | | |
| b | | | | | | | | | | |
| | b Each committee with authority to act on behalf of the governing body? 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 | | | | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | evenu | e Code) | | | <u> X</u> | | | | |
| | The decide progress members about periode not required by the internal | | 3 0000.7 | • | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | 100 | X | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such cl | napter | s. affiliates. | | | | | | | |
| _ | | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | v befo | re filing the form? | 10b 11a | х | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | , | | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to con | flicts? | 12b | X | | | | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | | | | | | | | | |
| | in Schedule O how this was done | • | | 12c | X | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | al by ir | ndependent | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | - | • | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | X | | | | | |
| ь | Other officers or 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 arrange | nent v | vith a | | | | | | | |
| | taxable entity during the year? | | | 16a | | х | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua | te its p | participation | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic | nizatio | n's | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶CA | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1 | (Sect | ion 501(c)(3)s only) a | vailab | le | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain | ın Sci | nedule O) | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | | • | l finan | cial | | | | | |
| | statements available to the public during the tax year. | | • | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's bo | oks ar | nd records - | | | | | | | |
| | HIDEAKI MIZUNO - (415)776-5068 | | | | | | | | | |
| | 1710 OCTAVIA STREET, SAN FRANCISCO, CA 94109 | | | | | | | | | |

| m 990 (2015) | BUDDHIST | CHURCHES | OF | AMERICA - | ENDOWMENT | 94-2857583 | Page |
|----------------------|----------------|----------------|------|-------------|----------------|------------|------|
| rt VIII Compensation | of Officers, D | irectors. Trus | tees | Key Employe | es Highest Cor | npensated | |

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.

| (A) Name and Title | (B) Average hours per week | box | not c | Pos heck ss pe | more rson | than is bot or/trus | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) MR. CHARLES OZAKI | 2.00 | | | | | | | | | |
| PRESIDENT | | | | X | | | | 0. | 0. | 0 |
| (2) MR. ROGER SUEKAMA | 1.00 | ļ | | | | | | | | |
| SECRETARY | | | _ | X | | <u> </u> | | 0. | 0. | 0 |
| (3) MR. JEFF FOLICK | 2.00 | ļ | | | | | | _ | _ | _ |
| VICE PRESIDENT | | _ | _ | Х | | <u> </u> | | 0. | 0. | 0 |
| (4) MR. RICHARD ENDO | 2.00 | | | | | - | | | | |
| FREASURER (CFO) | | | ļ | Х | | | | 0. | 0. | 0 |
| (5) SEE STATEMENT (A) ATTACHED | 2.00 | 1 | | | | | | | • | _ |
| OTHER MEMBERS OF BOARD OF | | | | X | | | | 0. | 0. | 0 |
| | | | | | | | | | | |
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| | Section A. Officers, Directors, Trus | ices, key Eiii | PICA | ee 5 | , an | u n | gne | <u> </u> | zompensateu Employe | es (continued) | | | |
|-----|--|-----------------------|--------------------------------|-----------------------|-----------|--------------|--|----------|---------------------------|------------------------------|-------------|---------------------|----------|
| | · (A) | (B) | | |)) Pos | C) | | | (D) | (E) | | (F) | |
| | Name and title | Average hours per | | not c | heck | more | than | | Reportable | Reportable | Estimated | | |
| | | week | | | | | is bot or/trus | | compensation from | compensation from related | 6 | amount other | |
| | | (list any | cto | | | | | | the | organizations | СО | mpensa | |
| | | hours for | ig is | بو | | | ge | | organization | (W·2/1099-MISC) | ı | from th | |
| | | related organizations | nstee | truste | | بيوا | beus | | (W-2/1099-MISC) | | l l | rganıza | |
| | | below | Individual trustee or director | Institutional trustee | | Key employee | stcon | | | | - 1 | ınd rela ganızat | |
| | | line) | Indivi | Institu | Officer | Key en | Highest compensated employee | Former | | | , | 5 | |
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| | <u> </u> | | <u> </u> | l | L | L | <u></u> | | 0. | 0 | | | |
| | Sub-total | I Castian A | | | | | | | 0. | 0 | _ | | 0. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | i, Section A | | | | | | | 0. | 0 | | | 0. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | ed al | bov | e) wł | no re | | | <u>•</u> | | |
| - | compensation from the organization | | | | | | -, | | | ,,ооо от торотион | | | 0 |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, or tru | uste | e, ke | y er | nplo | yee, | , or | highest compensated e | mployee on | | | |
| | line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | 3 | | X |
| 4 | For any individual listed on line 1a, is the su | • | | • | | | | | • | the organization | | | |
| _ | and related organizations greater than \$15 | | | | | | | | | | 4 | + | X |
| 5 | Did any person listed on line 1a receive or a | | | | | | | elat | ed organization or indivi | dual for services | _ | 1 | x |
| Sec | rendered to the organization? If "Yes," com tion B. Independent Contractors | piete Scriedui | e J I | OF SE | ICH . | pers | SON | | | | 5 | | <u> </u> |
| 1 | Complete this table for your five highest co | mpensated inc | depe | ende | nt c | onti | racto | ors t | hat received more than | \$100,000 of comper | nsation | from | |
| - | the organization. Report compensation for | • | | | | | | | | • | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business | address | N | INC | <u> </u> | | | | Description of s | ervices | Comp | ensatio | n nc |
| | | | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | \dashv | | | | | |
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| | | | | | | | | ╝ | | | | | |
| 2 | Total number of independent contractors (| _ | ot lii | mite | d to | | _ | stec | d above) who received in | nore than | | | |
| | \$100,000 of compensation from the organi | zation | | | | - 1 | <u>0 </u> | | | | | | |
| | | | | | | | | | | | Forn | n 990 (| (2015) |

| L | | Check if Schedule O cont | ains a response i | or note to any lin | e in this Part VIII | | | |
|--|------|--|-------------------|---------------------|---------------------|--|---|--|
| | _ | Check ii Genedule e celii | ans a response | or riote to arry in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts | 1 a | a Federated campaigns | 1a | | | | • | |
| ira our | ì | b Membership dues | 1b | | | | | |
| S, G | (| c Fundraising events | 1c | | | | | |
| ar / | | d Related organizations | 1d | | | | | |
| ini Ti, | • | e Government grants (contribut | tions) 1e | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | f All other contributions, gifts, gran | its, and | | | | | |
| the | | similar amounts not included abo | ve 1f | 944,412. | | | | |
| d O | 9 | Noncash contributions included in lines | 1a-1f \$ | | | | | |
| <u>රි ළ</u> | ł | h Total. Add lines 1a-1f | | • | 944,412. | | | |
| | | | | Business Code | | | | |
| ဗ္ဗ | 2 8 | a | | | | | | |
| Program Service Revenue | t | b | | | | | | |
| Sc | (| c | | | | | | |
| ev ev | (| d | | | | | | |
| 6 | • | e | | | | | | |
| • | 1 | f All other program service reve | enue | | | | | |
| | | g Total. Add lines 2a-2f | · | • | | | | |
| | 3 | Investment income (including | dividends, intere | st, and | | | | |
| | | other similar amounts) | | ▶ | 582,571. | 582,571. | | |
| | 4 | Income from investment of ta | x-exempt bond p | roceeds 🕨 | | | | |
| | 5 | Royalties | | • | | | | |
| | | _ | (i) Real | (ii) Personal | | | | |
| | 6 a | - | | | | | | |
| | | b Less rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) | 00000000 | (2. Other) | | | | |
| | 7 8 | a Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 6,488,577. | | | | | |
| | | b Less cost or other basis | 6 150 455 | 222 166 | | | | |
| | | and sales expenses Gain or (loss) | 6,152,455. | 332,166. | | | | |
| | | d Net gain or (loss) | 336,122. | -332,166. ► | 3,956. | 3,956. | | |
| | | a Gross income from fundraisin | a events (not | | 3,950. | 3,350. | | |
| Ž. | 0.0 | including \$ | of | | | | | |
| Other Reveni | | contributions reported on line | | | | | 1 | |
| Ř. | | Part IV, line 18 | a | | | | | |
| ţ. | ŀ | b Less direct expenses | b | | | | | |
| ° | | Net income or (loss) from fund | | • | | | | |
| | | a Gross income from gaming ac | - | | | | | |
| | | Part IV, line 19 | а | | | | | |
| | t | b Less: direct expenses | . ь | | | | | |
| | (| c Net income or (loss) from gam | ning activities | > | | | | |
| | 10 a | a Gross sales of inventory, less | returns | | | | | |
| | | and allowances | а | | | | | |
| | t | b Less: cost of goods sold | b | | | | | |
| ļ | | Net income or (loss) from sale | s of inventory | > | | | | |
| | | Miscellaneous Revenu | ie | Business Code | | | | |
| | 11 a | a | | | | | | |
| | t | b | | | | | | |
| | | c | | | | | | |
| | | d All other revenue | | | | | | - |
| | | e Total. Add lines 11a-11d | | > | | | | |
| \perp | 12 | Total revenue. See instructions. | • • • • | > | 1 530 939. | 586,527. | 0. | 0. |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 944,870 944,870 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members 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) 126,532. 126,532 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40,146. 40,146 Other employee benefits 9 10 Payroll taxes 11 Fees for services (non-employees) a Management 1,240 620. 620 Legal 25,625 51,250. 25,625. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 99,621. 99,621. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 150. 150 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 15,364. 15,364 Office expenses 13 Information technology 14 Royalties 15 9,468 9,468. 16 Occupancy 7,262. 7,262. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,032. 3,032. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,507 3,507. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 15,958 15,958. PAYROLL FEES 2,314. 2,314 TELEPHONE CONTRACT SERVICES 1,631 1,631. 349 349. d PROPERTY TAXES 82. 82. e All other expenses 1,322,776. 1,070,736 252,040 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form **990** (2015)

| arm | 990 (2015) BUDDHIST CHURCHES OF AMERICA - ENDOWMENT | 94-28 | 57583 | Pag | ge 12 |
|-----|---|--------------|--------------|------------|--------------|
| Pai | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | <u>1,53</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,32 | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | <u>63.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | <u>19,12</u> | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -66 | <u>1,8</u> | <u>66.</u> |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses . | 7 | | _ | |
| 8 | Pnor penod adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | <u>-5</u> | <u>0,6</u> | <u>65.</u> |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | <u>18,62</u> | <u>5,4</u> | <u>85.</u> |
| Pai | rt XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u>X</u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | | | _~ |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | - | | |
| þ | Were the organization's financial statements audited by an independent accountant? | | 2b | <u>X</u> _ | ļ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | } | | } |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ie audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit | | | ., |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | iired audit | | | |
| | are avided averlain which Cahadula O and describe any stone taken to undergo such audite | | 35 | | 1 |

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2015

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

Employer identification number

| | | BUDD | HIST | CHURC | HES | OF 2 | AMERI | CA - | ENDOW | MENT | 9 | 4-2857583 |
|------|------------|--------------------------------|--------------------|--------------|-----------|-----------|-------------------------|---------------|-------------------------|---------------------|---------------|-----------------------------------|
| Pa | ırt I | Reason for Public | | | | | | | | | | |
| The | organ | ization is not a private found | | | | | | | | | | |
| 1 | X | A church, convention of ch | | | | | - | • | - | | | |
| 2 | | A school described in sect | | | | | | | | . 70 - 70 - 7- | | |
| | = | | • | | | | • | | | ::1 | | |
| 3 | = | A hospital or a cooperative | • | _ | | | | | | • | VIII Entor | the beentel's name |
| 4 | Ш | A medical research organiz | ation ope | erated in co | njunctio | on with | a nospitai | described | ın sectio | n 170(0)(1)(A) | Kını). ⊏nter | the nospital's name, |
| | | city, and state | | | | | | | | | | |
| 5 | ш | An organization operated for | | | llege or | univers | sity owner | or opera | ted by a ge | overnmental u | init describ | ed in |
| | | section 170(b)(1)(A)(ıv). (C | | - | | | | | | | | |
| 6 | \square | A federal, state, or local go | vemment | or govern | nental u | ınıt des | cribed in s | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | An organization that norma | Illy receive | es a substa | intial pa | rt of its | support f | rom a gov | ernmental | unit or from t | he general | public described in |
| | | section 170(b)(1)(A)(vi). (C | omplete I | Part II) | | | | | | | | |
| 8 | | A community trust describe | ed in sec t | tion 170(b) | (1)(A)(vi |). (Com | plete Parl | t II.) | | | | |
| 9 | | An organization that norma | Illy receive | es (1) more | than 3 | 3 1/3% | of its sup | port from | contribution | ons, members | hip fees, a | nd gross receipts from |
| | | activities related to its exer | npt functi | ons · subje | ct to ce | rtaın ex | ceptions, | and (2) no | more tha | n 33 1/3% of | its support | from gross investment |
| | | income and unrelated busin | | | | | | | | | | |
| | | See section 509(a)(2). (Co | | | ` | | • | | • | • | • | |
| 10 | | An organization organized | • | - | ively to | test for | public sa | fetv See | section 50 |)9(a)(4). | | |
| 11 | 一 | An organization organized | | | - | | - | - | | | arry out the | purposes of one or |
| • | | more publicly supported or | | | | | | | | | | |
| | | lines 11a through 11d that | • | | | | | | , | | | |
| а | | Type I. A supporting orga | | • • • | | - | - | | - | | _ | alvina |
| a | • | the supported organization | | • | - | | | • | - | | | |
| | | • • • • • | | | | | | amajonty | or the direc | ciois oi tiuste | .es 01 111e s | apporting |
| | | organization You must o | • | - | | | | | | . d | (a) by ba | |
| b | · <u> </u> | ☐ Type II. A supporting org | | • | | | | | | _ | • | - |
| | | control or management of | • | | | | | ame perso | ons that co | ontrol or mana | ge the sup | ропеа |
| | | organization(s) You mus | | • | | | | | | | | |
| С | : L | | • | | | | | | | | lly integrate | ed with, |
| | _ | rts supported organizatio | | | • | | - | | | | | |
| d | I L. | | | | - | - | • | | | | _ | |
| | | that is not functionally inf | • | _ | _ | - | | - | | - | d an attent | iveness |
| | _ | requirement (see instruct | ions) Yo i | u must cor | nplete i | Part IV, | , Sections | A and D | , and Part | V. | | |
| е | | ☐ Check this box if the orga | anızatıon | received a | written (| determ | ination fro | m the IRS | that it is a | Type I, Type | II, Type III | |
| | | functionally integrated, o | r Type III | non-functio | nally int | tegrated | d support | ıng organı | zation | | | |
| f | Ente | er the number of supported (| organızatı | ions | | | | | | | | |
| g | | vide the following information | | | ed organ | nization | (s) | | | | | |
| | (| i) Name of supported | (11) | EIN | | | janization lines 1-9 | (iv) is the c | organization In your | (v) Amount of | | (vi) Amount of other support (see |
| | | organization | | | | | ructions)) | | document? | support instruct | | instructions) |
| | | | | | | | | Yes | No | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 BUDDHIST CHURCHES OF AMERICA - ENDOWMENT 94 - 2857583 Page 2

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.)

| Sec | ction A. Public Support | | | | | | |
|------|---|---------------------|----------------------|------------------------|----------------------|---------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | j | | |
| | 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 | | | | | | |
| | 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 | | | | | | |
| | ction B. Total Support | | | | | <u> </u> | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| | 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 | | | | 1 | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) | | | | | | |
| 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 | the organization's | s first, second, thu | rd, fourth, or fifth t | ax year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop | here | | | | | ▶□ |
| Sec | ction C. Computation of Publi | c Support Pe | rcentage | | | | |
| | Public support percentage for 2015 (li | | • | column (f)) | • | 14 | % |
| 15 | Public support percentage from 2014 | Schedule A, Part | II, line 14 | | | 15 | % |
| 16a | 33 1/3% support test - 2015. If the o | • | | | 14 is 33 1/3% or r | nore, check this be | ox and |
| | stop here. The organization qualifies | | • | • | | | |
| b | 33 1/3% support test - 2014. If the o | | | | d line 15 is 33 1/3% | 6 or more, check t | his box |
| | and stop here. The organization quali | | | | | | |
| 17a | 10% -facts-and-circumstances test | _ | | | | | |
| | and if the organization meets the "fac | | | • | • | rt VI how the organ | nization |
| | meets the "facts-and-circumstances" | - | • | | • | | ▶□ |
| b | 10% -facts-and-circumstances test | _ | | | | | |
| | more, and if the organization meets th | | | | • | | e |
| | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | ia, 16b, 17a, or 17 | | | |
| | | | | | Sch | emile A (Form 99) |) or 990-F7\ 2015 |

Schedule A (Form 990 or 990-EZ) 2015 BUDDHIST CHURCHES OF AMERICA - ENDOWMENT 94 - 2857583 Page 3 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.)

| quality under the tests listed be Section A. Public Support | low, please com | piete Part II) | | | | |
|---|--------------------|-----------------------|------------------------|--------------------|----------------------|--------------|
| Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 Gifts, grants, contributions, and | (4) 2011 | (6) 2012 | (0) 20.0 | (6) 2014 | (0) 2010 | (i) iotai |
| membership fees received (Do not | | | | | | |
| include any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | i | | |
| any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | ļ | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | - | | | |
| exceed the greater of \$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) | | | | | <u></u> | |
| Section B. Total Support | | | T | | | |
| alendar year (or fiscal year beginning in) ► 🔼 | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| IOa Gross income from interest, | | } | | | | |
| dividends, payments received on securities loans, rents, royalties | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | Ì | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | - | † · · | | <u> </u> | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 2 Other income Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | ļ | |
| 3 Total support. (Add lines 9, 10c, 11, and 12) | | <u> </u> | <u> </u> | | | |
| 4 First five years. If the Form 990 is for t | he organization? | s first, second, thu | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organız | ation, |
| check this box and stop here | | | | | | <u> </u> |
| ection C. Computation of Public | : Support Pe | rcentage | | | | |
| 5 Public support percentage for 2015 (lin | | • | column (f)) | | 15 | |
| 6 Public support percentage from 2014 S | Schedule A, Part | III, line 15 | | | 16 | |
| ection D. Computation of Invest | tment Incom | e Percentage | | | | |
| 7 Investment income percentage for 201 | 5 (line 10c, colur | mn (f) divided by lii | ne 13, column (f)) | | 17 | |
| 8 Investment income percentage from 20 |)14 Schedule A, | Part III, line 17 | | | 18 | |
| 9a 33 1/3% support tests - 2015. If the o | rganization did r | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line 1 | 17 is not |
| more than 33 1/3%, check this box and | - | | | | | ►Ē |
| b 33 1/3% support tests - 2014. If the o | • | • | | | | - |
| line 18 is not more than 33 1/3%, chec | _ | | | | | _ |
| 20 Private foundation. If the organization | | - | | | | |
| | S.S FIOT OFFICER & | 207 011 1110 14, 10 | a, or roo, origon t | | nedule A (Form 990 | 000 E71 ~ |
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Schedule A (Form 990 or 990-EZ) 2015 BUDDHIST CHURCHES OF AMERICA - ENDOWMENT 94 - 2857583 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| Section A. A | All Supporting | Organizations |
|--------------|----------------|---------------|

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| Yes | No |
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| | dule A (Form 990 or 990-EZ) 2015 BUDDHIST CHURCHES OF AMERICA - ENDOWMENT 94-28 | <u>5758</u> | <u>3 Pa</u> | age 5 |
|---------|---|-------------|--------------|--|
| Pa | rt IV Supporting Organizations (continued) | | | |
| | ı | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | ĺ |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | _11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | - | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | 1 |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or |] | | 1 |
| | controlled the organization's activities. If the organization had more than one supported organization, | 1 | | 1 |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | 1 |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | [· | 1 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | <u> </u> | | <u> </u> |
| 2 | | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | l |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | ĺ |
| <u></u> | supervised, or controlled the supporting organization | 2 | L | L |
| Sec | tion C. Type II Supporting Organizations | | r | · |
| | | r | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s) | 1 | L | <u> </u> |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | ĺ |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | ĺ |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | ŀ |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | ĺ |
| | supported organizations played in this regard | з | | ĺ |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | |
| c | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst | ructions | :) | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 1.55 | <u> </u> |
| u | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify | | | 1 |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | l |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | | 20 | | |
| L | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | 1 |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | İ |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | ĺ | | 1 |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | 1 |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | _ | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | 1 | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | L |

| | edule A (Form 990 or 990-EZ) 2015 BUDDHIST CHURCHES OF AM rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | 4-2857583 Page 6 |
|------------------|--|-----------|-----------------------------|--------------------------------|
| | | | | |
| 1 | | - | | ictions. All |
| Sect | other Type III non-functionally integrated supporting organizations must co tion A - Adjusted Net Income | mpiete S | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| <u>-</u> | Recoveries of prior-year distributions | 2 | | <u> </u> |
| _ _ _ | Other gross income (see instructions) | 3 | | |
| 4 | | 4 | | |
| 5 | | 5 | | |
| _ | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| -/ -8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | v-integra | ted Type III supporting org | anization (see |

instructions)

Schedule A (Form 990 or 990-EZ) 2015 BUDDHIST CHURCHES OF AMERICA - ENDOWMENT 94-2857583 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2015: С d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D. a Applied to underdistributions of prior years **b** Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3_j and 4c 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2015

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c Excess from 2013d Excess from 2014e Excess from 2015

| Schedule A | (Form 990 or 990 EZ) 2015 BUDDHIST CHURCHES OF AMERICA - ENDOWMENT 94-285/583 Page 8 |
|-------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. |
| | (See instructions) |
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.lrs.gov/form990.

Employer identification number Name of the organization BUDDHIST CHURCHES OF AMERICA - ENDOWMENT 94-2857583 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? 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" on Form 990, Part IV, line 8 1a 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1

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Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

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|----------|--|-----------------------|-------------------------|-----------------------|--------------------------|-------------|---------------|------------------|
| Par | rt III Organizations Maintaining C | | | | | | | |
| 3 | Using the organization's acquisition, accession | on, and other record | ls, check any of the | following that are a | significant | use of its | collection it | ems |
| | (check all that apply): | | | | | | | |
| а | Public exhibition | d | | change programs | | | | |
| b | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | | | - | | ose in Par | .IIIX 1 | |
| 5 | During the year, did the organization solicit or | | | • | ar assets | _ | ¬ , | _ |
| | to be sold to raise funds rather than to be ma | | | | _ | | Yes | No |
| Pai | rt IV Escrow and Custodial Arrang | | ete if the organization | on answered "Yes" o | n Form 99 | 0, Part IV, | line 9, or | |
| | reported an amount on Form 990, Par | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | liary for contribution | ns or other assets no | ot included | _ | ٦., г | - |
| | on Form 990, Part X? | | | | | L | 」Yes | No |
| D | If "Yes," explain the arrangement in Part XIII | and complete the to | llowing table | | | ··· | | |
| _ | Decimaling helenge | | | | 4- | | Amount | |
| C | Beginning balance | | | | 1c | | | |
| a | Additions during the year Distributions during the year | | • | | 1d | <u> </u> | | |
| • | Ending balance | | • • | | 1e 1f | | | |
| 22 | Did the organization include an amount on Fo | orm 990 Part Y line | 21 for escrow or o | ustodial account liah | | · |] Yes [| No |
| | If "Yes," explain the arrangement in Part XIII | | • | | , | <u> </u> | 7 162 | = " |
| Par | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | 1 | years back | (e) Four yea | ars back |
| 1a | Beginning of year balance | 19,129,853. | 19,589,663 | 18,297,773, | | 104.825. | | 81,020. |
| b | Contributions | 944,412. | 81,539 | 29,518 | | 58,013. | | 28.974. |
| c | Net investment earnings, gains, and losses | -174,960. | 793,179 | 2,989,097 | 1.0 | 689,594. | | 39,345. |
| d | Grants or scholarships | 940,470. | 630,892 | 1,524,281, | | 326,635. | | 36,572. |
| е | Other expenditures for facilities | • | | | | | | |
| | and programs | 4,400. | 5,640 | 9,431 | | 8,405. | | 9,574. |
| f | Administrative expenses | 278,285. | 224,546 | 193,013, | | 219,619. | i | 19,678. |
| g | End of year balance | 18,625,485. | 19,129,853, | 19,589,663 | 18. | 297,773. | 18,10 | 04.825. |
| 2 | Provide the estimated percentage of the curr | ent year end balanc | e (line 1g, column (| a)) held as | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | |
| b | Permanent endowment > | % | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organiza | ation that are held a | and administered for | the organi | zation | _ | |
| | by | | | | | | Ye | |
| | (i) unrelated organizations | | | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | 3a(ii) | <u> </u> |
| | If "Yes" on line 3a(ii), are the related organiza | • | | • | • | | 3b | |
| 4 D2: | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | wment funds | | | , | | |
| rai | t VI Land, Buildings, and Equipm Complete if the organization answered | |) Part IV line 11a (| San Form COO Dod 1 | / line 10 | | | |
| | | (a) Cost or o | | ı | | | (-1) Dealess | -1 |
| | Description of property | basis (investr | (-, | 1 ' ' | Accumulat epreciation | | (d) Book va | aiue |
| 12 | Land | | 400. | (5.5.15.7) | -productor | | 55 | 400. |
| | Buildings | | = | | | | | -100• |
| | Leasehold improvements | | | | | | | |
| | Equipment | | | | | | | |
| | Other | - | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must ea | qual Form 990, Part | X, column (B), line | 10c) | | • | 55, | 400. |

Schedule D (Form 990) 2015

| | URCHES OF A | MERICA - EN | DOWMENT 9 | 4-2857583 Page 3 |
|--|-----------------------|---------------------------------------|----------------------|--------------------------------|
| Part VII Investments - Other Securities. | | | | |
| Complete if the organization answered "Yes" | | | | and afternoon manufactural and |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of | valuation Cost or e | end-of-year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | 05 544 00 | | | |
| (A) MUTUAL FUNDS | 27,541,82 | END-OF- | YEAR MARKE | T VALUE |
| (B) | <u> </u> | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 27,541,82 | 25. | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | | | | |
| (a) Description of investment | (b) Book value | (c) Method of | valuation. Cost or e | end-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | . <u> </u> |
| (6) | | | | |
| (7) | | | - | |
| (8) | | | | |
| (9) | | | | |
| Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV | line 11d. See Form 990 |) Part X line 15 | |
| | Description | 11110 1110 0001 01111 000 | , , a.t., | (b) Book value |
| (1) | | | | |
| | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | . | | | |
| (5) | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| (7) | | | | |
| | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | e 15.) | | | <u> </u> |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV | | rm 990, Part X, line | 25 |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | 4 | |
| (2) AGENCY FUNDS | | 13,466,366 | <u>. </u> | |
| (3) | | | | |
| (4) | | | _ | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | 7 | |
| (9) | | | 7 | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 25) | 13,466,366 | 7 | |
| Liability for uncertain tax positions. In Part XIII, provide | | | | ts that reports the |
| organization's liability for uncertain tax positions under | | - | | |
| organization's nathing for uncertain tax positions under | T IIV 40 (ASC 740). C | HECK HEIE II THE TEXT OF T | | |
| | | | S | chedule D (Form 990) 2015 |

| | edule D (Form 990) 2015 BUDDHIST CHURCHES OF AMERICA - END | | 94-2 | 857583 | Page 4 |
|--------|--|------------------|-----------|------------------|-------------|
| Par | rt XI Reconciliation of Revenue per Audited Financial Statements With Re | evenue per R | eturn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 765, | 052. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) on investments 2a | <u>661,866.</u> |] | | |
| b | Donated services and use of facilities 2b | | 1 1 | | |
| C | Recovenes of prior year grants 2c | | 1 1 | | |
| d | Other (Describe in Part XIII) | | | | |
| е | Add lines 2a through 2d | | 2e | -661, | |
| 3 | Subtract line 2e from line 1 | | 3 | 1,426, | <u>918.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| а | | 99,621. | 1 [| | |
| Ь | Other (Describe in Part XIII.) | 4,400. | - | 404 | 004 |
| | Add lines 4a and 4b | | 4c | | 021. |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | <u>1,530,</u> | 939. |
| Par | rt XII Reconciliation of Expenses per Audited Financial Statements With E | xpenses per | Retur | n. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | 1 . 1 | 1 000 | 400 |
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,269, | 440. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | | | | |
| a | Donated services and use of facilities 2a | | - | | |
| D | Prior year adjustments 2b | | 1 | | |
| C | Other losses 2c | 50,665. | 1 1 | | |
| a | Other (Describe in Part XIII) | 30,003. | 1 | EΛ | 665 |
| _ | Add lines 2a through 2d Subtract line 2e from line 1 | | 2e | 1,218, | 665. |
| 3 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | 3 | 1,410, | 133. |
| 4 | | 99,621. | | | |
| a h | Other (Describe in Part XIII.) Ab | 4,400. | 1 1 | | |
| | Add lines 4a and 4b | 4,400. | 4c | 104 | 021. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 1,322, | 776. |
| | rt XIII Supplemental Information. | | | <u> </u> | 7,00 |
| | de 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 X | (I. |
| | 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information | | , | , | , |
| | | | | | |
| | | | | | |
| PAF | RT V, LINE 4: | | | | |
| | | | | | |
| THE | E ENDOWMENT FUND IS INTENDED TO FUND PROFESSIONAL | CHAIRS, | SCHO | LARSHIE | PS, |
| 2.27 | D OMNED HONGINETONIL DECCEDING MULH GUIDDON TODO GUIT | | | 5.0 | |
| ANL | D OTHER EDUCATIONAL PROGRAMS THAT SUPPORT JODO SHI | NSHU MIN | ISTE | RS | |
| CDC | ONSORED AND ORGANIZED BY BUDDHIST CHURCHES OF AMER | TCA | | | |
| SFC | ONSORED AND ORGANIZED BY BUDDHIST CHURCHES OF AMER | ICA. | | | |
| | | | | | |
| | | | | | |
| PAR | RT XI, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| | | | | | |
| DIS | STRIBUTIONS TO CHARITABLE REMAINDER TRUST BENEFICE | ARIES | | 4. | 400. |
| | | | | | |
| | | | | | |
| | | | | | |
| PAR | RT XII, LINE 2D - OTHER ADJUSTMENTS: | | | | |
| מינם | o peom expense | | | | C C 5 |
| DAL | D DEBT EXPENSE | | | 50, | 665. |
| | | | | | |
| | | | | | |
| PAR | RT XII, LINE 4B - OTHER ADJUSTMENTS: | | | | |
| 532054 | 4_ | | Cabad | do D /Form O | 001 0045 |

| Schedule D (Form 990) 2015 Part XIII Supplemental Ir | BUDDHIST | CHURCHES | OF AMI | ERICA - | ENDOWMENT94- | -2857583 Page 5 |
|--|----------------------|-----------|--------|-------------|--------------|-----------------|
| Part XIII Supplemental Ir | nformation (continue | ed) | | | | |
| · DIGERTANC MA | CUADIMADIE | DEMATABLE | mpricm | DEMERT | ידא פוד פול | 4 400 |
| DISTRIBUTIONS TO | CHARITABLE I | KEMAINDER | TRUST | DENELT | TWLIED | 4,400. |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

2015 Open to Public Inspection

Employer identification number 94-2857583 - ENDOWMENT BUDDHIST CHURCHES OF AMERICA Part I General Information on Grants and Assistance Name of the organization

| | | - | |
|-----|--|-------------|----------|
| _ | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | | |
| | criteria used to award the grants or assistance? | X Yes | 2 |
| 2 | 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | | |
| Par | Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | 21, for any | |
| | recruient that received more than \$5,000. Part II can be dunicated if additional space is peeded | | |

| 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d) applicable cash grant | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| | | | 6 | • | | ALLOCATION FOR PROFESSORAL | SUPPORT JODO SHINSHU BUDDHISM IN AMERICA |
| DEANELEI, CA 34/04 | / 0000 / T - # 6 | 5/2/505 | 000 | | | CONTROL MODERN | |
| 1710 OCTAVIA ST. | 7 | | п п | c | | NEW BUILDING AND | NEW BUILDING AND SUPPORT JODO SHINSHU |
| SAN FRANCISCO, CA 74107 | 70C0C5T-5C | 2/2/202 | * CCC * CTC | | | DISTRIBUTION | DISTRIBUTION |
| | | | | • | | FROM CHARITABLE | |
| TANINO 1992 CHARITABLE REMAINDER | | | | | | REMAINDER | SUPPORT JODO SHINSHU |
| UNITRUST | 93-6262039 | | 4,400. | 0 | | UNITRUST | BUDDHISM IN AMERICA |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | Ind government or | ganizations listed in the | e line 1 table | | | | • |

Enter total number of section 501(c)(3) and government organizations listed in the line Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

94-2857583 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed ENDOWMENT BUDDHIST CHURCHES OF AMERICA Schedule I (Form 990) (2015) Part III

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

THE ENDOWMENT FOUNDATION PROVIDES GRANTS AS FINANCIAL SUPPORTS TO ITS

RELATED ENTITIES. THESE RELATED ENTITIES ARE REQUIRED TO USE THESE FUNDS

TOWARD ACTIVITIES THAT JODO SHINSHU BUDDHISM IN AMERICA.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service Name of the organization

BUDDHIST CHURCHES OF AMERICA - ENDOWMENT

Employer identification number 94-2857583

| DODDIEDI CHORCHED DI AMERICA ERDOMMENT 54 2037303 |
|---|
| FORM 990, PART VI, SECTION B, LINE 11: |
| FORM 990 AND RELATED FILINGS ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS |
| BEFORE THE FILING DUE DATE. ANY QUESTIONS OR COMMENTS ABOUT THE TAX RETURNS |
| ARE RAISED BY THE BOARD MEMBERS AT BOARD MEETINGS. FORM 990 IS FILED WHEN |
| ALL DIRECTORS AGREE ON THE INFORMATION REPORTED ON TAX RETURNS. |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| SEE STATEMENT (C) |
| FORM 990, PART VI, SECTION B, LINE 15: |
| SEE STATEMENT (D) |
| FORM 990, PART VI, SECTION C, LINE 19: |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS |
| ARE AVAILABLE TO THE PUBLIC UPON REQUEST. AN ANNUAL REPORT THAT INCLUDES |
| ALL OF THE MENTIONED DOCUMENTS IS COMPILED AT THE END OF THE YEAR. THIS |
| ANNUAL REPORT IS DISTRIBUTED TO ALL THE CHURCHES AND BUDDHIST CHURCHES OF |
| AMERICA RELATED ENTITIES. |
| ANY INDIVIDUAL WHO WOULD LIKE TO GET A COPY CAN CONTACT THE BOARD OF |
| DIRECTORS AND WILL BE ABLE TO OBTAIN A COPY OF THE ANNUAL REPORT. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: |
| BAD DEBT ADJUSTMENT -50,665. |
| FORM 990, PART XII, LINE 2C: |
| THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT. |

532211 09-02-15

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

Schedule O (Form 990 or 990-EZ) (2015)

| Schedule O'(Form 990 or 990-EZ) (2015) | Page 2 |
|---|---|
| Name of the organization BUDDHIST CHURCHES OF AMERICA - ENDOWMENT | Employer identification number 94-2857583 |
| REVIEW, OR COMPILATION OF THE FINANCIAL STATEMENTS AND SE | LECTION OF AN |
| INDEPENDENT ACCOUNT. THIS PROCESS HAS BEEN CONSISTENT FRO | M PRIOR YEARS. |
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2015

OMB No 1545-0047

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

BUDDHIST CHURCHES OF AMERICA - ENDOWMENT

Employer identification number 94-2857583

Schedule R (Form 990) 2015 (g) Section 512(b)(13) ž × × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets e Public charity status (if section 501(c)(3)) Total income PF Ę. Exempt Code section 503(C)3 503(C)3 Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA HIGHER EDUCATIONAL STUDIES CALIFORNIA Primary activity HEADQUARTER FOR JODO Primary activity SHINSHU CHURCHES 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990 INSTITUTE OF BUDDHIST STUDIES - 94-1700607 BUDDHIST CHURCHES OF AMERICA - 94-1498382 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity SAN FRANCISCO, CA 94109 BERKELEY, CA 94704 2140 DURANT AVE. 1710 OCTAVIA ST Part II

532161 09-08-15 LHA

94-2857583

Page 2

 ENDOWMENT BUDDHIST CHURCHES OF AMERICA Schedule R (Form 990) 2015 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

| Direct controlling Predominant income entity (related, unrelated, excluded from tax under sections 512-514) | | (q) | (3) | (p) | (e) | 6 | (b) | (F) | | ε | 9 | (K) |
|---|------------------|-----|--------------------------------|------------------------------|---|-----|----------------------|---|-----------------------|----------------------------|-----------------------------------|-------------------------|
| Sections 512-514) Sections 512-514) Yes No K-1 (Form 108) | Primary activity | | Legal domicite (state or | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | ર્જ | Share of end-of-year | Oksproportio aflocation | s ² and SO | Code V-UBI mount in box | General or managin partner? | Percentage ownership |
| | | ٥ | ountry) | | sections 512-514) | | | Yes | 8 | (Form 1065) | Yes No | |
| | | | | | - | | | | | | | |
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

| (a) | (q) | <u></u> | (Q | (e) | E | (6) | ε | €, |
|---|-----------------|--|---|---|-----------------------|-----------------------------|---------|--|
| Name, address, and EIN of related organization | Pnmary activity | Legal domicile (state or foreign country) | Legal domicile Direct controlling Type of entity (C corp, S corp, foreign or trust) | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | ge L | Section 512(b)(13) controlled entity? |
| TANINO 1992 CHARITABLE REMAINDER UNITRUST - | MANAGEMENT | WA | | TRUST | 4 400 | 54.457. | 100.008 | × |
| | | | | | | | | _ |
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Schedule R (Form 990) 2015

532162 09-08-15

94-2857583 Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes No | Ng |
|---|----------------------------------|-------------------------------|--|----------|--------|------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more re | lated organizations listed in | Parts II-IV? | | | . |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | > | | | 1 | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 9 | × | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 2 | | × |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | | × |
| e Loans or loan guarantees by related organization(s) | | | | 16 | | × |
| | | | | | _ | ; |
| f Dividends from related organization(s) | | | | = | | × |
| g Sale of assets to related organization(s) | | | | 19 | | × |
| h Purchase of assets from related organization(s) | | | | ŧ | | × |
| i Exchange of assets with related organization(s) | | | | i= | | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1, | | × |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | ¥ | | × |
| I Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | = | | × |
| | ınızatıon(s) | | | Ξ | | × |
| | ion(s) | | | £ | | × |
| Sharing of paid employees with related organization(s) | | | | ဍ | Ť | × |
| p Reimbursement paid to related organization(s) for expenses | | | | 10 | | × |
| q Reimbursement paid by related organization(s) for expenses | | | | 5 | | × |
| r Other transfer of cash or property to related organization(s) | | | | ÷ ; | | ×× |
| 1 | who must complete the | is line, including covered re | lationships and transaction thresholds | 2 | | 4 |
| 1 | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | volved | | |
| BUDDHIST CHURCHES OF AMERICA - (1) HEADQUARTERS | В | 515,339. | | | | |
| (2) INSTITUTE OF BUDDHIST STUDIES | В | 420,000. | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (9) | | | | | | |
| (9) | | | | | | |
| 532183 09-08-15 | 38 | | Schedule R (Form 990) 2015 | R (Form | (066 | 2015 |

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Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

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|---|-----------------|---|---|--|-----------------|-----------------|--------------|----------------------------|
| (h) (i) (j) (k) 10spropor Code V-UBI General or Percentage Information of Schedule K-1 Dartner? Ves No (Form 1065) Yes No | | | | | | | | Schedule R (Form 990) 2015 |
| Perc | | | | | | | |)66 L |
| (j) General or managing partner? Yes NO | | | | | | | | For |
| Gen Gen Par Yes | | | | | | | | e R |
| UBI box 2 lle K-1 065) | | | | | | | | edul |
| (i) de V- int in shedu | | | | | | | | လွ |
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| (h) Disproportionate allocations? Yes No | | | | | | | | |
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| (g) Share of end-of-year assets | | | | | | | | |
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| (f) Share of total income | | | | | | | | |
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| (e) Are all Are all 501(c)(3) Orgs 7 | | | | | | | | |
| omicile Predominant income professional (a) (a) (related, unrelated, excluded from tax undertry) sections 512-514) y | | | | | | | | |
|) nt inc nrelat n tax 12-5 | | | | | | | | |
| (d) minani ed, un d from ons 51 | | | | | | | | |
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| micile oreig ry) | | | | | | | | |
| (c) gal domic tte or fore country) | | | | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | | | | |
| (c) (b) (c) Primary activity Legal d (state or court | | | | | | | | 1 |
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| (b) Primary activity | | | | | | | | |
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| Schedule R | '(Form 990) 2015 | BUDDHIST | CHURCHES | OF AMERICA - | ENDOWMENT94-2857583 | Page 5 |
|------------|---|--------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------|
| Part VII | '(Form 990) 2015 Supplemental Info | rmation | | | | |
| | Provide additional inform | | to allections on S | chadula R (see instructio | ine) | |
| | i Tovide additional Infom | enon for responses | to questions on S | cuedale is face manacito | 110) | |
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