

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EŽ

## Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

BCA

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Check 1 specialtie  Name change  Name change  Name change  Name change  Name change  Initial reterior  Initial reterior  Initial reterior  Application pending  Accounting Method  Cash X Accounting	A	For th	ne 2016 calendar year, or tax year beginning , and ending									
Name charge	В	Check if	f applicable					D En	D Employer identification numb			
Test personne number   Fear   State   Amended return   NORCROS   GA   30 0 92   77 0 - 40 9 - 88 8 8   Foreign province/state/county   Foreign postal code   Foreign postal code   Foreign postal code   Northern   Number   Foreign province/state/county   Foreign postal code   Number   Num	$\Box$	Address	s change	THE BUDDHISH ASSOCIATION OF DHARMA					_ ]			
Find international content of the		Name c	hange	Inge Number and street (or P O box, if mail is not delivered to street address) Room			Room/suit	e 41-	41-2117214			
Amended return   NORCROSS   GA   30092   7.70 - 4.09 - 888.8		Initial re	etum 3858 ALLENHURST DR					E Te	lephone nu	mber		
Application pending   Poreign country name   Foreign province/state/country   Foreign postal code   F Circup Exemption   Number P		Final retu	rn/terminated	City or town	State	Z	IP code					
Number		Amende	ed return	NORCROSS	GA	3	30092	770	<u>-409-</u>	-8888		
G Accounting Method		Applicat	tion pending	Foreign country name	Foreign province/state	/county F	oreign postal code	F G	oup Exen	nption		
Website								Ni	Number ▶			
Website	G	Accoun	iting Method	Cash X Accrual	Other (specify)			H Check		f the organization is		
Tax-exempt status (check only one)			-	Cuon [21] / tool du	- Callet (opeony)					_		
K Form of organization   X   Corporation   Trust   Association   Other    L Add lines 5b. 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ   \$39,560    Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)    Check if the organization used Schedule O to respond to any question in this Part I    1 Contributions, gifts, grants, and similar amounts received   1   40,200   2 Program service revenue including government fees and contracts   3   3   Membership dues and assessments   3   4   (640   5   A   (640   5   A   (640   5   A   (640   5   6   Caming and fundraising events   6   6   Caming and fundraising events   6   7   Cass income from gaming (attach Schedule G if greater than \$15,000)   6   8   Cass income from gaming (attach Schedule G if greater than \$15,000)   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   6   9   Cate Sci direct expenses from gaming and fundraising events   7   9   Cate Sci direct												
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, the Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$1,000) 5 Gross income from fundraising events (and lines \$1,000) 6 Gaming and fundraising events (and lines \$6 and 6b and subtract line 6c) 7 7a Gross sales of inventory, less returns and allowances 5 b Less cost of goods sold 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 9a) 8 d Gross profit or (loss) from sales of inventory		144-6761	iipi status (Cite				<del></del>	<u> </u>				
Part         column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	K	Form of	organization	X Corporation	Trust	Association _	Other					
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)  Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5b c Garning and fundraising events a Gross income from fundraising events (add lines 6a and 6b and subtract line 6c) 5c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 5c C Gross profit or (loss) from sales of inventory, (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 5c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 6c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 6c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 9a) 6c C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 9a) 6c C Gros	L	Add line	s 5b, 6c, and	7b to line 9 to determine gros	ss receipts. If gross receip	ots are \$200,000 c	or more, or if tota	al assets		_		
Check if the organization used Schedule O to respond to any question in this Part I  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising even												
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if greater than \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross sales of inventory, less returns and allowances c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 5a) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 9) c Gross profit or (loss) from sales of inventory or from line 9) c Gross profit or (loss) from sales of inventory or from line 9) c Gross profit or (loss) from sales of inventory or from line 9) c Gross profit or (loss) from sales of inventory or from line 9) c Gross profit o	Pa	art I							ions for	Part I)		
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$\frac{6a}{2}\$  b Gross income from fundraising events (not including \$\frac{5a}{2}\$  c Casing and fundraising events (not including \$\frac{5a}{2}\$  of constributions from fundraising events (not including \$\frac{5a}{2}\$  of Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  7b To			Check if	the organization used S	Schedule O to respor	nd to any ques	tion in this Pa	art I				
Membership dues and assessments  4 Investment income 5a Gross amount from sale of assets other than inventory 5 b Less cost or other basis and sales expenses 5 c Garn or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events 6 a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b Gross of contributions exceeds \$15,000 or line 6c or		1	Contributio	ns, gifts, grants, and simila	ar amounts received				1	40,200.		
Investment income   5a   Gross amount from sale of assets other than inventory   5a   b   Less cost or other basis and sales expenses   5b   c   Garning and fundraising events   Garning from fundraising events   Ga	1	2	Program se	ervice revenue including go	overnment fees and co	ntracts			2			
5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  5 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including soft of the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Total revenue (describe in Schedule O) 9 Total revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN, UT 15 Cocupancy, rent, utilities, and maintenance 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 323,865.	Ì	3	Membershi	p dues and assessments					3	<u> </u>		
b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold 7 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN, UT 14 G, 416. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 323, 865.		4	Investment	income		į			4	(640.)		
c Gann or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Responsible for the subtract line 6c) d C Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) d C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) d C Gross profit or of loss) from sales of inventory (Subtract line 7b from line 7a) d C Gross profit or of loss) from sales of inventory (Subtract line 7b from line 7a) d C Gross profit or of loss) from sales of inventory (Subtract line 7b from line 7a) d C Gross profit or of or members d Salaries, other compensation, and employee benefits d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and similar amounts paid (list in Schedule O) d C Grants and simi	}	5a	Gross amo	unt from sale of assets oth	er than inventory				1			
6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN UT 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 323, 865.	ļ	b			•	تتب			4.			
a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$	ا۔	С		•	er than inventory (Subt	ract line 5b from	n line 5a)		5c	<del></del>		
Sum of such gross income and contributions exceeds \$15,000   6c    C Less direct expenses from gaming and fundraising events   6d    Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   6d    7a Gross sales of inventory, less returns and allowances   7a    b Less cost of goods sold    C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c    8 Other revenue (describe in Schedule O)   9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   9 39, 560.    10 Grants and similar amounts paid (list in Schedule O)   9 Grants and similar amounts paid (list in Schedule O)   10    11 Benefits paid to or for members   12 Salaries, other compensation, and employee benefits   12    12 Professional fees and other payments to independent contractors OGDEN UT   13    14 Occupancy, rent, utilities, and maintenance   14   6, 416.    15 Printing, publications, postage, and shipping   15    16 Other expenses (describe in Schedule O)   16    17 Total expenses. Add lines 10 through 16   17   6, 416.    18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   33, 144.    19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   290, 721.    20 Other changes in net assets or fund balances (explain in Schedule O)   20    21 Net assets or fund balances at end of year Combine lines 18 through 20   21   323, 865.	9	6	_	<del>-</del>					1 1			
Sum of such gross income and contributions exceeds \$15,000   6c    C Less direct expenses from gaming and fundraising events   6d    Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   6d    7a Gross sales of inventory, less returns and allowances   7a    b Less cost of goods sold    C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c    8 Other revenue (describe in Schedule O)   9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   9 39, 560.    10 Grants and similar amounts paid (list in Schedule O)   9 Grants and similar amounts paid (list in Schedule O)   10    11 Benefits paid to or for members   12 Salaries, other compensation, and employee benefits   12    12 Professional fees and other payments to independent contractors OGDEN UT   13    14 Occupancy, rent, utilities, and maintenance   14   6, 416.    15 Printing, publications, postage, and shipping   15    16 Other expenses (describe in Schedule O)   16    17 Total expenses. Add lines 10 through 16   17   6, 416.    18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   33, 144.    19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   290, 721.    20 Other changes in net assets or fund balances (explain in Schedule O)   20    21 Net assets or fund balances at end of year Combine lines 18 through 20   21   323, 865.	3	a		me from gaming (attach So	chedule G if greater tha		ı		1 1			
Sum of such gross income and contributions exceeds \$15,000   6c    C Less direct expenses from gaming and fundraising events   6d    Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   6d    7a Gross sales of inventory, less returns and allowances   7a    b Less cost of goods sold    C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c    8 Other revenue (describe in Schedule O)   9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   9 39, 560.    10 Grants and similar amounts paid (list in Schedule O)   9 Grants and similar amounts paid (list in Schedule O)   10    11 Benefits paid to or for members   12 Salaries, other compensation, and employee benefits   12    12 Professional fees and other payments to independent contractors OGDEN UT   13    14 Occupancy, rent, utilities, and maintenance   14   6, 416.    15 Printing, publications, postage, and shipping   15    16 Other expenses (describe in Schedule O)   16    17 Total expenses. Add lines 10 through 16   17   6, 416.    18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   33, 144.    19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   290, 721.    20 Other changes in net assets or fund balances (explain in Schedule O)   20    21 Net assets or fund balances at end of year Combine lines 18 through 20   21   323, 865.	2	2 <del>-</del>					<del> </del>	<del> </del>	<b>→</b>			
Sum of such gross income and contributions exceeds \$15,000   6c    C Less direct expenses from gaming and fundraising events   6d    Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   6d    7a Gross sales of inventory, less returns and allowances   7a    b Less cost of goods sold    C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   7c    8 Other revenue (describe in Schedule O)   9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   9 39, 560.    10 Grants and similar amounts paid (list in Schedule O)   9 Grants and similar amounts paid (list in Schedule O)   10    11 Benefits paid to or for members   12 Salaries, other compensation, and employee benefits   12    12 Professional fees and other payments to independent contractors OGDEN UT   13    14 Occupancy, rent, utilities, and maintenance   14   6, 416.    15 Printing, publications, postage, and shipping   15    16 Other expenses (describe in Schedule O)   16    17 Total expenses. Add lines 10 through 16   17   6, 416.    18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   33, 144.    19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   290, 721.    20 Other changes in net assets or fund balances (explain in Schedule O)   20    21 Net assets or fund balances at end of year Combine lines 18 through 20   21   323, 865.	Š	į b		<u>-</u>			or contributions	5	1 1			
C Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20	œ	i		- ·		I	. [		1 1			
7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 39, 560.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20	-	> _		-		· /			<b>┤</b>			
7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 39, 560.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Sessional fees cost of find balances at end of year Combine lines 18 through 20	]	5 d				تتــــــــــــــــــــــــــــــــــــ		~t	1 1			
7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 39, 560.  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20	ı,	ခ ခ		or (1035) from gaining and	riunuraising events (at	d intes oa and t	ob and sabira	<b>,</b> (	6d			
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 21 323,865.				s of inventory less returns	and allowances	7a	, <b>j</b>		<del>"</del>			
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule O)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors OGDEN, UT  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 323,865.	- 4					<del></del>			1			
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 323, 865.	∃				entory (Subtract line 7	b fr <u>om:line</u> 7a)	~ <del></del>		7c			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule O)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors OGDEN, UT  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule O)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 323,865.	- 1	•	•	• •	• •	FIFE	SEIVED	<del></del> 1	8			
10 Grants and similar amounts paid (list in Schedule O)	_	9						101 P		39,560.		
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors OGDEN, UT 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 323,865.						JEEN JEEN	A LA BASC	[ <u> </u>	10			
Professional fees and other payments to independent contractors OGDEN_UT  14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  13  14 6, 416.  15  16  17 6, 416.  18 33,144.  19 290,721.	- {	11				AL ALIA	# # ZU17					
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16  17 6, 416.  18 33,144.  19 290,721.  20 20  21 323,865.	န္မ	12	Salaries, of	ther compensation, and er	nployee benefits	- W V.		œ l				
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16  17 6, 416.  18 33,144.  19 290,721.  20 20  21 323,865.	Š	13	Profession	al fees and other payment	s to independent contra	actors OGE	DEN. UT	_	<del></del>			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20  16  17 6, 416.  18 33,144.  19 290,721.  20 20  21 323,865.	Expe	14								6,416.		
17Total expenses. Add lines 10 through 16176,416.18Excess or (deficit) for the year (Subtract line 17 from line 9)1833,144.19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)19290,721.20Other changes in net assets or fund balances (explain in Schedule O)2021Net assets or fund balances at end of year Combine lines 18 through 2021323,865.			<b>.</b> .									
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 323,865.	ł		•		-					<del></del>		
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (explain in Schedule O)  21 Net assets or fund balances at end of year Combine lines 18 through 20  22 21 323,865.	_											
21 Not access of fathe calables at end of year Combine lines to through 20 :	ង់								18	33,144.		
21 Not access of fathe calables at end of year Combine lines to through 20 :	še	19				27, column (A))	(must agree w	/ith	1	200 721		
21 Not access of licita calances at ena of year Combine lines to through 20 :	Net As	00	•					•		290, 121.		
21 Not access of licita calances at ena of year Combine lines to through 20 :				=						323 865		
						8 inrough 20 .			1 21	Form <b>990-EZ</b> (2016)		

	990-EZ (2016) , THE BUDDHISH ASS		ARMA	41-2	<u>11</u> 7:	214 Page <b>2</b>
Pai	t II Balance Sheets. (see the instructions for	•				
	Check if the organization used Schedule O to	respond to any question i	n this Part II			
			(A	) Beginning of year		(B) End of year
22	Cash, savings, and investments			290,721.	22	323,865.
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			290,721.	25	323,865.
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column (			290,721.	27	323,865.
Pa	art III Statement of Program Service Accomplis			_		
	Check if the organization used Schedule O	to respond to any question	n in this Part III	<u></u> _	l	Expenses
Nh	at is the organization's primary exempt purpose? A	AWARENESS OF BU	JDDHISH	<u>-</u>		uired for section
Des	cribe the organization's program service accomplish	ments for each of its thre	e largest program se	rvices,		c)(3) and 501(c)(4) nizations, optional
as n	neasured by expenses. In a clear and concise mann	er, describe the services	provided, the numbe	r of		thers)
pers	sons benefited, and other relevant information for ea	ch_program_title_			ļ	
28	PROMOTE AWARENESS OF BUDDISM					
	(Grants \$ ) If this amoun	t includes foreign grants,	check here	▶	28a	
29						
					Ì	
	(Grants \$ ) If this amoun	t includes foreign grants,	check here	▶ □	29a	}
30						
			<del>-</del>			
	(Grants \$ ) If this amount	t includes foreign grants,	check here	▶ 🔲	30a	
31	Other program services (describe in Schedule O)		<u> </u>	·		
	(Grants \$ ) If this amount	t includes foreign grants,	check here	▶ □	31a	
	T	4h-a			32	<del>                                     </del>
<i>∗</i> 32	lotal program service expenses. (and lines 28a	tnrough 3 (a)			) JZ	1
	Total program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and		one even if not compe	nsated—see the in		ons for Part IV)
	art IV List of Officers, Directors, Trustees, and	Key Employees (list each		nsated—see the in		ons for Part IV)
		Key Employees (list each to respond to any question		nsated—see the in	structi	ons for Part IV)
	Check if the organization used Schedule O	Key Employees (list each to respond to any questio	n in this Part IV (c) Reportable compensation	(d) Health benefi	ts	(e) Estimated amount of
	art IV List of Officers, Directors, Trustees, and	Key Employees (list each to respond to any question	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beneficontributions to employee benefit pl	ts ans,	
Pa	Check if the organization used Schedule O	Key Employees (list each to respond to any questio (b) Average hours per week	n in this Part IV (c) Reportable compensation	(d) Health benefi	ts ans,	(e) Estimated amount of
<b>Р</b> а	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pl	ts ans,	(e) Estimated amount of
JU:	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG  RECTOR	Key Employees (list each to respond to any questio (b) Average hours per week	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pl	ts ans,	(e) Estimated amount of
JU: DI:	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG  RECTOR  AI RONG SHAO	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU: DI: HU:	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR	Key Employees (list each to respond to any question (b) Average hours per week devoted to position	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pl	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20 Hr/WK 20 Hr/WK 20	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 20  Hr/WK 20	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20 Hr/WK 20 Hr/WK 20	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20 Hr/WK 20 Hr/WK 20 Hr/WK 40	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 20  Hr/WK 20	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20 Hr/WK 20 Hr/WK 20 Hr/WK 40 Hr/WK 40 Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20 Hr/WK 20 Hr/WK 20 Hr/WK 40	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 40  Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20 Hr/WK 20 Hr/WK 20 Hr/WK 40 Hr/WK 40 Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 40  Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 40  Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 20  Hr/WK  Hr/WK  Hr/WK  Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 20  Hr/WK  Hr/WK  Hr/WK  Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 20  Hr/WK 40  Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position  Hr/WK 20  Hr/WK 20  Hr/WK 20  Hr/WK 40  Hr/WK	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU JUI HUZ HUZ YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20 Hr/WK 20 Hr/WK 4 H	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of
JU DII HUZ DII YOI	Check if the organization used Schedule O  (a) Name and title  I HUI LIN HUANG RECTOR AI RONG SHAO RECTOR NG ZHANG	Key Employees (list each to respond to any question (b) Average hours per week devoted to position Hr/WK 20 Hr/WK 20 Hr/WK 4 H	n in this Part IV  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefit pland deferred compen	ts ans,	(e) Estimated amount of

THE BUDDHISH ASSOCIATION OF DHARMA

orm 990-F7 (2016)	THE	BUDDHISH	ASSOCIATION	OF	DHARMA
OIIII 330°L2 (2010)	1111	DODDITECT	110000111111011	~ -	D

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in		ł V	
	instructions for Part V) Officer if the organization used ochequie O to respond to any question in		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		, 1	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions) .	34		<u>X</u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	_		.,
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		, ,	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	00	1	v
	during the year? If "Yes," complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions.   37a	36		Χ
37 a	Effet amount of political experiatures, direct of indirect, as described in the metadeteners		İ	
b	Did the organization file Form 1120-POL for this year?	37b	<del>  </del>	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		Χ
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes " complete Schedule I Part II and enter the total amount involved	30a		
	11 Tes, complete content of and enter the test amount of	<b>-</b>		
39	Section 501(c)(7) organizations Enter			
a	Initiation rees and capital contributions moladed on the	<del></del>		
b	Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	' I	i	
40 a				
<b>L</b>	section 4911 ►, section 4912 ►, section 4955 ►			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	-	- I	•
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Χ
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
·	on organization managers or disqualified persons during the year under sections 4912,	)		
	4955, and 4958	_   : -		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	_		
_	40c reimbursed by the organization	_   -		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		_	
_	transaction? If "Yes," complete Form 8886-T	40e		Χ
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► JUI HUI LIN HUANG Telephone no ► 7	70-40	9-88	}88
u	Located at ► 5950 MAGNOLI City NORCROSS ST GA ZIP+4 ► 3	0092		
	Localed at \$3550 Th 10110H1	<b></b>	Yes	No
b	At any time during the calendar year did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	X
	If "Yes," enter the name of the foreign country	72.5		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)		, !	
_	the state of the s	42c		Χ
С	If "Yes," enter the name of the foreign country			
40	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>▶</b>
43			·	L
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	2. Lill and the second of the		100	110
44 a	·	44a	Ì	Х
	completed instead of Form 990-EZ  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	774	<del>                                     </del>	<u> </u>
D		. 44b	1	Х
_	completed instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?	44c		Х
C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	140	1	T
đ		44d	}	
AF -	explanation in Schedule O  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<del>                                     </del>	X
	Did the organization have a controlled entity within the meaning of section 312(b)(13).  Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1	
45 D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	. 45b		Х
	1 om ood EE (ood mondonor)			Z (2016

Form 99	90-EZ (2016) , THE BUDDHISH A	ASSOCIATION OF	DHARMA	41-	211721	4	Page 4
46	Did the organization engage, directly or indirect	ctly, in political campaign a	ctivities on behalf of o	r in opposition		Yes	No
Part	to candidates for public office? If "Yes," comp  VI Section 501(c)(3) organizations o  All section 501(c)(3) organizations r	nly	17_49h and 52, and	complete the tab	46		<u> </u>
	50 and 51 Check if the organization used Sche	•		,			
	Did the organization engage in lobbying activity	ties or have a section 501(	h) election in effect du	iring the tax		Yes	No
48	year? If "Yes," complete Schedule C, Part II Is the organization a school as described in se Did the organization make any transfers to an	, , , , , , , ,	· ·	 ule E	47 48 49a		X X
	If "Yes," was the related organization a section Complete this table for the organization's five lemployees) who each received more than \$10	highest compensated emp				еу	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and defenee compensation	(e) Estima		
Name Title	NONE	Hr/WK					
Name Title		Hr/WK		<del></del>			
Name Title Name		Hr/WK			-		
Title Name		Hr/WK					
	Total number of other employees paid over \$1 Complete this table for the organization's five \$100,000 of compensation from the organization.	highest compensated inde		rho each received m	nore than		
Name	(a) Name and business address of each indepension NONE Str	ndent contractor	(b) Type of servi	ce	(c) Compensa	ition	
City Name	ST	ZIP					
City Name	Str	ZIP					
City Name City	Str	ZIP					
Name City		ZIP					
d 52	Total number of other independent contractors. Did the organization complete Schedule A? N completed Schedule A			ach a	► X Ye	es [	] No
	penalties of perjury, I declare that I have examined this return rect, and complete Declaration of preparer (other than office			edge	and belief, it is		
Sign Here	Signature of officer  Type or print name and title	Grand		Date Officer	2017		
Paid Prep	Print/Type preparer's name SANDRA T SHEU Firm's name ► SANDRA T SHE	Preparer's signature	Date 03/	21/20 Self-employe			
	Only Firm's address ► A8 DANTANGEPE the IRS discuss this return with the preparer sh	BOBOSE SQUARE	ons		70-668 ► X Ye	92	
	and the same of th				=_		<b>Z</b> (2016)

## SCHEDULE A. (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE BUDDHISH ASSOCIATION OF DHARMA 41-2117214 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) | X | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total