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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Open to Public

		f the Treasury nue Service	<u></u> ► T	The organization may have	to use a copy of this	return to satisf	y state reportir	ng requirer	ments. Inspection
A	For the	he 200 7 ca	lendar	year, or tax year beginni	ing	, 2007, an	d ending		, 20
В	Check if	applicable	Please	C Name of organization				D Emplo	yer identification number
$\overline{}$		use IRS label or Pema Chodron Foundation					20	5958865	
	Name o	change	print or type.	Number and street (or P.O	box if mail is not delivered	ed to street addres	s) Room/suite	E Telepi	none number
	Initial re	etum	See Specific	620 Mathews Street			104	(970	484-0945
	Termina	ation	Instruc-	City or town, state or coun	-				ang method: 🕢 Cash 🔲 Accrual
	Amende	ed return	tions.	Fort Collins, CO 8052	24-3037				ther (specify) >
	Applicat	tion pending		tion 501(c)(3) organizations			1		e to section 527 organizations. m for affiliates? Yes No
_				sts must attach a completed	Scrieduje A (Form 990	or 990-E2j.		• .	ber of affiliates >
<u>G</u> _	Websit	œ: ► pem	acnoa	ronfoundation.org		 	H(c) Are all a		
J	Organi	zation type	(check o	nly one) 🕨 🗹 501(c) (3)) ◄ (insert no.) ☐ 4947	(a)(1) or 🔲 527	1		t. See instructions.)
ĸ	Check	here ▶ 🗌	if the o	rganization is not a 509(a)(3)	i) supporting organization	and its gross	H(d) Is this a s		
				ere than \$25,000. A return is no e a complete return.	ot required, but if the orga	anızatıon chooses	-		by a group ruling? Yes V No
	to lile a	s	ure to the	e a complete return.	, -			xemption N	lumber ▶ na the organization is not required
L	Gross	receipts A	dd lines	s 6b, 8b, 9b, and 10b to li	ine 12 ▶ 22	9429			Form 990, 990-EZ, or 990-PF).
Р	art I	Reven	ue, Ex	penses, and Change	es in Net Assets	or Fund Bala			
	1	•		gifts, grants, and similar			•		,
	а	_		o donor advised funds		1a			
	ь	Direct pu	ublic su	upport (not included on	line 1a)	1b	775	82	
	С	Indirect	public s	support (not included o	n line 1a)	. 1c	·····		
	d			ntributions (grants) (not					
	e	Total (ad	d lines	1a through 1d) (cash \$	77582 nor	ncash \$. <u>1e</u>	77582
	2	_		revenue including gover		tracts (from Pa	rt VII, line 93)	2	151123
	3		•	es and assessments .				. 3	0
	4			ngs and temporary cas				. 4	724
	5							. 5	0
	6a	Sh.							
	1		_	penses	no Ch from line Ca		· · · · · · · · · · · · · · · · · · ·		o
	7			nt income (describe	ne on nom line oa			7	0
Revenue	1			from sales of assets oth	(A) Securities		B) Other	<u> </u>	
eve	04	than inve			-	8a			
ш	ь		-	er basis and sales expense		8b			
				ttach schedule)		8c			
	d	Net gain	or (loss). Combine line 8c, colur	mns (A) and (B) .			8d	0
	9			d activities (attach schedul					
	а	Gross re	venue (not including \$	0	f			
				ported on line 1b)		. 9a	· · _	_	
				penses other than tundr		. <u> 9b </u>			_
		Net inco	me or (loss) from special even	the Subtract line 9b			9c	0
	10a	Gross sa	les of a	nventer, less returns a	and allowa nces .	. 10a 10b			
	b	Gross pro	storge fitor(lo	oods \$61d . MAR 330s ss) from sales of investory	2010 18			10c	^
	11	Other res	maria f	front Date VIII June 100V	IOI		om line 10a .	111	0
	12	Total rev	enue.	Add lines (19 (2) 3) 4; 5, 6	6 c, 7, 8d, 9c. 10c. ar	nd 11 .		12	229429
	13	Program	service	es (from line 44, column	a (Par			13	0
Ses	14			nd general (from line 44				14	5223
Expenses	15			m line 44, column (D))				15	169
Ä	16	Payment	s to aff	iliates (attach schedule))			16	0
	17	Total ex	penses	. Add lines 16 and 44,	column (A)	<u> </u>	<u> </u>	17	5392
ets	18	Excess o	r (defic	it) for the year. Subtrac	ct line 17 from line	12		18	224037
Net Assets	19	Net asse	ts or fu	ınd balances at beginnı	ing of year (from lin	e 73, column	(A))	19	0
let.	20	Other ch	anges i	in net assets or fund ba	alances (attach expl	lanation).		20	0
_	21	ivet asset	s or tur	nd balances at end of ye	ear. Combine lines 18	3, 19, and 20	<u></u>	21	224037

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

917-21

Form **990** (2007)



Par	Statem Functio	ent of onal Expenses	organizations morganizations and s	ection 49	947(a)(1) nonexempt	chantable trusts but	optional for others. (S	ee the instructions.)
,		de amounts repon 9b, 10b, or 16 of			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
		donor advised funds						
		noncash \$		1				
		cludes foreign grants,		22a	0	0		
22 b		and allocations (at		1			İ	
		noncash \$		201	o	0		
		cludes foreign grants,		22b	U			
23	•	stance to indivi		23	0	0		
24	Benefits paid schedule)	I to or for mer		24	0	0		
25a		n of current offic s, etc. listed in Pa	ers, directors,	25a	0	0		
b		n of former offic						
	key employee	s, etc. listed in Pa	rt V-B	25b	0	0		
С		n and other dist		li			}	
		ve, to disqualified section 4958(f)(1)						
		section 4958(c)(3)(25c	o	0		
26		ages of employee	•					
		o, and c		26	0	0		
27		contributions no						
		nd c		27	0	0		
28	Employee be	enefits not inclu	ded on lines					
				28	0	0		
29				29	0	0		
30	Professional f	undraising fees .		30	0	0		
31	-	es		31	0	0		
32				32	2967	0	2967	
33				33	334	0	334	
34				34	230	0	40 230	
35		shipping		35	230	0	230	
36				37	0	0		
37		ntal and maintena		38	533		364	169
38	-	oublications		39	99	0	99	109
39 40				40	0		33	
40 41		conventions, and	_	41	0	0		
41 42		depletion, etc. (att		42	0	0		
42 43	•	es not covered at	•	- 			-	
a	Incorporation	- food		43a	750		750	
b	Bank & Credi	it Card fees		43b	439		439	
c				43c				
ď				43d				
e				43e				
f				43f				
g				43g				
44	through 43g columns (B)-(nal expenses. A D. (Organizations D), carry these to	completing totals to lines	44	5392	0	5223	169
Joint		x ▶ ☐ if you an						
Are a	ny joint costs fro	m a combined edu	cational campaign	and fun	draising solicitation	reported in (B) Pro	gram services? . >	☐ Yes ☐ No
							to Program services	\$,
un tr	ie amiount alloca	ited to Managemer	ıtano: generai\$, and (iv) the	amount allocated	to Fundraising \$	

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

٧I	hat is the organization's primary exempt purpose? Support of Buddhist monasticism	Program Service
All of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
а	No grants made this year, as the endowment fund is not yet built to a level of sustainablity.	
	(Grants and allocations \$ 0) If this amount includes foreign grants, check here ▶	
		
D		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
C		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d	, , , , , , , , , , , ,	
_		

	70	
_	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e	Other program services (attach schedule)	
f	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	
<u>.</u>	Total of Frogram Services, Should equal line 44, column (b), Program Services)	

Pa	irt IV	Balance Sheets (See the instructions.)		- 	
•	lote:	Where required, attached schedules and amounts within the description bolumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		45	65373
	46	Savings and temporary cash investments		46	158664
		Accounts receivable 47a		1 1	
		Accounts receivable		47c	
	D	Less: allowance for doubtful accounts .		1	
	482	Pledges receivable			
		Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, key employees (attach schedule)	and	50a	
	b	Receivables from other disqualified persons (as defined under se 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach sche	ction	50b	
ţ	51a	Other notes and loans receivable (attach schedule)			
Assets	b	Less: allowance for doubtful accounts . 51b		51c	· - · · · · · · · · · · · · · · · · · ·
Ä	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
		Investments—publicly-traded securities • Cost		54a	
	b	Investments—other securities (attach schedule) Cost	J FMV	54b	
	55a	Investments—land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
	56	Investments—other (attach schedule)		56	
	1	Land, buildings, and equipment: basis . 57a		1 1	
	b	Less: accumulated depreciation (attach		57c	
	E0.	oorleadio)		3/6	
	58	Other assets, including program-related investments (describe >	,	58	
	59	Total assets (must equal line 74). Add lines 45 through 58	/	59	224037
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
es	63	Loans from officers, directors, trustees, and key employees (at			
abilities		schedule)		63	
Liat		Tax-exempt bond liabilities (attach schedule)		64a	
		Mortgages and other notes payable (attach schedule)	·,	64b	
	65	Other liabilities (describe ►)	65	
	66	Total liabilities. Add lines 60 through 65		66	0
ψ	Orga	anizations that follow SFAS 117, check here ► and complete 67 through 69 and lines 73 and 74	lines		
ည်	67	Unrestricted		67	
Balances	68	Temporarily restricted		68	
ã	69	Permanently restricted		69	 -
Fund	Orga	inizations that do not follow SFAS 117, check here ► ✓ and complete lines 70 through 74.			
þ	70	Capital stock, trust principal, or current funds		70	·
ets	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
455	72	Retained earnings, endowment, accumulated income, or other fu		72	224037
Net Assets	73	Total net assets or fund balances. Add lines 67 through 69 or 1			
Z		70 through 72. (Column (A) must equal line 19 and column (B) m equal line 21)		73	
	74	Total liabilities and net assets/fund balances. Add lines 66 and 1	73	74	224037

Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue pe	er Ret	um (See the	
	Total row	enue, gains, and other support per audit	ed financial statements			а		<u>-</u>	NA
a b		included on line a but not on Part I, line							
1		alized gains on investments		b1		İ	1		
2		services and use of facilities		b2		1			
3		es of prior year grants		b3		7			
4		ecify):				7			
•	Other (Sp	isoliy).		b4		1			
	Add lines	: b1 through b4				b			
С						С			
d		included on Part I, line 12, but not on li	ne a:						
1		nt expenses not included on Part I, line		d1					
2		ecify):				-			
				d2		<u> </u>	İ		
		d1 and d2				d			
е		renue (Part I, line 12). Add lines c and d				<u>e</u>	L		
Pa	rt IV-B	Reconciliation of Expenses per Au		nents With Ex	penses	per R	eturr	1	
а		enses and losses per audited financial s				<u>a</u>	-		NA
b		included on line a but not on Part I, line		l sa i					
1		services and use of facilities		b1		-{			
2	_	r adjustments reported on Part I, line 20		b2 b3		┨			
3		eported on Part I, line 20		103		-			
4		ecify):		b4		1	ļ		
		. h.d. Abus visib. h.d.		<u> </u>		Ь			
_		b1 through b4				C	_		
c d		line b from line a				<u> </u>			
1		nt expenses not included on Part I, line		l d1 l		1	ļ		
2		necify):				1			
2	Other (Sp	ecity).		d2		}			
	Add lines	14 1 10				d			
е		penses (Part I, line 17). Add lines c and	d		•	е			
Pa	rt V-A	Current Officers, Directors, Trustees or key employee at any time during the year.	, and Key Employees	(List each perso	n who wa	s an o	fficer,	director, trus	stee,
			(B) Title and average hours per					(E) Expense acc	count
		(A) Name and address	little and average hours per week devoted to position	(If not paid, enter	benefit pla compen	ans & defe Isation pla	erred ns	and other allowa	ances
Per	na Chodre	on	Chairman of the Board						
PO	Box 69 C	restone CO 81131	of Directors	0	i		0		0_
	nothy Olm		President & Director						
		30 Steamboat Springs CO 80477		0			0		0
	rick Surhl		Secretary & Director						
_		NE, Seattle WA 98105		0			0		0_
	o Fallon		Treasurer & Director						
620	Mathews	St, Fort Collins CO 80524		0			0		0_
				<u> </u>					
									
			<u> </u>					-	
			-						

Form 990 (2007)	and Kay Employe	as (sentinued)			Yes	age
Part V-A Current Officers, Directors, Trustees 75a Enter the total number of officers, directors, and tr			n husiness at hoard	T	res	NO
meetings	· · · · · ·	▶ .	4			
b Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated particles and the second to the second to the second to the second to the second to the second to the second the se	orofessional and other through	other independent family or business	75b		1
c Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the definition of "related organization."	Part I, or highest co Part II-A or II-B, red at are related to the o	ompensated professive compensating ganization? See	fessional and other ion from any other the instructions for	75c		1
d Does the organization have a written conflict of ir			<u></u>	75d	1	
Part V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	ceived compensation of	r other benefits (d	escribed below) during	the y	ear, lis	orme
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Experient and lowance	other
None - New organiztion						
			-,,,			
•					_	
Part VI Other Information (See the instruction	ls.)				Yes	No
76 Did the organization make a change in its activitie detailed statement of each change	es or methods of con		? If "Yes," attach a	76		1
77 Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	eming documents bu		the IRS?	77		1
78a Did the organization have unrelated business grothis return?	ss income of \$1,000			78a		1
b If "Yes," has it filed a tax return on Form 990-T for79 Was there a liquidation, dissolution, termination, or				78b		

and check whether it is exempt or nonexempt

b If "Yes," enter the name of the organization ▶

80a

81b

	350 (2007)			age z
Pa	rt VI Other Information (continued)		Yes	No
82a `	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
920	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	 -	1
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<u> </u>	1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		<u> </u>
D	gifts were not tax deductible?	84b		
8 52	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		T
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		1
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		<u></u>	<u> </u>
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year?	85h	ļ	ļ
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a		İ	1
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	,		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	·	1
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		1
C	Enter: Amount of tax imposed on the organization managers or disqualified			<u> </u>
·	persons during the year under sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization >			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			الــــــــــــــــــــــــــــــــــــ
	transaction?	89e		√
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		V
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	at any time during the year?			<u> </u>
	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) The backs are an account of P. Arvo Fallon		4 60 1	0
	The books are in care of ▶ Arvo Fallon Located at ▶ 640 Mathews St #104, Fort Collins CO Telephone no. ▶ (970) ZIP + 4 ▶ 80524		4-094	15
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
		91b		✓
	If "Yes," enter the name of the foreign country ▶	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			[

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Part VI	Other Information (continued)		-			Yes	No
c At	any time during the calendar year, did th	e organization m	aintain an office o	outside of the	Linited States?	91c	1
If "	Yes," enter the name of the foreign coun	trv ▶				·	
	ction 4947(a)(1) nonexempt charitable trus						. ▶ 🗆
	d enter the amount of tax-exempt interes						
Part VII	Analysis of Income-Producing A	ctivities (See ti	he instructions.)				
Note: Ent	ter gross amounts unless otherwise	Unrelated	business income	Excluded by sect	on 512, 513, or 514	(E)	
ndicated.	~	(A)	(B)	_ (C)	(D)	Related exempt fur	
93 Pro	ogram service revenue:	Business code	Amount	Exclusion code	Amount	incom	
a R	oyalties on Buddhist books & recordin	gs		15	151123	15	1123
b							
c						<u> </u>	
d				1-			
е				ļ <u>-</u>			
f Me	edicare/Medicaid payments						
g Fe	es and contracts from government agenci	ies		ļ			
94 Me	embership dues and assessments.		-				
95 Int	erest on savings and temporary cash investme	nts		14	724		724
	vidends and interest from securities			 			
	et rental income or (loss) from real estate			1	:		
a de	bt-financed property	-					
	t debt-financed property						
	t rental income or (loss) from personal proper	- 1		ļ		·	
	her investment income						
	in or (loss) from sales of assets other than inventor	ory	-				
	et income or (loss) from special events		*	 			
	oss profit or (loss) from sales of inventor	у		 			
	her revenue: a	— 					
b				 	· · · · · · · · · · · · · · · · · · ·		
C		— 		 		··	
d				-			
e	bhatal (add a bara a (D) (D) and (D)		0			4.5	4047
1 04 Su 1 05 To	btotal (add columns (B), (D), and (E)) tal (add line 104, columns (B), (D), and (E			<u> </u>	>		1847 1847
lote: Lin	e 105 plus line 1e, Part I, should equal th	-)) · · · · · . he amount on line					1047
Part VIII				oses (See the	e instructions)		
Line No.	Explain how each activity for which inco					accomplish	mont
▼	of the organization's exempt purposes (inportantly to the	accomplish	
95	Allows funds being raised to not be in	dle while waiting	to be expended	in the nurnos	es of the Foun	dation	
93a	Disseminates knowledge of the Budd	hist tradition and	d encourages an	d provides si	innort of the Fo	uauon.	
	goals.		a onocaragos an	a provides se	apport of the Ft	Junuacion	-
Part IX	Information Regarding Taxable Su	bsidiaries and D	isregarded Entit	ies (See the ii	netructions)	·	
Nar	me, address, and EIN of corporation,	(B) Percentage of	(C) Nature of ac		(D) Total income	(E) End-of-y	ear
none	partnership, or disregarded entity	ownership interest			TOWN INCOME	assets	<u>: </u>
.5110		<u>%</u>					
		<u>%</u>	, <u> </u>				
		%					

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes
No Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part X

Part	Information Regarding 1 is a controlling organization			intities. Comp	plete only if the o	rganiz	ation
106	Did the reporting organization ma the Code? If "Yes," complete the				tion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desci	(C) iption of insfer	(D Amount of		fer
a							
b							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(D Amount of		er
а							
b							
С							· · · · · · · · · · · · · · · · · · ·
	Totals						
108	Did the organization have a bindir rents, royalties, and annuities des			2006, coverin	g the interest,	Yes	No
Please Sign Here	Under penalties of perjury to declare that I and belief it is true, correct, and complete Signature of officer Arvo D. Fallon, Treasurer Type or print name and title	pave examined the retern, including the Declaration of pyecharer (other the	g accompanying so an officer) is baser	hedules and stater d on all information Da	3/23/20	my know iny know	vledge vledge
Paid Prepare	I Firm's name (or yours k		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen.	Inst, X)
Use Only	if self-employed), address, and ZIP + 4			EIN Phone r	▶ ;		

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Pema Chodron Foundation			20 ;	998889
Compensation of the Five High (See page 1 of the instructions.	nest Paid Employees O List each one. If there ar	ther Than Offic e none, enter "i	ers, Directors, a None.")	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
No paid employees				
	-			1,500
Total number of other employees paid over \$50,000 . ▶	•			
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
None				
				· · · · · · · · · · · · · · · · · · ·
Total number of others receiving over \$50,000 for professional services ▶				
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	ned services other than p	rofessional serv	Other Services ices, whether inc	lividuals or
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
None		-		
				·
Total number of other contractors receiving over \$50,000 for other services				· · · · · · · · · · · · · · · · · · ·

_	4
Page	7

Pai	rt III Statements About Activities (See page 2 of the instructions.)		Yes	No
1,	attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,	1		✓_
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2Ь		✓
С	Furnishing of goods, services, or facilities?	2c		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	≧d		✓
e	Transfer of any part of its income or assets?	2e		✓
За	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	la		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	ь		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	ic		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	d		✓
		а		✓
b	Did the organization make any taxable distributions under section 4966?	b		✓
C	Did the organization make a distribution to a donor, donor advisor, or related person?	c		✓
d	Enter the total number of donor advised funds owned at the end of the tax year			na
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •			na
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		 -	na
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			na

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 8 of	the instruction	ons.)			
l ce	tify	that the organization is not a privat	te foundation bed	ause it is: (Please check	only ONE app	olicable box)				
5		A church, convention of churches	, or association of	of churches. Section 170	(b)(1)(A)(i).					
6		A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)								
7		A hospital or a cooperative hospit	tal service organia	zation Section 170(b)(1)((A)(III).					
8		A federal, state, or local government	ent or governmer	ntal unit Section 170(b)(1)(A)(v).					
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶								
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)								
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)								
11b		A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)								
12	V	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)								
13		An organization that is not control requirements of section 509(a)(3)					nd otherwise meets th			
		☐ Type II	☐ Type	III-Functionally Integrate	ed 🗀	Type III-Other				
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	e 8 of the instru	uctions.)			
(a) Name(s) of supported organization(s)			(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organization listed in the supporting organization's IRC governing documents?		(e) Amount of support			
					Yes	No				
No	ne									
							-			
Tota	l .	<u> </u>	<u></u>	<u> </u>		▶				
14		An organization organized and op	erated to test for	public safety Section 5	09(a)(4) (See r	page 8 of the in	structions)			

	e: You may use the worksheet in the instructions ndar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 200		(e) Total
15	Gifts, grants, and contributions received. (Do	(2) 2000	(b) 2003	(6) 2004	(0) 200	~	(c) Total
13	not include unusual grants. See line 28.).	2007 first year	of operation.				
16	Membership fees received	2001 11100 9001	o. operation.		 		
17	Gross receipts from admissions, merchandise			_ 	 		
	sold or services performed, or furnishing of facilities in any activity that is related to the						
	organization's chantable, etc., purpose			_			
18	Gross income from interest, dividends,						
. •	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties,					- [
	income from similar sources, and unrelated business taxable income (less section 511						
	taxes) from businesses acquired by the						
	organization after June 30, 1975						
19	Net income from unrelated business						
	activities not included in line 18						
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on its behalf					ŀ	
	The value of services or facilities furnished to				<u> </u>	 -	
21	the organization by a governmental unit						
	without charge. Do not include the value of						
	services or facilities generally furnished to the public without charge					-	
22	Other income. Attach a schedule. Do not				 		
~	include gain or (loss) from sale of capital assets	i				}	
23	Total of lines 15 through 22 ,						
24	Line 23 minus line 17		_	-	1		
25	Enter 1% of line 23						
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	in (e), line 24 .	, , ,▶	26a	
b	Prepare a list for your records to show the nar	me of and amoun	t contributed by	each person (oth	ner than a		
	governmental unit or publicly supported organi						
	amount shown in line 26a. Do not file this list w	ith your return. E	nter the total of al	I these excess ar	nounts 🟲	26b	
C	Total support for section 509(a)(1) test. Enter li	ne 24, column (e)			▶	26c	 -
d	Add: Amounts from column (e) for lines: 18						
						26d	
e	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera		ina 26a (danami			26e	
						26f	94
27	Organizations described on line 12: a For person," prepare a list for your records to show	or amounts include the name of and	led in lines 15, 1 total amounts rec	6, and 17 that	were receive	ed from a	a "disqualified
	Do not file this list with your return. Enter the	e sum of such an	nounts for each y	ear	ar irom, cac	ii disque	illied person
	(2006) none (2005)	none	(2004)	none	(2002)		none
h	For any amount included in line 17 that was recei						
-	show the name of, and amount received for each	vear, that was mor	re than the larger	of (1) the amount	on line 25 fo	r the vear	or (2) \$5 000
	(Include in the list organizations described in lines :	5 through 11b, as v	vell as individuals.)	Do not file this I	ist with vour	return. A	fter computing
	the difference between the amount received and amounts) for each year	the larger amount	described in (1)	or (2), enter the s	ium of these	differenc	es (the excess
	(2006) none (2005)	none	(2004)	none	(2003)		none
	(,		(4001)		. (2000) .		
С	Add: Amounts from column (e) for lines: 15		16				
	17 20				▶	27c	
d	Add: Line 27a total	and line 27b tota	l <u></u> _	<u> </u>	▶	27d	
е	Public support (line 27c total minus line 27d to					27e	
f	Total support for section 509(a)(2) test: Enter a				<u>-</u>		
	Public support percentage (line 27e (numera	itor) divided by I	ine 27f (denomír	natori)	▶	27g	%
g h	Investment income percentage (line 18, colu					27h	%

Pa	rt V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)							
29,	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, byławs,							
30	other governing instrument, or in a resolution of its governing body?							
30	brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?							
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way							
	that makes the policy known to all parts of the general community it serves?							
	If "Yes," please describe; if "No," please explain (if you need more space, attach a separate statement)							
32	Does the organization maintain the following							
а		32a						
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b						
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing							
d	with student admissions, programs, and scholarships?	32c						
	copies of an material accept, the organization of office behalf to solicit community.							
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)							
33	Does the organization discriminate by race in any way with respect to:							
а	Students' rights or privileges?	33a						
		001						
D	Admissions policies?	33b						
С	Employment of faculty or administrative staff?	33c						
d	Scholarships or other financial assistance?	33d						
е	Educational policies?	33e						
f	Use of facilities?	33f						
g	Athletic programs?	33g						
	Other auto-community and the O	001						
"	Other extracumcular activities?	33h						
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			į				
				ĺ				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a						
b	Has the organization's right to such aid ever been revoked or suspended?	34Ь						
-	If you answered "Yes" to either 34a or b, please explain using an attached statement.			,				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05							
	of Rev Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," attach an explanation	35						

Pa	t VI-A Lobbying Expenditures by El (To be completed ONLY by ar					S.)			
Che	ck ▶ a ☐ if the organization belongs to an affilia					i" provisions apply.			
•	Limits on Lobbyi (The term "expenditures" mea	-		(a) Affiliated group totals	(b) To be completed for all electing organizations				
 36	Total lobbying expenditures to influence public	oninion (grassro	nts lobbying)	36	-				
37	Total lobbying expenditures to influence a legis				-				
38	Total lobbying expenditures (add lines 36 and								
39	Other exempt purpose expenditures			1 00					
40	Total exempt purpose expenditures (add lines								
41	Lobbying nontaxable amount Enter the amount								
	If the amount on line 40 is— The I								
	Not over \$500,000 20%								
	Over \$500,000 but not over \$1,000,000 . \$100,	000 plus 15% of t	ne excess over \$5	500,000					
	Over \$1,000,000 but not over \$1,500,000 . \$175,	000 plus 10% of th	e excess over \$1,0	000,000 41					
	Over \$1,500,000 but not over \$17,000,000. \$225,	000 plus 5% of the	e excess over \$1,5	500,000					
	Over \$17,000,000 \$1,00	0,000							
42	Grassroots nontaxable amount (enter 25% of I	ine 41)							
43	Subtract line 42 from line 36 Enter -0- if line 4								
44	Subtract line 41 from line 38 Enter -0- if line 4	11 is more than lir	ne 38	44	<u> </u>	_L			
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	720.					
	4-Year Av	eraging Perio	d Under Sect	ion 501(h)					
	(Some organizations that made a section See the instructions f	on 501(h) election	do not have to	complete all of t	the five columns	below.			
		Lob	bying Expendite	ures During 4-1	ear Averaging l	Period			
	Calendar year (or	(a)	(b)	(c)	(d)	(e)			
	fiscal year beginning in) ▶	2007	2006	2005	2004	Total			
<u>45</u> _	Lobbying nontaxable amount								
46_	Lobbying ceiling amount (150% of line 45(e))								
<u>47</u> _	Total lobbying expenditures								
48_	Grassroots nontaxable amount	71/							
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures								
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (Se	e page 14 of t	he instructions.)			
	ng the year, did the organization attempt to influ				any Yes No	Amount			
a	Volunteers								
þ	Paid staff or management (Include compensation in expenses reported on lines c through h.)								
C	Media advertisements								
d	Mailings to members, legislators, or the public								
е	Publications, or published or broadcast statem	ents							
f	Grants to other organizations for lobbying purp	ooses			.				
g	Direct contact with legislators, their staffs, gov								
þ	Rallies, demonstrations, seminars, conventions		_						
i	Total lobbying expenditures (Add lines c through					<u> </u>			
	If "Yes" to any of the above, also attach a stat	ement giving a de	talled description	n of the lobbying	g activities.				

Pa	rt V			ransfers To and Transa ee page 14 of the instruction		Relationships	With	None		table			
51				ndirectly engage in any of the following with any other organization described in section (c)(3) organizations) or in section 527, relating to political organizations?									
a Transfers from the reporting organization				to a nonchantable exempt org	anization of:		1		Yes	 			
(i) Cash								51a(i)	ļ	/			
	(ii)	Other assets .						a(ii)	ļ	1			
þ	Oth	ner transactions:					İ		1				
	(i) Sales or exchanges of assets with a noncharitable exempt organization							b(i)	 -	1			
	(ii) Purchases of assets from a noncharitable exempt organization						-	b(ii)	 	1			
	(iii)	Rental of facilities	, equipment, or oth	her assets				b(iii)		1			
	(iv) Reimbursement arrangements						-	b(iv)	ļ	1			
		Loans or loan gua					-	b(v)	 	1			
				ship or fundraising solicitations			. }	b(vi) c	1	1			
		• ,		sts, other assets, or paid empl	-				L				
d	god	ods, other assets, or	r services given by	' complete the following scheduly the reporting organization. If n column (d) the value of the goo	the organization	received less that	n fair n						
	a)	(b)		(c)		(d)							
Line	e no	Amount involved	Name of none	charitable exempt organization	Description o	f transfers, transactions	s, and sh	anng an	angem	ents			
				•	†···								
	·		· · ·		-								
			***							_			

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					ļ								
					-								
								.					
		ļ			-								
	des	scribed in section 50 Yes," complete the	1(c) of the Code (T				Yes	s [2] No			
		(a) Name of organiza		(b) Type of organization	(c) Description of relationship								
		v-1			 								
					<u> </u>								
								-					
					-								
					 -								
									_				