Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2017

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

			inter your to many to a source of the source		
В	Chgo	k if applicable		ndow D	Employer identification number
	Addre	ess change	Doing business as	94	-2857583
	Nam	e change	Number and street (or P O box if mail is not delivered to street address) Room/suite	E.	Telephone number
X	Initial	return	1710 Octavia St.	(4	15) 776-5068
\Box	Final r	etum/terminated	City or town, state or province, country, and ZIP or foreign postal code		
Ħ	Ame	nded return	San Francisco, CA 94109-4341	G	Gross receipts \$ 11 , 605 , 891 .
Ħ	Applic	ation pending	F Name and address of principal officer Hideaki Mizuno		group return for subordinates? Yes No
			1710 Octavia St. San Francisco, CA 94109 A	H(b) Are al	I subordinates included? Yes No
1	Tax-ex	empt status	X 501(c)(3)	<i>a</i>	attach a list (see instructions)
_	Websi			H(c) Group	exemption number
ĸ	Form o	of organization	X Corporation Trust Association Other ▶	1927	M State of legal domicile CA
	art I				
_			cribe the organization's mission or most significant activities:		1
ģ	1		urposes of this corporation are to secure a	sound	financial
בטונט Governance	1		for the propagation of Jodo Shinshu Hongwan		
ຸ ຊື	2		box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of		
	3		voting members of the governing body (Part VI, line 1a)		3 17
			independent voting members of the governing body (Part VI, line 1b)		4 13
₽ S	5		er of individuals employed in calendar year 2017 (Part V, line 2a)		5 0
CI # B Activities &	6		er of volunteers (estimate if necessary)		6 0
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	7,		ated business revenue from Part VIII, column (C), line 12		7a 0.
ک د	1		ed business taxable income from Form 990-T, line 34		7b 0.
<u> </u>	 	3 140t B111 010tt		or Year	Current Year
ļ	8	Contribution	ns and grants (Part VIII, line 1h)	498,93	
<u> </u>	1 -			490,93	320,191.
Revenue	10	Investment	Income (Part VIII, line 2g)	396,74	1. 2,190,002.
) š	11		nue (Part VIII, column (A), lines 5, 6d, 8b 8c, 10c, and 11e)	390,14	2,190,002.
· E	12			895,67	1. 2,718,193.
_	13			317,38	
	14			317,30	3. 1,617,611.
	15	Solarios et	her compensation, employee benefits (Rart IX, column (A), line 4).	207,09	6. 198,328.
es	16			207,09	138,328.
Expenses	100		al fundraising fees (Part IX, column (A), line 11e)		
Š					
ш	1			201,45	
	18			725,93	
_	+	Keveriue ie		830,26	
ls or	ا ا	Total accet	Beginning		
Net Assets	20			937,57	
<u></u>	21) 	375,91	
_			or fund balances Subtract line 21 from line 20	<u>561,65</u>	4. 19,873,852.
			ury, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best	of my knowledge and belief it in
			plete Declaration of preparer than officer) is pased on all information of which preparer has a		. Of the knowledge and belief, it is
	1	.	The second of the minor property was an an analysis of which property has an	19 Kilowicogo	14 2018
S	ign	Signatur	re of officer	Date	749 1-120.0
	lere	▶ Hide	eaki Mizuno, Executive Director		V
			print name and title		
	aid	Prii	nt/Type preparer's name Preparer's signature Date		Check If PTIN
	repa	rer		1	self-employed
	lse C		name >	Firm's E	in D
_		- 1	address >	Phone n	
		}		}	
Ma	y the	RS discuss t	this return with the preparer shown above? (see instructions)		Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2017) Buddnist Churches OI America Endowment Foundati - 94-285/585 Page 2
Par	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
	The mission is to secure a sound financial base for the propagation of
	Jodo Shinshu Hongwanji-Ha Buddhism in the continental US and to
	promote the welfare of the Jodo Shinshu Buddhists residing in the US.
	
2	
	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	(Code) (Expenses \$ including grants of \$_1,043,236.) (Revenue \$)
	For various educational, ministerial and religious activities
	conducted by the Buddhist Churches of America and its
	member temples.
-Ah	(Code) (Expenses \$ including grants of \$ 570,778.) (Revenue \$)
40	For various educational activities and professorial chairs
	at the Institute of Buddhist Studies.
	at the line line of budging to budging.
4c	(Code) (Expenses \$:ncluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$:ncluding grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$:ncluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$:ncluding grants of \$) (Revenue \$)
	(Code) (Expenses \$:including grants of \$) (Revenue \$) Other program services (Describe in Schedule O)

Form 990 (2017) Buddhist Churches of America Endowment Foundati Part IV Checklist of Required Schedules

i P94-2857583 Page 3

			Yæs	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Scheduie A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	[]		
	candidates for public office? If "Yes," complete Schedule C, Part I	_ 3_		X
4	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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C			
_	Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		X
8	Did the organization maintain collections of works of art, his:orical treasures, or other similar assets? If "Yes,"	1		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_	X	
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ļ		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	48.02
1	If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI,	2/		
	VII, VIII, IX, or X as applicable		1331	iÆ.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
3	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	,		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
3	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	 -		
-	If "Yes," complete Schedule G, Part III	19		X

Par	Checklist of Required Schedules (continued)			
	·		Yes	No
20 a	Did the organization operate one or more hospital facilities? # "Yes," complete Schedule H	20a		X
b	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 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	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	_ '	. 1	_
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		24d		
25 a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1	i	
	current or former officers, directors, trustees, key employees, hignest compensated employees, or	ł	1 1	
	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,	ŀ	1 i	
	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,		医乳头	
	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	<u> </u>	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 N	28c		<u>X</u>
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	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			90
	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			47
	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,	١	22	
	or IV, and Part V, line 1	34	X	7
35 a		35a		X
b		1 25		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20	:	v
	related organization? 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			l
	and that is treated as a partnership for fede:al income tax purposes? If "Yes," complete Schedule R,	37	x	
26	Part VI	31	<u> </u>	\vdash
38	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	13: Note: All 1 of hi 330 files die required to complete ochequie O	1 30		

Enter the amount of reserves on hand

om 99 Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for		83 f	²age 6
	rèsponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	. X
Secti	on A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	17	36	
	If there are material differences in voting rights among members of the governing body, or			3.1
	if the governing body delegated broad authority to an executive committee or similar			\$
	committee, explain in Schedule O			S. A.
b	Enter the number of voting members included in line 1a, above, who are independent	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	. 6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 7a	1	X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 7ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	17	8-20	1000
-	the year by the following.		8.0	
а	The governing body?	. 8a	X	2777381381
b	Each committee with authority to act on behalf of the governing body?	<u> </u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9	i	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	. 10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. 11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Žž		
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a		18 Section London
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		 	
	describe in Schedule O how this was done	12c	X]
13	Did the organization have a written whistleblower policy?		+==	X
14	Did the organization have a written document retention and destruction policy?		†	X
15	Did the process for determining compensation of the following persons include a review and approval by	548	100	1.53
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official			1
b	Other officers or key employees of the organization			
•	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	Mes.	34233	85524
16 a				
10 4	with a taxable entity during the year?	16a	2022	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1000		17.25
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	- XII X	
Sect	ion C. Disclosure	. 1 .00		
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-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website W Upon request Other (explain in Schedule C)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	I		
19	financial 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 books and records: (41	5) 62'	7-88	361
	Hidonki Miruno 1710 Octovio St. San Francisco Ch 94109			

Form 990 (2017) Buddhist Churches of	f Amer	ica	E	nd	OW	men	ŧ.	Foundati	94-	2857583 Page 7
Part VII. Compensation of Officers, Dire	ctors, Tru	ustee	s,	Key	/ Ei	nplo	yee	s, Highest C	compensated	
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.										
	onse or not	te to a	ar:y	line	in t	his P	art \	√II .		
1a Complete this table for all persons required to			_							or within the
organization's tax year.										
 List all of the organization's current office 	rs, directors	s, trus	stee	s (w	vhet	her ir	divi	iduals or orgar	nizations), regard	dless of amount of
compensation. Enter -0- in columns (D), (E), an	d (F) if no (comp	ensa	atio	n w	as pa	id.			
 List all of the organization's current key e 										
 List the organization's five current highes 										
who received reportable compensation (Box 5 o	f Form W-2	2 and/	or E	Зох	7 o	f Form	n 10	099-MISC) of r	nore than \$100,	000 from the
organization and any related organizations.										
 List all of the organization's former office 									loyees who recei	ived more than
\$100,000 of reportable compensation from the o	-		-			-			_	_ -
• List all of the organization's former direct										or trustee of the
organization, more than \$10,000 of reportable of										
List persons in the following order: individual tru		rector	s; i!	nstit	utio	nal tr	uste	ees; officers; k	ey employees; h	ighest
compensated employees; and former such pers										
Check this box if neither the organization r	or any rela	ted or	rgar			com	pen	sated any curr	ent officer, direc	tor, or trustee.
		1		(C	;)					
(A)	(B)	l		Posi				(D)	(E)	(F)
Name and Title	Average hours per	i '				than o		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	4				is both		from	related	other
	hours for					or/truste	<u>-</u> _	the	organizations	compensation
	related	Individual or director	nstiti	Officer	Key employee	Highest co	Former	crganization	(W-2/1099-MISC)	from the
	organizations below dotted	ect	tor	"	ğ	oyer oyer	₫.	(W-2/1099-MISC)		organization and related
	line)	٦ <u>ق</u>	alt		oye) ji	Ì	}		organizations
		Individual trustee or director	Institutional trustee	1	°	ens	}			
			ď			Highest compensated employee			}	
	 			 -	-		-			
(1) Hideaki Mizuno	40	1		ļ		l				•
Executive Director	 	1			İ	x	Ì	105,390.		Ì
(2)		 					-			
	<u> </u>	1	}					1		
(3)										
		1								
(4)										
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(9)				1	1		[1]
				<u> </u>	L	L	<u></u>			
(10)		l	ı	l	l	l	1	1	1	}

<u>(11)</u>

(12)

(13)

(14)

Part VII. Section A. Officers, Directors, Tre										rees (continued)
(A) Name and title	(B) Average hours per week (list any	(do n box, t	ot ch unles	Posi eck i is pe	tion more	than o	one an ee)	(D) Reportable compensation from tne	(E) Reportable compensation fro related organization	(F) Estimated amount of other
	related organizations below dotted line)	10 -	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	
(15)	 					-	-			
(16)	ļ	-		 !	-		-			
(17)				_	-		\vdash			
(18)			_	-	-					
(19)				_	-	-	_			
(20)		-		-	-	-	_			
(21)		-		_	\vdash	_	-			_
(22)				-	_		_			
(23)			_	-	-	-	-			
(24)		<u> </u>			_	<u> </u>	-			
(25)							_			
1b Sub-total		<u> </u>		<u> </u>	<u> </u>	<u></u>	. 🏚	105,390.		
c Total from continuation sheets to Pa	art VII, Sec	tion /					. 🌬	105,390.		
2 Total number of individuals (including	but not limi	ted to	tho	se l	iste	d abo			more than \$	100,000 of
reportable compensation from the organization list any former office employee on line 1a? If "Yes," complete the complete in t	er, director	, or tr			•	•	•	e, or highest of	ompensated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations g individual	e sum of re	portat	ole d	com	per	rsatio	n ai			n the
5 Did any person listed on line 1a receive for services rendered to the organization										ividual
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization. Re tax year. 	compensat port compe	ed ind ensation	depe	end or th	ent ne c	contra alend	acto lar y	ors that receive year ending wit	ed more than th or within th	\$100,000 of ne organization's
(A) Name and business address								(B) Description of	services	(C) Compensation
9										
2 Total number of independent contractors	(including	but n	ot li	mite	ed t	o thos	se li	sted above) w	ho	
received more than \$100,000 of compen										

	ئود	- Ext			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, , o	4-	Federated campaigns .			4 - 4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		i vereine	32 CE 1990 II GELIO
nounts		Membership dues	_					
inbutions, Gifts, Grants Other Similar Amounts								
ilar Ar	· c	Fundraising events				4. 3. 1. 1.		
5 ∰	a	Related organizations						
Sign	e	Government grants (contribut		e				
풀힐	1	All other contributions, gifts, o		FOC 101				
윤동		and similar amounts not inclu	<u></u>					
Contributions, Cand Other Simil	9	Noncash contributions includ			F20 101			
	n_	Total. Add lines 1a-1f	· · · · · · · · ·		528,191.	777 (178 (178 (178 (178 (178 (178 (178 (The state of the s
Program Service Revenue				Business Code				
8	2a							
e	þ				 	 		
Ž	C			<u> </u>				
٦ ع	a						 	
E	e	All other program service reve			-			
S.	\ \	7 4 1 4 111 0 00						82868888888888
	_ <u>g</u>	Investment income (including			 	3 × × × × × × × × × × × × × × × × × × ×	V 28 M 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 2.55 \$3.95 <u>5.</u> \$5.90 \$3.00 \$
	3	and other similar amounts).			562,184.	562,184.	i	
		Income from investment of ta			302,103.	JUZ, 104.		
	5				<u></u>	 	 	
	3	Royalties	(ı) Real	(II) Personal		1 20 M. 15 1 1 1 M. 16 M		10548: 3897(55-249)
İ	6-	Gross rents	(i) Keai	(II) Felsonal	-			
	6a		 	 	1			
	ן נ	Less rental expenses Rental income or (loss)		· 	1			
	٦		L	>	1 2 485 1 (1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 · · · · · · · · · · · · · · · · · · ·	700000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	d	Gross amount from sales of	(i) Securities	(II) Other	1 / 1 (B) 1 (C) 1 (C)	1 200 M 200 & 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	′a							
	, .	Less. cost or other basis	10,496,516.	1 19,000.	┧			
	"		8,866,348.	21,350				
	_		1,630,168.					
	d			· · · · · · · · •	1,627,818.	P 488 / 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	180 % 4 ABPR 3 14- 1 1	3000,433
	"	iver gain or (.055)			7027,010.		Grand State	
92	ء ا	Gross income from fundraisii	20]				
Other Revenu	۱۳۳	events (not including \$	ng .					
&		of contributions reported on la	ine 1c)					
her	1	See Part IV, line 18	•					
ŏ	h	Less direct expenses		<u> </u>	1			
	٦	Net income or (loss) from fun		₽				2222 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	ء ا	Gross income from gaming a	-		57866687878	12.00	80/8/9/2/2/2/2/	77/43/X 36% 375
	""	See Part IV, line 19		a				
	Ь	Less: direct expenses		b				
		Net income or (loss) from gai		·		i de en la la la la la la la la la la la la la	######################################	
	,	Gross sales of inventory, less			W614814284188			
		returns and allowances		a				
	۱,	Less cost of goods sold		b				
	Į.	Net income or (loss) from sal		⁻				
	- ٽ	Miscellaneous Revenu		Business Code	MLS WE WILLIAM			\$2.46°\$7.40.653.854.5
	11 a		,		**************************************	1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	4.57.8.0.3.3.0.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3	100 miles 100 miles 100 miles 100 miles 100 miles 100 miles 100 miles 100 miles 100 miles 100 miles 100 miles
	Ь							
i					1	1	 	
	ا ا	All other revenue			 	 	 	
	ے ا	Total. Add lines 11a-11d .		.				
	آ ۱	Total sevenue Contractuat		.	2.710 102	562 194	90-30-54 200-3 TOTAL SERVICES	POLICE CONTROL TO THE PROPERTY OF SAFETY SAF

	Check if Schedule O contains a response or note to a		(B)		X
	ot include amounts reported on lines 6b, 7b, 8b, 9b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	1,614,014.	1,614,014.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	3,797.	3,797.	A STATE OF THE STA	
3	Grants and other assistance to foreign organizations,	}			
	foreign governments, and foreign individuals. See Part IV,	}			
	lines 15 and 16				The same of the sa
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,			,	ļ
	and key employees	135,556.		135,556.	
6	Compensation not included above, to disqualified persons	1]	}
	(as defined under section 4958(f)(1)) and persons				1
	described in section 4958(c)(3)(B)				
7	Other salaries and wages				<u> </u>
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	7,000.		7,000.	
9	Other employee benefits	44,800.		44,800.	
10	Payroll taxes	10,972.		10,972.	
11	Fees for services (non-employees):				
а	Management		}	ì	1
b	Legal	. 19,842.		19,842.	
C	Accounting	50,100.		50,100.	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	91,488.		91,488.	
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	115.		115.	[
12	Advertising and promotion				
13	Office expenses	20,377.		5,798.	14,579.
14	Information technology	1,921.		1,921.	
15	Royalties				
16	Occupancy	9,886.		9,886.	
17	Travel	9,338.		9,338.	
18	Payments of travel or entertainment expenses for any	7,555.		3,330.	
	federal, state, or local public officials			\	
19	Conferences, conventions, and meetings	3,373.		3,373.	
20	Interest			3,3,3.	
21	Payments to affiliates			 	
22	Depreciation, depletion, and amortization		·	 	
23	Insurance	2,004.	 	2,004.	
24	Other expenses Itemize expenses not covered above	2,004.	A SECULAR DE CONTROL	2,004.	1990 pt. 194460 1154 1170 ct. 1940
	(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)	<u> </u>			34.44.e000 1.56.p. 1971 18
a			 	 	
þ		ļ			 _
C L		 		 	···
d	AB			 	
	All other expenses	2 004 500	1 (10 011	200 100	44 550
25	Total functional expenses. Add lines 1 through 24e	2,024,583.	1,617,811.	392,193.	14,579.
26	Joint costs. Complete this line only if the organization	\			
	reported in column (B) joint costs from a combined	[,	1
	educational campaign and fundraising solicitation Check				
	here ▶ if following SOP 98-2 (ASC 958-720)	<u> </u>			L

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 1 322,451 304,571 2 2 134,593 3 223,089. 3 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 3,668,360. 3,957,031. 8 9 10 a Land, buildings, and equipment cost or 21,400. 2,400. 10c 11 12 28,854,553. 12 25,413,602 13 13 14 14 15 15 16 29,937,573 16 32,964,477 17 17 18 18 19 19 20 Liabilities 21 13,090,625 11,375,919 22 Loans and other payables to current and former officers, directors, trustees, key employees. highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . 22 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities 25 26 13,090,625 Net Assets or Fund Balances Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. 2,651,588 2,481,058. 3,014,364 4,447,754. 12,945,040. 12,895,702 Organizations that do not follow SFAS 117 (ASC 958), check here lines 30 through 34. 31 31 32 Retained earnings, endowment, accumulated income, or other funds 33 18,561,654 33 19,873,852 34 32,964,477. 29,937,573.

	Buddhist Churches of America Endowment Foundati	94	- <u>265/363</u>	Page 12
Part	XI Reconciliation of Net Assets			
	Chèck if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,718,	193.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,024,	583.
3	Revenue less expenses Subtract line 2 from line 1	3	_693,	610.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,561,	654.
5	Net unrealized gains (losses) on investments	5	1,203,	121.
6	Donated services and use of facilities	6		
7	Investment expenses	7	91,	488.
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	20,549,	<u>.873.</u>
Part	XII Financial Statements and Reporting		-	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	X
			Ye	s 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 C).		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a 🕽	ξ <u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a separate		
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b 3	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis, consol	idated	
	basis, or both.			
	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			N India
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c 3	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	
UYA			Form 9	90 (2017)

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.

2017 Open to Public

OMB No-1545-0047

Department of the Treasury Internal Revenue Service

So to www.irs.gov/Form990 for instructions and the latest information.

In

lame of	the orga	nization					Employer identification	number
Budd	lhist	Churches of A	merica En	dowment Foun	datio	n_	94-2857583	
Part		eason for Public Cha						ns.
The or	-	on is not a private founda		•		-	•	↑
1 [_	rch, convention of church						Æ) (
2] A sch	ool described in section	170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	10 or 990	-EZ).)	
3 [Ahos	pital or a cooperative ho	spital service org	janization described i	n sectior	170(b)(1)(A)(iii).	
4	Ame	dical research organization	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A	(iii). Enter the
	hospi	tal's name, city, and stat	e:					
5 [An or	ganization operated for the	he benefit of a co	ollege or university ow	ned or o	perated b	y a governmental u	nit described in
	secti	on 170(b)(1)(A)(iv). (Cor	mplete Part II.)					
6 ┌	A fed	eral, state, or local gover	nment or govern	mental unit described	l in secti	on 170(b)(1)(A)(v).	
7 🗂	า An or	ganization that normally	receives a subst	antial part of its supp	ort from a	a governr	nental unit or from t	he general public
	descr	ibed in section 170(b)(1)(A)(vi). (Compl	lete Part II.)				
8 Г		nmunity trust described i			Part II.)			
9 🗂		ricultural research organ					n conjunction with a	land-grant college
		iversity or a non-land-gra						
	unive	•		(,		, , ,	3
10	☐ An or	ganization that normally	receives: (1) mo	re than 33 1/3% of its	support	from con	tributions, members	hip fees, and gross
_	recei	ganization that normally ots from activities related ort from gross investmen	to its exempt fur	nctions-subject to ce	tain exce	ptions, a	nd (2) no more than	33 1/3% of its
	suppo	ort from gross investmen red by the organization a	t income and uni	related business taxa:	ble incom	ie (less s Implete E	ection 511 tax) from	businesses
11 [ganization organized and						
12	=	ganization organized and	•		•		, , , ,	out the purposes of
	_	r more publicly supported	-	•	•			• •
		ox in lines 12a through 1	-					
а		e I. A supporting organiz		• • • • • • • • • • • • • • • • • • • •			•	_
-		supported organization(s			-			
		anization. You must con						
b	_	e II. A supporting organi	-		nection w	itn its su:	poorted organization	(s), by having
_		trol or management of th	•			-		
		anization(s). You must c						,
С		e III functionally integr	•		ted in co	nnection	with, and functional	v integrated with.
-		supported organization(s)						,g
d		e III non-functionally in	•	•				ted organization(s)
-		is not functionally integr						
		uirement (see instruction						an anominono
е	`	ck this box if the organiz	•	•		•		II. Type III
-		ctionally integrated, or Ty						, . , po
f		ne number of supported				9		
q		the following informatio						
	i) Name o	f supported organization	(ii) EIN	(iii) Type of organization	(iv) is the d	rgacization	(v) Amount of monetary	(vi) Amount of
		•	1	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
			<u>'</u>		Yes	No		
(A)								
<u></u>								
(B)								
(C)					İ			
(D)			<u> </u>					
(E)								
			Non-State of the State of the S	Sac the section and experience of the second		22 1. 92×0000		
[ntal			1820 2742 () 382 () 884	8845172277938039			Ī	

	e A (Form 990 or 990-EZ) 2017 Buddhist	Churches	of Amer	ica Endo	wment Fo	u 94-285	7583 ^{′ Page}
Part	Support Schedule for Organiz	ations Desci	ribed in Sect	tions 170(b)(1)(A)(iv) and	l 170(b)(1)(A)	(Vi)∕ slife endon
	(Complete only if you checked the						aiity under
<u> </u>	Part III. If the organization fails to	o quality und	er the tests in	stea below, p	ease comple	ee Part III.)	<u>′</u>
	on A. Public Support	() 0040	(1) 0014	1 20045	(1) 0040	() 0047/	10. T. 1. 1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Tota!
1	Gifts, grants, contributions, and			ĺ		/ /	
	membership fees received. (Do not					/	
_	include any "unusual grants.")						
2	Tax revenues levied for the	ļ	1			/	
	organization's benefit and either paid					,'	
•	to or expended on its behalf	ļ				/	
3	The value of services or facilities		1		,	ľ	
	furnished by a governmental unit to the	1	1		/	1	
4	organization without charge				/-		
4	Total. Add lines 1 through 3	28/2007 12/2007 25/2007	+101988604880, 136198	la esperanti, frances dese	/ 800 A880 A880 CY	300000 and 200000 and 1	
5	The portion of total contributions by						
	each person (other than a				* / 1		
	governmental unit or publicity						
	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		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	79.85 - 38.66 - 18.55 79.85 - 38.66 - 18.55			
	on B. Total Support	2.8.6. (Sec. 1987)	4.000/2-2005 - 1000s	<u> </u>	. (2) 30 - 30 /6 (E	7365 38044 X	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(-) 2015/	(4) 2016	(2) 2017	(f) Total
7	Amounts from line 4	(a) 2013	(b) 2014	(c) 2015/	(d) 2016	(e) 2017	(f) Total
8							
0	Gross income from interest, dividends,	Ì	1			1	
	payments received on securities loans, rents, royalties, and income from similar]					
	sources	1	1]		1	
9	Net income from unrelated business		 		<u> </u>		
9	activities, whether or not the business	}		//			
	is regularly carried on	ł		/]	
10	Other income. Do not include gain or		 	·			
10	loss from the sale of capital assets	į	1 /	ļ			
	(F) ! ! O () (!)						
11	Total support. Add lines 7 through 10					2007 200 EU 10 200 C	
12	Gross receipts from related activities, etc	/ooo joetrust		18 / WEST-VER.	**************************************		
13	First five years. If the Form 990 is for the	•	• "	third fourth	or fifth toy you	12	504/6)/2)
13							
Secti	organization, check this box and stop he on C. Computation of Public Suppo	rt Percentac	····//	· · · · · · · · ·	· · · · · · · · ·	<u> </u>	· · · · P
14	Public support percentage for 2017 (line			11 column (f)		14	9
15	Public support percentage from 2016 Sci						
16a	33 1/3 % support test-2017. If the organ						
100	box and stop here . The organization qua						
b	33 1/3 % support test-2016. If the organ						
	check this box and stop here. The organ						
170							
17a	10%-facts-and-circumstances test–20						
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, che	ck this box an	a stop here. E	xplain in
	Part VI how the organization meets the "f	y					
	organization						· · · · > [
b	10%-facts-and-circumstances test-20	16. If the orga	nization did no	t check a box	on line 13, 16a	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	n meets the "f	acts-and-circu	mstances" test	, check this bo	x and stop he	re.
	Explain in Part VI how the organization m	neets the "facts	s-and-circumst	ances" test. Th	ne organization	n qualifies as a	publicly _
4-	supported organization						▶ [
18	Private foundation. If the organization of	iid not check a	box on line 13	s, 16a, 16b, 17	a, or 17b, che	ck this box and	see
	instructions						

	e A (Form 990 or 990-EZ) 2017 Buddhist					u 94-2857	7583-Page 3
Part	Support Schedule for Organiza						/
	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part i	ll.)	
Secti	on A. Public Support					4	
Calen	dar year (or fiscal year beginning in) 🔈	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities] / [
	furnished in any activity that is related to the			!		∖	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				/	1	
	unrelated trade or business under section 513						
4	Tax revenues levied for the				/		
	organization's benefit and either paid		_		1	-	
	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			/		<u> </u>	
7a	Amounts included on lines 1, 2, and 3			/			
-	received from disqualified persons					<u> </u>	
ئا	Amounts included on lines 2 and 3			,1	<u> </u>	ļ	
	received from other than disqualified			."	1	Í	
	persons that exceed the greater of \$5,000		}	"		1	
	or 1% of the amount on line 13 for the year				<u> </u>	<u> </u>	
_	Add lines 7a and 7b	#B 11560 P #\$61.0 ##8	æ. N. ≥34 € \$\!	rda Cres Asserba	rin arawannakan isi wa s		
8	Public support. (Subtract line 7c from	7					
C4:	line 6.)				1.5 M 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	2.4	
	on B. Total Support	(-) 0040	(1) 00/4	· · · · · · · · · · · · · · · · · · ·	(1) 0040	() 0047	(D. T. (c)
Calen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2013	(b) 2014	. (c) 2015	(d) 2016	(e) 2017	(f) Total
_	Gross income from interest, dividends,				<u></u>	<u> </u>	
IVa	payments received on securities loans, rents,		i.		Ì		
	royalties, and income from similar sources.		/				
b	Unrelated business taxable income (less					 	
D	section 511 taxes) from businesses	l	,		}	}	
	acquired after June 30, 1975		<i>,</i>			[
С	Add lines 10a and 10b		· · · · · · ·			 	
11	Net income from unrelated business				ļ		
••	activities not included in line 10b, whether		ıf				
	or not the business is regularly carried on		,		1]	
12	Other income. Do not include gain or					 	
	loss from the sale of capital assets]	
	(Explain in Part VI.)		,			1	
13	Total support. (Add lines 9, 10c, 11,		,	<u> </u>			
	and 12.)		,			[
14	First five years. If the Form 990 is for the	e organization	s first, second	, third, fourth,	or fifth tax yea	r as a section 5	01(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppo					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2017 (line			13, column (f))	. 15	%
16	Public support percentage from 2016						%
Secti	on D. Computation of Investment In					·—·	
17	Investment income percentage for 2017			by line 13, col	lumn (f))	. 17	%
18	Investment income percentage from 20	16 Schedule A	, Part III, line	17		. 18	%
19a	33 1/3 % support test-2017. If the organ						
	line 17 is not more than 331/3%, check this						
þ	33 1/3 % support test-2016. If the organize						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	ctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
_		A 30 30	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	4 C. C.	\$ 2.18 2.18	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		تأثث	raje je
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		1	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		الأكلام	
	organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		W. Cold	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	1		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		MARKA COLAC
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			\$\$2.5
	"Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	Latin Manager	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	7.38	100 1 3	\$ 96.45g
	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.	4b	.2659X5	Salary was
С	Did the organization support any foreign supported organization that does not have an IRS determination	7 Y W		113/x1.
	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.	4c	ALLEN ALLEN	Parker in a
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	V. 200	(NESS)	
-	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).	5a.	ere and	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		Sagari∕s	<u> </u>
_	designated in the organization's organizing document?	5b	,23363a44	IIX68M
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	300 3000 (17)	(1.5%)	72.50
•	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		(1) d	
	Part VI.	6	XALL.	5.2.330
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		180 S	345390
•	(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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		18 18 18 18 18 18 18 18 18 18 18 18 18 1	3453
·	if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	2000	11266
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	@/(%.j¢;	e. ere	1.0
<i>5</i> 4	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	ASTANCE ASTANCE		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	00		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a	33°8'832	
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
•			Sample 1	1000 (NO.)
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	C		
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	Ph deser	成练 系質
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		22.13	
	supporting organizations)? If "Yes," answer 10b below.	10a	5(*957, 3 0002	100 D
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.)	10b	e de la composição de l	nwii

Schedul	e A (Form 990 or 990-EZ) 2017 -Buddhist Churches - of -America Endowment Fou 94-28 V Supporting Organizations (continued)	<u>57583</u>	Page 5
	Supporting organizations (continues)	Yes	No
b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b	
	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. on B. Type I Supporting Organizations	11c	Ь
Section	on B. Type Foupporting 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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Secti	on C. Type II Supporting Organizations	IV.	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	
<u>Secti</u>	on D. All Type III Supporting Organizations		1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	Ye:	S No
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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	
Secti	on E. Type III Functionally Integrated Supporting Organizations		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see if The organization satisfied the Activities Test. Complete line 2 below.	nstruction	is):
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 instr	uctions)
2	Activities Test. Answer (a) and (b) below.	[Va	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	7 e:	S NO
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Schedule A (Form 990 or 990-EZ) 2017 Buddhist Churches of America	En	dowment Fou 94-	2857583 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI.
See instructions. All other Type III non-functionally integrated supporting o	rgar	nizations must complete Se	ctions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 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) 7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			Hard Control
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c 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		
Section 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 instructions).	ly in		g organization (see

	Type III Non-Functionally Integrated 509(a)			
Part	on D'- Distributions	o) Supporting Organ	nzations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish	exempt ournoses		- Carrotte Fear
	Amounts paid to perform activity that directly furthers exe		erted	
-	organizations, in excess of income from activity	mpt pulposes of suppe	i tou	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is re	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Enic o amount divided by Enic o amount		/ii\	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017		W. W. W. S. C. C. C. C. C. C. C. C. C. C. C. C. C.	
	(reasonable cause required-explain in Part VI). See instr.			
3	Excess distributions carryover, if any, to 2017:			
a		CANCEL STATE AND ALL A		
b	From 2013			
С	From 2014			
· d	From 2015			
е	From 2016	ARRICH ALTERNATION		
f	Total of lines 3a through e			
_ <u>g</u> _	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b_	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	remaining and or distributions for yours prior to 2011, in	WAR BOOK BE		
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015	Professional and the second		
d	Excess from 2016	2012年2月2日		
е	Excess from 2017		0%/20%/19%/19%/19%	

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, 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, 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 B, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	Section B, 2b,
	-	
	· · · · · · · · · · · · · · · · · · ·	
		
		
		

SCHEDULE D (Form 990)

Supplemental Financial Statements - Complete if the organization answered "Yes" to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspec

OMB No 1545-0047 Open to Public

Inspection

	<u> Hhist Churches of America End</u>		94-285	
Part				ounts.
	Complete if the organization answered "	<u>Yes" on Form 990, Part IV, line 6</u>		
		(a) Donor adv.sed funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
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 advis-	ed funds are the	organization's
	property, subject to the organization's exclusive legal control	и?	· · · · · · · · · ·	🗌 Yes 🔲 No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only for cha	aritable
	purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose conferring imp	ermissible	
	private benefit?	<u> </u>		🗌 Yes 🔲 No
Part				
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7	•	
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of	historically impor	tant land area
	Protection of natural habitat	<u>=</u>	a certified historic	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation	easement on the last day
	of the tax year		The second secon	Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements		 	
С	Number of conservation easements on a certified historic s			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, r	-		
	organization during the tax year	·		
4	Number of states where property subject to conservation es	asement is located by		
5	Does the organization have a written policy regarding the pe	 	iolations.	
	and enforcement of the conservation easements it holds?	_ :		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	•		
	▶			
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conserva	tion easements d	uring the year
	▶\$	3		3 · · · , · · · ·
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conserva			——————————————————————————————————————
	include, if applicable, the text of the footnote to the organiza			
	conservation easements		J	· ·
Part	II Organizations Maintaining Collection	s of Art, Historical Treasures, o	or Other Sim	ilar Assets.
	Complete if the organization answered "	•		
1a	If the organization elected, as permitted under SFAS 116 (A			sheet works of art,
	historical treasures, or other similar assets held for public e	•		
	tne text of the footnote to its financial statements that descri		,	,
ь	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statemen	t and balance she	eet works of art.
	historical treasures, or other similar assets held for public e			
	amounts relating to these items	, ,		3
	(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 tre			
-	required to be reported under SFAS 116 (ASC 958) relating		p. 01100 tit	,
а	Revenue included on Form 990, Part VIII, line 1		 \$	
b				
	Assets included in Form 990, Part X			Sahadula D. (Farra 000) 2047

	ule D (Form 990) 2017 Buddhist C									age 2
Pari	Organizations Maintaining									ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check ar	ny of the fo	llowing that a	re a sign	ificant use of its colle	ction item	ıs	
	(check all that apply).		ı	_						
а	Public exhibition		d		or exchange (
b	Scholarly research		е	Other						_
C	Preservation for future generations									
4	Provide a description of the organization's co	ilections and explain	how they f	urther the	organization's	s exempt	purpose in Part XIII			
5	During the year, did the organization solicit o	r receive donations o	of art, histor	rical treasu	res, or other	simılar as	ssets to be sold to ra	ise funds		
	rather than to be maintained as part of the or	ganization's collection	n?	<u></u>	<u> </u>	<u> </u>			s 🗌	No
Part						=				
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Forn	n 990, P	art IV, line	9, or	reported an amo	ount on	Form	1
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for con	tributions (or other asset	s not inc	luded			
	on Form 990, Part X?		=				-	Πve	, I	No
ь	If "Yes," explain the arrangement in Part XIII				• • • • •			. 🗀	• ш	, 110
	in 100, explain the artangement in 1 art xiii	and complete the for	nown y tabl	•			Amou	nt		
_	Beginning balance					-				
C										
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								_	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation l	has been p	rovided on Pa	art XII!.	<u> </u>			<u> </u>
Par	LV Endowment Funds.									
	Complete if the organization	answered "Yes"	on Forn	n 990, P	art IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three years back	(e) Fou	r years	back
1a	Beginning of year balance		 				<u> </u>	 ` 	<u></u>	
b	Contributions		+		 			 		
			 		 			 		
С	Net investment earnings, gains, and							İ		
	losses		 -		 			 		
d	Grants or scholarships							ļ		
е	Other expenditures for facilities and							İ		
	programs									
f	Administrative expenses									
g	End of year balance		1							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	Þ	%	, ,,						
b	Permanent endowment ▶ %	·								
c	Temporarily restricted endowment ▶	%								
ŭ	The percentages on lines 2a, 2b, and 2c sho									
2-			stran that am	امست أماما من						
3a	Are there endowment funds not in the posse	ssion or the organiza	audri that ar	e neia sua	auministered	i ior the		1		
	organization by								Yes	No
	(i) unrelated organizations							. 3a(i)		<u> </u>
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sch	edule R?.				. 3b		
4	Describe in Part XIII the intended uses of the	e organizaton's endo	wment fund	ds						
' Par	t.VI Land, Buildings, and Equip	ment.								
	Complete if the organization	answered "Yes"	on Forn	n 990. P	art IV. line	11a. S	See Form 990. I	Part X. i	line 1	10.
	Description of property	(a) Cost or oth	er basis	(b) Cost or	r other basis ther)	(c)	Accumulated epreciation	(d) Bool		
	 			ļ			· I		~ 	~~
1a	Land			 	∠, <u>4</u> 00.	100 P. C.			2,4	<u>υυ.</u>
b	Buildings	· · · <u> </u>		<u> </u>		<u> </u>				
C	Leasehold improvements			<u> </u>		<u> </u>				
d	Equipment			<u> </u>						
<u>e</u>	Other			L		L				
Total.	Add lines 1a through 1e (Column (d) must ed		X, column ((B), line 10	c.)				2,4	
UYA								dule D (Fo		

	Buddhist Churches of America I		
Part	Reconciliation of Revenue per Audited Financial Statem		r Return.
	Complete if the organization answered "Yes" on Form 990, F		7 . [
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		4.3.4
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		(¥ 188
⊸ a	Investment expenses not included on Form 990, Part VIII, line 7b	40	
a b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	XII. Reconciliation of Expenses per Audited Financial Statem		
	Complete if the organization answered "Yes" on Form 990, F	-	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		8.42
a	Donated services and use of facilities	2a	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		
_ 5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)	<u> </u>	. 5
Part	XIII Supplemental Information.		
Provide	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I	ines 1b and 2b; Part V, line 4; F	Part X, line 2,
Part XI	lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information	
		 	
			
			
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Schedule D (Form 990) 2017

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Schedule D (I	Form 990) 2017	Buddhist	Churches.	ο£	<u>America</u>	Endowment	- F ·	<u>-94-2857583</u>	Page 5
Part XIII	Suppleme	ntal Informatio	n (continued)					94-2857583	
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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.

► Go to www.irs.gov/Form990 for the latest information.

2017

OMB No 1545-0047

Open to Public Inspection "

Inspection 6
Employer identification number

94-2857583 Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Suddhist Churches of America Endowment Foundation the selection criteria used to award the grants or assistance? . . General Information on Grants and Assistance Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, <u>§</u> Part IV line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

Fait IV, line 21, for any recipient that received more than \$5,000. Fait it can be duplicated it additional space is needed.	nt that received r	nore than ⊅5,∪	JUO. Part II can	be auplicated	t additional sp	ace is needed.	-
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash (e) Amount of nongrant cash assistance	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Buddhist Churches of Ameri	94-1498382		1.043.236.				Summer taltations settott
(2) Institute of Buddhist Stud	st Stud		570 778				
(3)	2000		.0// /0/6				Support educational activi
(4)							-
(5)							
(9)							-
(2)							-
(8)							
(6)							_
(10)							
(11)							<u>-</u> -
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table. 	nd government org listed in the line 1	janizations listed table	d in the line 1 tab	le			0
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	uctions for Form 990		-				Schedule I (Form 990) (2017)

Page 2 Schedule I (Form 990) (2017) Buddhist Churches of America Endowment Foundation

94-2857583

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) FMV (d) Amount of noncash assistance 3,797 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance 1Distribution CRT Pairt IV 8 ന 4 S ဖ

-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.

OMB No 1545-0047

Internal Revenue Se	ervice			▶ Go to	www.irs.gov/Form990	for the latest information	n.	Inspection
Name of the organi	zation						Employer identific	ation number
Buddhist	Chu	ırches	of	America	Endowment	Foundation	94-285758	33
								
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SCHEDULE R Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2017

OMB No 1545-0047

Open to Public Inspection

94-2857583

(f)
Direct controlling entity **Employer Identification number** (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income B Go to www.irs.gov/Form990 for instructions and the latest information. (c)
Legal domicile (state
or foreign country) Primary activity Buddhist Churches of America Endowment Foundation (a) Name, address, and EIN (if applicable) of disregarded entity Part I

(g) Section 512(b)(13) controlled 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. (f)
Direct controlling
entity Public charity status (if section 501(c)(3)) (d) Exempt Code section Legal domicile (state or foreign country) Primary activity (a)
Name, address, and EIN of related organization Part II.

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Schedule R (Form 990) 2017

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

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Schedule R (Form 990) 2017 Buddhist Churches of America Endowment Foundation

Page 2

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0000 (k) Pe≀centage 0.000.0 0.0000 0000.0 0000.0 0.000 0000.0 ownership managing partner? General or Yes No amount in box 20 of Schedule K-1 (i) Code V - UBI (Form 1065) (h) Disproportionate allocations? Yes (g) Share of end-ofyear assets (f) Share of total because it had one or more related organizations treated as a partnership during the tax year Income excluded from tax under sections 512-514) (e)
Predominant
income (related,
unrelated, (d) Direct controlling (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Part III. Ξ 2 **©** 4 (2) 9

Section 512(b)(13) controlled entity? ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes 0000 .0000 Percentage ownership 0.000.0 0000.0 0.000 0000.0 (g) Share of end-of-year assets Share of total Income line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Type of entity (Ccop, Scop, or trust) (d)
(Direct controlling entity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Part IV 3 4 $\widehat{\Xi}$ 3 3 9

Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 Buddhist Churches of America Endowment Foundation

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, itl, or IV of this schedule.				Yes	2
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?	r more related organı	zations listed in Part	2 - S		-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
b Gift, grant, or capital contribution to related organization(s)				1	×
c Gift, grant, or capital contribution from related organization(s)				10	×
		•			:
d Loans or loan guarantees to or for felated organization(s)				<u> </u>	4
e Loans or loan guarantees by related organization(s)				10	×
				ŕ	
f Dividends from related organization(s)				46	>
					4
g Sale of assets to related organization(s)				1g	×
h Purchase of assets from related organization(s)				14	×
	•	•		Ę	>
Exchange of assets with related of garinzation (s).					4
j Lease of facilities, equipment, or other assets to related organization(s)				1 <u>i</u>	×
			l ²		
k leace of facilities equipment or other accete from related organization(s)			<u></u>	1 3 5	>
				 	4 3
reflormance of services of membership of fundraising solicitations for reface organization(s).				=	4
 m Performance of services or membership or fundraising solicitations by related organization(s). 				Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Ę	×
		•			1
o Sharing of paid employees with related organization(s)				<u>1</u> 0	×
				, , , , , ,	-
p Reimbursement paid to related organization(s) for expenses				10	×
n Reimbirsoment naid by related ornanization(s) for expenses				5	>
				2 .	4
				7	
r Other transfer of cash or property to related organization(s)				11	×
s Other transfer of cash or property from related organization(s)				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	nplete this line, include	ding covered relation	ships and transaction	n threshol	lds.
V-7					
(a) Name of related organization	(b)	(c)	bashour kuisaas sanarassas jo bodassa	oral fallows	Post
	type (a-s)				
(1)					
(2)					-
					-
(3)					
					-
(4)			,		-
(9)					
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(9)					
UYA			Schedule	Schedule R (Form 990) 2017	90) 2017

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

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 and a related partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. Se	e instructions	regarding exclus	ion for cert	ain investment p	artnerships.				
(a)	(q)	(0)	(p)	•		(6)	Ē		9	€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from fax index	Are all nariners section 501(c)(3)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	de Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	_
(1)										0000
(2)										
(3)									-	0.000
									+	0.0000
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	Supplemental i	nformation	nes of Am	erica End	owment F	94-2857583	Page
art VII	Provide addition	nformation. al information for	responses to o	questions on So	chedule R. See ir	nstructions.	

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