

Part IX Financial Data

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

A. Statement of Revenues and Expenses

Type of revenue or expense	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
	(a) From 01/01/17 To 12/31/17	(b) From 01/01/18 To 12/31/18	(c) From 01/01/19 To 12/31/19	(d) From To	
Revenues					
1 Gifts, grants, and contributions received (do not include unusual grants)	2,450	12,500	18,500	See attached (9b) (9c) & (9d)*	33,450
2 Membership fees received	0	0	0		0
3 Gross investment income	0	0	0		0
4 Net unrelated business income	0	0	0		0
5 Taxes levied for your benefit	0	0	0		0
6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0		0
7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0	0	0		0
8 Total of lines 1 through 7	2,450	12,500	18,500		33,450
9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	2,600	4,500	7,000	See attached (9a)*	14,100
10 Total of lines 8 and 9	5,050	17,000	25,500		47,550
11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	0	0	0		0
12 Unusual grants	0	0	0		0
13 Total Revenue Add lines 10 through 12	5,050	17,000	25,500		47,550
Expenses					
14 Fundraising expenses	(100)	(200)	(300)	See attached (6)*	
15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	(750)	(7,460)	(13,160)	See attached (2) and (7a)*	
16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0		
17 Compensation of officers, directors, and trustees	0	0	0		
18 Other salaries and wages	0	0	0		
19 Interest expense	0	0	0		
20 Occupancy (rent, utilities, etc.)	(1,940)	(5,000)	(7,500)	See attached (1)*	
21 Depreciation and depletion	0	0	0		
22 Professional fees	(815)	(500)	(500)	See attached (7b) and (8)*	
23 Any expense not otherwise classified, such as program services (attach itemized list)	(1,370)	(2,485)	(2,350)	See attached (3), (4), and (5)*	
24 Total Expenses Add lines 14 through 23	(4,975)	(15,645)	(23,810)		

*See attached Newark Center for Meditative Culture: Financial Data

Part IX Financial Data (Continued)

B. Balance Sheet (for your most recently completed tax year)

		Year End:
		(Whole dollars)
Assets		
1	Cash	0
2	Accounts receivable, net	0
3	Inventories	0
4	Bonds and notes receivable (attach an itemized list)	0
5	Corporate stocks (attach an itemized list)	0
6	Loans receivable (attach an itemized list)	0
7	Other investments (attach an itemized list)	0
8	Depreciable and depletable assets (attach an itemized list)	0
9	Land	0
10	Other assets (attach an itemized list)	0
11	Total Assets (add lines 1 through 10)	0
Liabilities		
12	Accounts payable	0
13	Contributions, gifts, grants, etc. payable	0
14	Mortgages and notes payable (attach an itemized list)	0
15	Other liabilities (attach an itemized list)	0
16	Total Liabilities (add lines 12 through 15)	0
Fund Balances or Net Assets		
17	Total fund balances or net assets	0
18	Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)	0
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part X Public Charity Status

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. Yes No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2.
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. Yes No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. Yes No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? Yes No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
The organization is not a private foundation because it is:
 - a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A.
 - b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B.
 - c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C.
 - d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D.

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Financial Data	2017 Current	2018 Projected	2019 Projected
Expenses			
1. Venue/Office/Space Rentals			
a. 49 Weekly Group	-1040	—	—
b. First Sunday Meditation	—	—	—
c. Every Sunday Meditation	—	—	—
d. Twice Monthly Sutta Study	—	—	—
e. 5 Special Retreats/Programs	-900	—	—
f. Two-day Retreat Program	—	—	—
g. Deep Ecology Workshop	—	—	—
h. 2 Clean-ups with Activities	—	—	—
i. Single Office Rental	—	-5000	-7500
SUBTOTAL RENTALS	-1940	-5000	-7500
2. Teacher Gifts			
a. First Sunday Teacher	—	-480	-480
b. Every Sunday Teacher	—	—	—
c. Tuesday Sutta Study (twice monthly)	—	-480	-480
d. Retreat Teachers	-750	-1000	-1500
e. Fall Hike Leaders (four)	—	-200	-300
f. Deep Ecology Workshop	—	-300	-400
SUBTOTAL TEACHER GIFTS	-750	-2460	-3160
3. Insurance			
a. Wednesday Event Insurance	-105	-105	-105
b. Sunday Event Insurance	—	-105	-105
c. Tuesday Event Insurance	—	—	-105
d. Quarterly Retreat Event Insurance	-105	-105	-105
e. General Liability Insurance	-400	-750	-750
SUBTOTAL INSURANCE	-610	-1065	-1170
4. Office Expenses			
a. PO Box	-60	-70	-80
b. Meditation Props	-200	-500	—
c. Educational Books/E-books	-100	-200	-300
d. Online Services	-200	-300	-400
e. Gifts to non-profits/partners	-100	-150	-200
SUBTOTAL OFFICE EXPENSES	-660	-1220	-980

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5. Retreat Expenses			
a. Food	-50	-100	-100
b. Wooden plates (24)	-50	-50	—
Other	—	-50	-100
SUBTOTAL RETREAT EXPENSES	-100	-200	-200
6. Fundraising Expenses			
a. Photocopies, other	-100	-200	-300
SUBTOTAL FUNDRAISING EXPENSES	-100	-200	-300
7. Staff and Service Providers			
a. Executive Director (provided by grant)	—	-5000	-10,000
b. Accountant	-300	-500	-500
SUBTOTAL STAFF	-300	-5500	-10,500
8. Non-profit Development Services			
a. Clinic Fee	-25	—	—
b. State Filing Fee	-90	—	—
c. U.S. Filing Fee	-400	—	—
SUBTOTAL FEES	-515	—	—
Total Expenses	(4,975)	(15,645)	(23,810)
9. Income			
a. Admission Donations from Programs	2600	4500	7000
b. Donations: Sponsorships	300	500	500
c. Donations: Fundraisers (online and event)	2150	2000	3000
d. Capacity Building Grant for ED	—	5000	10,000
e. Capacity Building Grant for Space Rental	—	5000	5000
Total Income	5,050	17,000	25,500
BALANCE	75	1,355	1,690