990-EZ

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)

2019

OMB No 1545-0047

▶ Do not enter social security numbers on this form, as it may be made publicity

Open to Public

ا	Depa Interr	rtment o	f the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informat			Inspection	
•	A F	or the	2019 calenda	er year, or tax year beginning March 1 , 2019, and ending	Fe	bruary	28 , 20 20	
	Вс	heck if ap	oplicable	C Name of organization 23	D Employer identification number 2			
		ddress c	hange	Cambodian International Buddhist Temple Inc			621279416	
	□ 凡	lame cha	inge	Number and street (or P O box if mail is not delivered to street address) 21 Room/suite	E Telephone number			
	▯	nitial retu	m	131 Dellway Drive	i	61	5-469-2598	
	=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exe	mption	
	=	umended upplicatio	return n pending	Nashville, TN 37207		nber 🕨		
,			ing Method:	Cash			f the organization is not	
		ebsite/	J				ach Schedule B	
				ck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	(Form 9	90, 990	D-EZ, or 990-PF).	
				☐ Corporation ☐ Trust ☐ Association ☐ Other				
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	assets			
				500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$		
		art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		ctions	for Part I) 2	
				the organization used Schedule O to respond to any question in this Part I				
	71	1		ns, gifts, grants, and similar amounts received		11	65,147	
	?:	2		ervice revenue including government fees and contracts		2		
	21	3		p dues and assessments		3		
	?:	4	Investment	•		4		
		5a		unt from sale of assets other than inventory 5a				
		ь		or other basis and sales expenses		1		
		C		s) from sale of assets other than inventory (subtract line 5b from line 5a)		5c		
,		6		d fundraising events:		· · · · · ·		
51		а	_	ome from gaming (attach Schedule G if greater than				
111	- ₽	_						
11.	Revenue	b	Gross inco	me from fundraising events (not including \$ of contribution	ns	1 1		
1'	Ş			aising events reported on line 1) (attach Schedule G if the				
	•			h gross income and contributions exceeds \$15,000) 6b				
		С	Less: direc	t expenses from gaming and fundraising events 6c		1		
		d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract	1		
			line 6c) .			6d		
		7a	Gross sales	s of inventory, less returns and allowances				
	- 1	ь		of goods sold		1 - 1		
	- 1	С	Gross profi	t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		
		8		nue (describe in Schedule O)		8		
		9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9	65,147	
•		10		similar amounts paid (list in Schedule O) RECEI\/E	<u> </u>	10		
		11	Benefits pa	id to or for members		.11		
_	Se	12		her compensation, and employee benefits 💶 🙎		დ 12		
2021	ns.	13	Professiona	al fees and other payments to independent contractors $oldsymbol{a} oldsymbol{arphi} oldsymbol{arphi} oldsymbol{1} oldsymbol{0} \cap oldsymbol{0}$	20 · [13		
7	Expenses	14	Occupancy	r, rent, utilities, and maintenance		14	14,097	
	ã	15	Printing, pu	iblications, postage, and shipping OGDEN	IT.	15		
က		16	Other expe	nses (describe in Schedule O) 22			20,241	
Ξ		17	Total expe	nses. Add lines 10 through 16	. ▶	17	34,338	
=	y,	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	30,809	
	Set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	e-with			
¥	AS		end-of-yea	r figure reported on prior year's return)		19	102,986	
SCANNED JUN	Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		20		
Ä	Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. ▶	21	133,795	
SC	For	Papen	work Reducti	on Act Notice, see the separate instructions. Cat No 10642I			Form 990-EZ (2019)	

		•					•	
Form	990-EZ (2	019)					Page 2	
Pa		Balance Sheets (see the instruction			_			
		Check if the organization used Schedu	lle O to respond to a	any question in this	Part II		(B) End of year	
22	Cash	, savings, and investments		}	102,986	⊢	133,801	
23		and buildings				23	133,801	
24		assets (describe in Schedule O)		<u> </u>				
25		assets		L	102,986	25	133,801	
26		liabilities (describe in Schedule O) .			0	26	0	
27	Net a	ssets or fund balances (line 27 of colur	nn (B) must agree wit	th line 21)	102,986	27	133,801	
Wha	it is the c	Statement of Program Service Acco Check if the organization used Schedu organization's primary exempt purpose? organization's program service accom	olle O to respond to a	any question in this	Part III	501 orga	Expenses quired for section (c)(3) and 501(c)(4) anizations, optional for	
pers 28	neasured ons ben	d by expenses. In a clear and concise efited, and other relevant information for	manner, describe the each program title.			othe	ers.)	
21	(Grants		nt includes foreign gr			28a		
29								
30	(Grants	\$) If this amou	nt includes foreign gr	ants, check here .	▶ 🗆	29a		
74	(Grants		nt includes foreign gr			30a	1	
31	(Grants	rogram services (describe in Schedule C	nt includes foreign gr			31a		
32		rogram service expenses (add lines 28	a through 31a)	ants, check here .		32	 	
_		List of Officers, Directors, Trustees, and K						
		Check if the organization used Schedu					🗀	
		? (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable 21 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employed benefit plans, and	, ,	Estimated amount of other compensation	
	Sun, Pres		5					
		ane, Antioch, TN 37013			ļ	-		
		ıy, Treasurer Irive, Nashville, TN 37207	3		İ			
		ett, Secretary				+		
		Place, Franklin, TN 37067	1			-		
						+		
						+		
						+		
						-		
						-		
				1		+		



Par					ı
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		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	103	140	-
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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		,	- 1
35a		35a		~	-
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		v	-
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<i>'</i>	-
37a b		37b		~]
38a	The state of the s	38a		~]
ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	-			
a b 40a	Initiation fees and capital contributions included on line 9	- - -			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
c	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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	40b		-	
d	504 V(0) 504 (V(0))				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	}
41	List the states with which a copy of this return is filed ▶				_
42a	The organization's books are in care of ► Telephone no. ► ZIP + 4 ►				
b		42b	Yes	No	-
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				,
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		1	-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.	▶ □	_
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No]
b	71.1 () 11.	44b		~	j
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		V	j
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	-
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		, , , , , , , , , , , , , , , , , , ,	
		TUN	1		

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									Yes	s No		
46	Did t	the organization engage, directly or in	idirectly, in political c	ampaign activities	on be	half of or	in opposi	tion				
D = #4		undidates for public office? If "Yes," o		, Part I	<u> </u>	• • •	· · · · · ·	<u> </u>	46	1		
Part	VI.	Section 501(c)(3) Organizations		-tions 47 40h -	EO			- 4-6-1	6 li-			
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49D at	10 52,	and con	ibiete tu	e table	es for III	nes		
			radula O ta raspand	l to only guartian	n thin	Dort VII				Ċ		
		Check if the organization used Sch	reduie O to respond	to any question	ni triis	ran vi	· · ·	• • •	Yes	<u></u>		
47	Did 1	the organization engage in lobbying	activities or have a	section 501/h) ele	ction in	effect d	iring the	tay [103	No		
71		? If "Yes," complete Schedule C, Parl							47	1		
48	•	e organization a school as described in							48	1		
49a		he organization make any transfers to						_	9a	1		
ь		If "Yes," was the related organization a section 527 organization?										
50		Complete this table for the organization's five highest compensated employees (other than officers, directors, trus										
		yees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None										
			(b) Average	(c) Reportable		(d) Health b						
	(a)	Name and title of each employee	hours per week	compensation	lhon	ntributions to lefit plans, a			mated ame compens			
			devoted to position	(Forms W-2/1099-MI	SC)	compens						
None					\top			-				
			1.7			·· <u> </u>						
					- }		}					
												
			- ·									
							{					
	Total	number of other employees paid over	or \$100 000									
51		plete this table for the organization's			ont oor	tractors.	who oach	rood	, ad mar	a than		
31		,000 of compensation from the orga			siit Cui	maciois	WIID Eaci	i receiv	rea mor	eman		
		· · · · · · · · · · · · · · · · · · ·		I		T						
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(C)	Comper	isation			
None												
			. * * * * * * * * * * * * * * * * * * *									
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
		.,										
	T-4-1	minumbar of other independent and an	otoro contra	Cur \$100 000								
		number of other independent contra			. –	4	-4 -444					
52		the organization complete Schedu bleted Schedule A	le A? Note: All se		•			ı a .▶ 🗹 \	/oc 🗆	No		
		of perjury, I declare that I have examined this re										
true, cor	rect, ar	i of perjury, I declare that I have examined this red id complete. Declaration of preparatiother than	officer) is based on all info	ying scriedules and stat rmation of which prepa	ements, rer has a	ny knowledo	estorniy kr Je	lowleage	and belle	, 11 15		
	<del>- 1</del>		<del>)</del>	······································			- //-	20	,			
Sign		Signature of officer	<u> </u>		·	Date	7	<u> </u>				
Here		STM SIM										
	2	Type or print name and title			_							
Da:4		Print/Type preparer's name	Preparer's signature		Date		Check 🗌	, PT	IN			
Paid Prep	2222	,					self-emplo	yed				
Use (		Firm's name ▶	•			Firm's	EIN ▶					
U36 (	Jilly	Firm's address ▶				Phone						
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions		<u> </u>		► 🗆 <b>`</b>	res 🗌	No		

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer Identification number

Camb	Cambodian International Buddhist Temple Inc					62-127941			
Par	The Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.		
The o	organization is not a private founda		•		-	•			
1	A church, convention of church	· · · · · ·					$\sim$		
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	<b>Z</b> ).)	-		
3	A hospital or a cooperative hos								
4	A medical research organization	•	onjunction with a hos	pital desc	ribed in a	section 170(b)(1)(A)	(iii). Enter the		
	hospital's name, city, and state								
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	al unit described in		
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l in secti	on 170(b)	)(1)(A)(v).			
7	☐ An organization that normally			port fron	n a gover	nmental unit or fron	n the general public		
	described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a l	and-grant college		
	or university or a non-land-gra- university:	nt college of agr	culture (see instruction	ons). Ente	er the nan	nc, city, and state of	the college or		
10	☐ An organization that normally r								
	receipts from activities related support from gross investment	to its exempt tu Lincome and un	nctions—subject to c related business taxal	ertain ext ble incon	ceptions, se (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its businesses		
	acquired by the organization a	fter June 30, 19	75. See <b>section 509(</b> a	a)(2). (Co	mplete Pa	art III.)			
11									
12	An organization organized and								
	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 thro	ugh 12d that dos	scribes the type of sur	oporting o	organizati	on and complete line	es 12e, 12f, and 12g.		
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization					the directors or trust	ees of the		
	supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B	•				
b	<b>/</b> 3 - 3								
	control or management of				persons	that control or man	age the supported		
	organization(s). You must								
С	Type III functionally integrated its supported organization(						ally integrated with,		
	• • • • • • • • • • • • • • • • • • • •		•						
d	Type III non-functionally integrated that is not functionally integrated that it is not functionally i								
	requirement (see instruction						d an attentiveness		
_		-							
е	Check this box if the organ functionally integrated, or T	ization received	a written determination	on from ti	ne IHS th organizat	atitisa Type I, Type	ен, туреш		
f	Enter the number of supported of					iori,	[·····		
g	B 11 0 00 1 10 0						[]		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	1	organization	(v) Amount of monetary	(vi) Amount of		
	(7) The drive of topposite or games and	(-)	(described on lines 1-10	listed in you	ur governing	support (see	other support (see		
			above (see instructions))	aocu	ment?	instructions)	instructions)		
				Yes -	No				
(A)									
(~)									
(B)				i					
<del></del>				ļ 					
(C)			•						
					ļ <u>.</u>				
(D)				}					
				<del> </del>	<b>!</b>				
(E)									
Total									

Part	(Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu			
Secti	on A. Public Support	quainy unde	er trie tests na	ited below, p	lease comple	te Fart III.)			
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(0) 20:0	(2) 2010	(6) 2011	(4) 20.0	(6) 20:0	(i) Total		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	7 7 7 7 4		ru tur					
	shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
	on B. Total Support	<u>.</u>							
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	<b>(e)</b> 2019	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on			•					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.					12			
13	First five years. If the Form 990 is for the	-	•		•		````		
Soc4:	organization, check this box and stop her on C. Computation of Public Support	<del> </del>		· · · ·/·	· · · ·		· · <b>&gt;</b> <u> </u>		
<u> 14</u>	Public support percentage for 2019 (line 6			1 column (ft)	<u>,                                    </u>	14	<del>"</del>		
15 16a	Public support percentage for 2018 Sch. 331/3% support test—2019. If the organization quality box and stop here. The organization quality	edule A, Part I zation did not	II, line 14 check the box	on line 13, an	id line 14 is 33	15	%		
b	331/3% support test—2018. If the organiz this box and stop here. The organization of					is 33 ¹ / ₃ % or m			
17a									
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the	e "facts-and-c	ircumstances"	test, check t	this box and s	top here.		
18	Private foundation. If the organization did instructions		box on line 13,		, or 17b, checl	k this box and			

Part	Support Schedule for Organiza (Complete only if you checked th	<b>tions Desc</b> e box on lin	<b>ribed in Sect</b> e 10 of Part I	ion 509(a)(2) or if the orga	inization failed	d to qualify ur	nder Part II.
	If the organization fails to qualify						
	ion A. Public Support		T 71.00/0	T () 201=	1 10 2010		
Caler 1	idar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(1) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		<del> </del>			/	
	sold or services performed, or facilities					<b>'</b>	
	furnished in any activity that is related to the organization's tax-exempt purpose		1 .				
3	Gross receipts from activities that are not an				<u> </u>	/	
	unrelated trade or business under section 513					/	•
4	Tax revenues levied for the		<del> </del>		<del> </del>		
•	organization's benefit and either paid to				/		
	or expended on its behalf						
5	The value of services or facilities				/	-	
•	furnished by a governmental unit to the				/		
	organization without charge				/		
6	Total. Add lines 1 through 5		ļ	<del>                                     </del>			
7a	Amounts included on lines 1, 2, and 3		· · · · · · · · · · · · · · · · · · ·	/			
	received from disqualified persons .						•
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		[				
	or 1% of the amount on line 13 for the year		<u> </u>	<u> </u>			
C	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from						
	line 6.)		<u> </u>				
	on B. Total Support				-		
	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6		/ -				
10a	Gross income from interest, dividends,		Y	1	[		
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1	•	1		
	acquired after June 30, 1975				ļ		
	Add lines 10a and 10b	/	<del> </del>				
11	Net income from unrelated business	/					
	activities not included in line 10b, whether or not the business is regularly carried on					ĺ	
10	/ L		-	-		· · · · · · · · · · · · · · · · · · ·	<del></del>
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)				[		
13	Total support. (Add lines 9, 10c, 11,	· · · ·	<u> </u>	,			
	and 12.)		]		ļ	ļ	
14	First five years. If the Form 990 is for the	organization	n's first, second	d. third fourth	L or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop here	_					
Secti	on C. Computation of Public Support						
15	Public support percentage for 2019 (line 8,			13, column (fi)		15	%
16	Public support percentage from 2018 Scho					16	%
	on D. Computation of Investment Inc	ome Perce	ntage		<del>-</del>		
17	Investment income percentage for 2019 (In			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2018					18	%
19a	331/3% support tests-2019. If the organiz	ation did not	check the box	on line 14, a	nd line 15 is m		
	17 is not more than 331/3%, check this box a	nd <b>stop here</b> .	. The organization	on qualifies as	a publicly suppo	orted organizati	on . ▶ 🗆
b	331/3% support tests-2018. If the organiza						31/3%, and
	line 18 is not more than 331/3%, check this be	ox and <b>stop h</b>	i <b>ere.</b> The organi	zation qualifies	as a publicly su	ipported organi	ization 🕨 🔲
20	Private foundation. If the organization did	not check a	box on line 14,	19a, or 19b, o	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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F	art V	<b>'.)</b>				
Secti	on A. All Supporting Organizations						
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by						
	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 :	1			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported 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					
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Sa	<b>-</b>				
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	55					
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a					
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	<u> </u>		<del>                                     </del>			
_	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.						
С	Did the organization support any foreign supported organization that does not have an IRS determination						
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			!			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<u> </u>					
	purposes.	4c		L			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			Í			
	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;						
	(ii) 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					
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?						
_		5b					
C	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 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			,			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or						
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6					
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	<u> </u>					
-	(as 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?						
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8					
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more						
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described						
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a					
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			]			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b					
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit						
4.5	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	L				
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						
L	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	10a					
E3	DIG THE ORGANIZATION HAVE ANY EXCESS DUSINESS HORDINGS IN THE TAX VERY TUSE SCREOTHE C. FORM 4770 TO		, 1				

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l i
а	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?	11a		ļ
	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Section	on B. Type I Supporting Organizations		V	- N-
4		Γ	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 <b>Part VI</b> 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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			نــــا
	the supported organization(s).	1		Щ
Section	on D. All Type III Supporting Organizations		V	1
4	Did the appropriation provide to each of its supported expenientions, but the last day of the fifth month of the		Yes	No
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			1 1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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		
Section	on E. Type III Functionally Integrated Supporting Organizations			<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	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 (s	see ins I		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		<b></b>
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.			
	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? Provide details in Part VI.	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	]	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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)	6		
7 Other expenses (see instructions)	7		
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):			
a Average monthly value of securities	1a		
<b>b</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-functionall instructions)	y int	egrated Type III supporti	ng organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	on D-Distributions			Current Year					
1_	Amounts paid to supported organizations to accomplish	exempt purposes	<del></del>	,					
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted						
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations						
4	Amounts paid to acquire exempt-use assets	<del> </del>							
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>							
6	Other distributions (describe in Part VI). See instructions.		- · · · · · · · · · · · · · · · · · · ·						
	Total annual distributions. Add lines 1 through 6.	· · · · · ·							
8	Distributions to attentive supported organizations to whice	h the organization is res	ponsive						
	(provide details in Part VI). See instructions.		<del> </del>						
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount		Gi)	/::N					
Sect	ion E—Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019						
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required—explain in Part VI). See								
	instructions.								
_3_	Excess distributions carryover, if any, to 2019								
a	From 2014								
<u>b</u>	From 2015								
<u> </u>	From 2016								
d	From 2017								
	From 2018								
<u>f</u>	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount  Carryover from 2014 not applied (see instructions)								
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from			*					
-	Section D, line 7:		. ,	<del>-</del>					
а	Applied to underdistributions of prior years		<del></del>						
<u>b</u>	Applied to 2019 distributable amount								
c	Remainder, Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if			-					
•	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h		· · · · · · · · · · · · · · · · · · ·	<u>,</u>					
•	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.		*						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.								
8	Breakdown of line 7:								
a	Excess from 2015	1	<i>z</i> '						
b	Excess from 2016								
c	Excess from 2017	,		,					
d	Excess from 2018								
е	Excess from 2019	·		$u_{ij} = v_i$					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)								
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Cambodian International Buddhist Temple Inc

## 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

Open to Public Inspection

Employer Identification number

62-1279416

990-EZ Line 16 ⁻ Other Expenses Include:
Uncatergorized (\$12,148), Annual Report (\$20), Bank Charge (\$65), Building (\$4175), Lawyer Fee (\$1850), Property Tax (\$1983)
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Schedule (	J (Form 99	IU or 990-E2	(2019)	-1 J		_ F 4	•	•			i				· Page 2
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