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# KI YENTSE 05/10/2010 8 53 PM

Dej artment of the Treasury

# **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)

Inte	nal Revenue Serv	rice	► The orga			copy of this return to sa			ments.	Inspection
Α	For the 2008 cal	endar ye	ar, or tax year begi	nning 7	/01/08	, and ending $\epsilon$	5/30/0	9		
В	Check if applicable	Please	C Name of organizatio	on					D Emplo	oyer identification number
	Address change	use IRS			rse fou	JNDATION			]	-
$\equiv$	•	label or	Doing Business As						91-	-2167303
닏	Name change	print or type.		or PO box if mail is no	ot delivered to stre	eet address)	<del></del>	Room/suite	1	none number
	Initial return	See	PO BOX		or delivered to suc	set duness;		Noonvaule		3-288-9708
$\Box$	Termination	Specific			710 . 4					4 740 745
ᇹ		Instruc-	SAN FRA	te or country, and 2	ZIP + 4	CA 94115			G Gross rece	eipts \$ 0,709,703
님	Amended return	tions.				CH 34113	-		114.5	
$\sqcup$	Application pending	F Name	e and address of princ	cipal officer						a group return for
									affiliate H(b) Are all	affiliates H
									ınclude	ed? Yes No
		<u> </u>		<del></del>					If "No,	* attach a list (see instructions)
上	Tax-exempt statu		501(c) ( <b>3</b> )	(insert no.)		a)(1) or 527			4	
<u>J</u>	Website: • W	WW.I	·····		exemption number					
K_	Type of organization	X Cor	poration Trust	Association	Other -		L	Year of formation 2	001	M State of legal domicile WA
<u></u>	<del></del>	<u>ummar</u>							· · · · · · · · · · · · · · · · · · ·	
	1 Briefly de	escribe th	ne organization's n	nission or most s	significant ac	tivities:				
۵	BUIL	DAS	SYSTEM OF P	ATRONAGE	TO SUPPO	ORT THE STUDY	AND PR	ACTICE OF	THE	
S C	BUDD	HA'S	TEACHINGS.							
Ĕ										
o Ve	2 Check th	ııs box l	if the organ	nızatıon dısconti	nued its oper	rations or disposed of n	nore than 2	5% of its assets		
Ö	3 Number	of votina	members of the g						3	15
S	4 Number	_	endent voting mem			•			4	15
20 Mctivities & Governance	5 Total nur	•	employees (Part V	_					5	0
ੜ੍ਹੇ	6 Total nur		olunteers (estimat	•					6	60
9	7a Total gro		ated business reve		/III line 12 c	olumn (C)			7a	
32	h Noture		siness taxable inco			` ´			7b	0
प्त	D Net unite	iateu ous	siriess taxable iriu	ane nom Form s	730-1, IIIIC 34			Prior Ye		Current Year
N	8 Contribut	tions and	l grants (Part VIII,	line 1h)					4,494	962,130
ns@CANNEDROLGHNe 2	9 Program		revenue (Part VIII,	•						
盏	10 Investme		ne (Part VIII, colum		and 7d)			45	9,445	77,140
å	11 Other rev		art VIII, column (A			d 11a\			8,622	7,605
	11 Other rev								2,561	1,046,875
<b>Z</b>	12 Total rev	-	dd lines 8 through						0,343	372,471
Z	13 Grants as		r amounts paid (P						0,343	5/2/3/1
8	14 Benefits		r for members (Pa			(4) 11 (4)				
	15 Salaries,		mpensation, empl	•		nn (A), lines 5–10)				
			Iraising fees (Part			4 6				
Expe	<b>b</b> Total fun		expenses (Part IX			. 4,0	191		0 500	40 405
ш	17 Other ex	penses (	Part IX, column (A	۱), lines 11a-11d	, 11f-24f)				8,523	40,105
	18 Total exp	enses /	Add lines 13-17 (m	iust equal Part I	X, column (A	line 25 RECEIV	En		8,866	412,576
<del></del>		less ex	penses Subtract li	ne 18 from line	12	1,50514	<u> </u>		3,695	634,299
ts or					1	o		Beginning		End of Year
Net Assets	20 Total ass	•	t X, line 16)		1	8 MAY 172	010	/,18	9,996	6,867,099
₹.	21 Total liab		art X, line 26)		- 1		\sqrt{\sq}\}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sq}}}}}}} \end{\sqrt{\sqrt{\sq}}}}}}} \en	- 10	0 000	6 065 000
<u> </u>	22 Net asse		d balances. Subtra	act line 21 from I	ine 20	/VIVAL		/,18	9,996	6,867,099
<u>_</u> F	art II Si	gnatui	re Block			OGDEN,	<u>UI</u>			
						m, including accompanying (other than officer) is base				
		u beller, it	is true, correct, and t	Joniplete Declarati		(original officer) is base	eu on an mion	madori of which pre	parer nas an	/ /
Si	ın		mm	<u> </u>	1oas	lle			5/	/3//0
Нε	re 🔽	Signatu	re of officer	_ '	_				Date	•
		M	ARC W.	. NOAIL	LES	TREASUR	CER_			
_		Type or	print name and title			·				
	Pre	eparer's	<b>N</b>		_	<del>-</del>	Date	Check	ıf	Preparer's identifying number
Pa	a sig	nature	1 Acus	ulder	har	دس	5/11	//o self-	ved 🕨	[] (see instructions) 398-34-8626
	parer's		() JA	MES E.	RICHMAN	N, CPA, PC	1	- I ombio	EIN	<b>▶</b> 93-1309646
Us		m's name	(or yours			SUITE 400				, JJ 1000010
		elf-emplo dress, and		ORTLAND,	•	7258			Phone	503-295-3780
<u></u>			turn with the prepa						no P	159
DA						eparate instructions.				Yes No Form <b>990</b> (2008)
<b>₽~</b>	I OI FIIVACY	ALL AIIQ	. aperwork Redu	JULIUII AUL NULIC	,, see tile 5	eparate monucuums.				— 1 OIIII J J U (2008)

	m 990 (2008) KHYENTSE FOUNDATION 91-2167303				Page 2
1 I	art III `Statement of Program Service Accomplishments (see instructions)  Briefly describe the organization's mission:  BUILD A SYSTEM OF PATRONAGE TO SUPPORT THE STUDY AND PRACT  BUDDHA'S TEACHINGS.	ICE	OF	THE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program			Yes	s 🗓 No
3	services? If "Yes," describe these changes on Schedule O.			Yes	x X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants allocations to others, the total expenses, and revenue, if any, for each program service reported.				
N S	A (Code: )(Expenses \$ 173,629 Including grants of \$ 173,629) (Remonance of the Code of the	evenue	\$		
I S I	THE DZONGSAR MONASTERIES AND SHEDRAS PROVIDE AN INVALUABLE RESOURCE FOR PRACTITIONERS, CREATE THE BASIS FOR CONTINUED STUDY AND PRACTICE, AND ENSURE THE PROPAGATION OF THESE PROFOUND TEACHINGS WORLDWIDE. GRANTS HELP WITH THE MAINTENANCE AND UPKEEP OF THE MONASTIC COLLEGES IN TIBET, INDIA AND BHUTAN. OVER 1,000 MONKS, NUNS, AND LAY				
1 1 1 1 1 1	TRANSLATION CONFERENCE AT DEER PARK INSTITUTE: IN MARCH 2009, MORE THAN 50 OF THE WORLD'S TOP DHARMA TRANSLATORS, TEACHERS, AND ACADEMICS GATHERED AT THE KHYENTSE FOUNDATION SPONSORED TRANSLATING THE WORDS OF THE BUDDHA CONFERENCE AT DEER PARK INSTITUTE IN BIR, INDIA. THEY DISCUSSED THE IMPORTANCE AND URGENCY OF MAKING THE BUDDHA'S TEACHINGS AVAILABLE TO PEOPLE AROUND THE WORLD, FIRST IN ENGLISH AND THEN IN OTHER LANGUAGES. AFTER 5 DAYS OF DELIBERATIONS, THE CONFERENCE CULMINATED IN THE ESTABLISHMENT OF THE BUDDHIST LITERARY HERITAGE PROJECT (BLHP), WITH THE GOAL OF HAVING THE TIBETAN KANGYUR AND	evenue	\$		
1 1 1 1	C (Code: )(Expenses \$ 75,001 including grants of \$ 75,001 ) (Reserved Code)  SCHOLARSHIPS: STUDY AND PRACTICE CONTINUED TO BE A HIGH PRIORITY AMONG THE FIVE CORE PROJECTS SUPPORTED BY KHYENTSE FOUNDATION. AT PRESENT, THERE IS PRACTICALLY NO SUPPORT SYSTEM OF ANY KIND FOR BUDDHIST STUDY AND PRACTICE, ESPECIALLY IN COUNTRIES WHERE BUDDHISM IS RELATIVELY NEW, SUCH AS EUROPE, THE UNITED STATES, AND AUSTRALIA. KHYENTSE FOUNDATION OFFERED SCHOLARSHIPS TO 45 INDIVIDUALS WORLDWIDE THROUGH OPEN APPLICATIONS AND GRANTS TO VARIOUS INSTITUTIONS. IN ADDITION TO WESTERN STUDENTS, THE PROGRAM IS INCREASING ITS SUPPORT FOR MONKS IN THE	,	\$		
40	d Other program services (Describe in Schedule O.) (Expenses \$ 49,828 including grants of \$ 49,828 ) (Revenue \$			)	

(Must equal Part IX, Line 25, column (B).)

372,471

4e Total program service expenses ▶ \$

# Form 990 (2008) KHYENTSE FOUNDATION

Pa	art IV Checklist of Required Schedules			
	e ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	Ť		
•	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del>  '-</del> -		21
8	complete Schedule D. Part III	8	- 1	X
•	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	P	-	
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV			x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Part V	- <del>''</del>		-11
••	Parts VI, VIII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	$\mathbf{x}$	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	<del> </del>		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	$\mathbf{x}$	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	٠. ا		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	x	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a´				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25.	24a		x
b <sup>†</sup>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c <sup>2</sup>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			-
<b>-</b>	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b'	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
-	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x

# Part IV Checklist of Required Schedules (continued) 8 During the tax year did any person who is a current or former officer director trustee

	· ·		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee) or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		<u> </u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		<u> </u>
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>
			000	

Form **990** (2008)

r a	Statements Regarding Other INS Finings and Tax Compilance				
4.	The three where we did a Day 2 of Form 4000 Annual Commence and Transmitted of	,	-	Yes	No
1 <b>a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	a 4		I	
	···	<del>-   -                                  </del>			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<del>"</del>		I	
C		Ī	.	ŧ	X
2-	gaming (gambling) winnings to prize winners?		1c		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	a 0			: :
	Statements, filed for the calendar year ending with or within the year covered by this return  [2]		26	Ī	i
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u> </u>	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				
2-	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by				
3a	this return?	<b>f</b>	3а	ŧ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<del>-</del>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authori		30		
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	Ly .			
	account)?		4a	x	
h.	If "Yes," enter the name of the foreign country.   TAIWAN	<u> </u>	-+a		
J	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			-	
	and Financial Accounts				
5a '	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	İ	5a	Ī	X
b;	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	i	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	<i>'</i>	-		
Ū	Regarding Prohibited Tax Shelter Transaction?		5c		
6a i	Did the organization solicit any contributions that were not tax deductible?	<u> </u>	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
_	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	<u> </u>		1	
	\$75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	1	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	d			
e '	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		ı	į
_	benefit contract?		7e		X
ę°	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
gʻ	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	X	
h¹	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		- 1	İ	
	required?	<u></u>	7h	Х	<b></b>
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			1	
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	•		1	
	organization, have excess business holdings at any time during the year?	-	8		_X_
9 .	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		- 1	1	i
a	Did the organization make any taxable distributions under section 4966?	<u> </u>	9a		X
p,	Did the organization make a distribution to a donor, donor advisor, or related person?	ļ <del></del>	9b		X
10 ,	Section 501(c)(7) organizations. Enter:	_		1	Ė
a	·	Da	- 1	1	į
þ	• • • • • • • • • • • • • • • • • • • •	0b		1	į
11	Section 501(c)(12) organizations. Enter:	. 1		1	Ė
a	·	1a		1	ĺ
b	,			1	ĺ
40-	•	1b		1	Í
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041'	· 1	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b	<u>i</u>	t	<u> </u>

Form 990 (2008) KHYENTSE FOUNDATION

91-2167303

	rt VI Governance, Management, and Disclosure (Sections A, B, and C reque	est in	formation	about policies		raye o
	required by the Internal Revenue Code.)			<del></del>		
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
	For each "Yes" response to lines 2–7b below and for a "No" response to lines 8 or 9b below, describe the	€ .		ļ		ļ
	circumstances, processes, or changes in Schedule O. See instructions.		1 -			
1a	Enter the number of voting members of the governing body	<u>1a</u>	_15			
b	Enter the number of voting members that are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship will	th				
	any other officer, director, trustee, or key employee?			2	+	X
3	Did the organization delegate control over management duties customarily performed by or under the dire					
	supervision of officers, directors or trustees, or key employees to a management company or other personal company or othe			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	90 wa	s filed?	4	+	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	+-	X
6	Does the organization have members or stockholders?			6	+	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers				
	of the governing body?			<u>7a</u>	┿	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons			<u>7b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	g				
1	the year by the following					
a	The governing body?			8a	X	-
þ	Each committee with authority to act on behalf of the governing body?			8b	X	<del> </del>
9a	Does the organization have local chapters, branches, or affiliates?			<u>9a</u>	<b>_</b>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chap	ters,				1
	affiliates, and branches to ensure their operations are consistent with those of the organization?			<u>9b</u>		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	zations	;			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			10	X	<del> </del>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			11		X
Sec	tion B. Policies					
				_	Yes	No
12a				12:	X	<b>├</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could g	ve			1	
	rise to conflicts?			121	X	<del> </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,	,,				
	describe in Schedule O how this is done			120	: X	<del> </del>
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14	<b>_</b>	X
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and de	cision	•	ļ		
а	The organization's CEO, Executive Director, or top management official?			15:	1	X
b	Other officers or key employees of the organization?			15	<u> </u>	X
	Describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	:				
	with a taxable entity during the year?			16	1	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				1	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegu	ard		j		
	the organization's exempt status with respect to such arrangements?			16	<u> </u>	<u> </u>
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>WA</b>					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (50	1(c)(3)	s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ict of ii	nterest			
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and re	cords	of the			
	organization: ► MARCO NOAILLES 2914 NE 43RI					
P	ORTLAND	R 9	7213	503-4	75-6	0082

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee												
(A)	(B)			(0				(D)	(E)	(F)		
Name and Title	Average hours per		tion (d					Reportable compensation	Reportable compensation	Estimated amount of		
	week	Individual to or director	Institutional trus	Officer	Key employee	Highest compensated employee	Former	from the	from related organizations	other compensation		
		dual	l g	, <del>"</del>	mpk	st co	역	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
		trustee	<u>≅</u>		yee	)mpc		(VV-2/1099-MISC)		organization and related		
		ee	stee			ensa				organizations		
			"			e d						
	YANG KHYENTSE	R	IN	PO	CHI	-						
CHAIRPERSON	1	X		X				0	0	0		
ANG CHUI JIN												
BOARD MEMBER	11	X						0	0	0		
CANGIOLI CHE												
EXEC DIRECT	3.0	X	<u> </u>	X				0	0	0		
MICHAEL CHEN												
BOARD MEMBER	1	X				_		0	0	0		
AMELIA CHOW												
BOARD MEMBER	10	X	_	_				0	0	0		
LISA DAVISON									_			
SECRETARY	5	X		х				0	0	0		
FLORENCE KOH		l										
BOARD MEMBER	5	X	ļ					0	0	0		
BARBARA MA	-								_			
BOARD MEMBER	1	X	├	ļ	<u> </u>			0	0	0		
MARCO NOAILI	20	x		x					_	o		
BOARD MEMBER ISABEL PEDRO		-	1	^			-	0	0			
BOARD MEMBER	5A 5	x						0	o	0		
ISAIAH SERET		_		1						- 0		
BOARD MEMBER	1	x				l		0	o	0		
RAJI RAMANAN		^	╁	╁	_	├	-					
BOARD MEMBER	1	x						0	0	0		
JOHN SOLOMON		<del>                                     </del>	$\vdash$					·				
BOARD MEMBER	1	x						0	0	0		
ANGIE TSAI		† <del></del>	$\vdash$	<del> </del>	$\vdash$	1	<del>                                     </del>					
BOARD MEMBER	1	x						0	0	0		
PEMA WANGCHU		<del> </del>			$\vdash$	$\vdash$	<u> </u>			<u> </u>		
BOARD MEMBER	1	x						0	0	0		
KRIS YAO			$\vdash$		T							
BOARD MEMBER	1	X			L	L		0	0	0		
				1				<u> </u>				

<u>Fa</u>		. Officers, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) `	(B)			(0				(D)	(E)		(F)		
	Name and title	Average	Posit	tion (d		all th	nat ap	ply)	Reportable	Reportable	E	stıma	ited	
		hours per	우금	lns	Off	8	캶	Fo	compensation	compensation	ar	moun	t of	
		week	dre	Ē	Officer	ğ	Be	Former	from	from related		othe		
			증류	on le	•	륗	e c	٦	the organization	organizations (W-2/1099-MISC)	•	npens from t	ation	
			Individual trustee or director	Institutional trustee		Key employee	픻		(W-2/1099-MISC)	(44-2/1099-14113C)		יווטוו מבייתפק		
			ê	uste		"	ens		' ' ' ' ' ' ' '		,	nd rela		
				Õ			Highest compensated employee				org	anıza	itions	
	<del></del>				-	-			<del> </del>	<del></del>				
														_
											_			
					_									
<b></b> ,														
1b	Total			l			<u> </u>	<b>&gt;</b>		T1				
2		viduals (including those in 1	a) wł	no re	ceiv	ed m	ore t	han	\$100,000 in reportable com	pensation from the				
	organization ▶ 0									·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·		1		
						_		_			F		Yes	No
3	•	list any former officer, direct				•		loye	e, or highest compensated		Ī	3	1	X
4		? If "Yes," complete Schedu ted on line 1a, is the sum of						ion a	and other compensation from	m		-		
-		related organizations great											1	
	ındıvıdual										L	4		X
5		on line 1a receive or accru									-	ا ۔	1	x
Sec	tion B. Independent	the organization? If "Yes,"	Somp	piete	SCI	eau	e J IC	or Su	cn person	<del> </del>		5		
1	<b>-</b>	or your five highest comper	ısate	d inc	lepe	nder	nt cor	itrac	tors that received more that	n \$100,000 of				
	Componidation north	(A) Name and business address							Pascent	(B) tion of services		Cou	(C) mpensat	ion
	· · · · · · · · · · · · · · · · · · ·	Maine and business address								uon or services			препзас	1011
								_						
	<del></del>										$\perp$			
		·												
	,, <u>,,</u>								-					
2		pendent contractors (includ	ing t	hose	in 1	) wh	o rec	eive	ed more than \$100,000 in					
DA 6	compensation from t	ne organization 🕨										0	000	

Pa	rt V	III 'Statement of	of Revenue						
,	1					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax
							function	business revenue	under sections
<b>"</b>							revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants		Federated campaigns	i <del>  </del>						
gen		Membership dues	1b						
ar,	С	Fundraising events	1c						
igi.	d	Related organizations	s 1d						
S,E	е	Government grants (contribut	ons) <b>1e</b>						
i S	f	All other contributions, gifts, g	rants,						
혈쵍		and similar amounts not include	ded above 1f	962,	130				
눌	g	Noncash contributions include	ed in lines 1a-1f \$		559				
ន	h		•	•	▶	962,130			
-		TOTALITY TOTALITY OF THE T	· •	Russ	ı. Code				
ᆲ	2a								
ě									
ė	Ь				_			<u>-</u> .	
١٤	С			<u> </u>					<del></del>
တ္တ	d								<del></del>
声	е								
§.	f	All other program ser	vice revenue	<u> </u>			, ,		
픠	g	Total. Add lines 2a-2	2f		<b>&gt;</b>				
ı	3	Investment income (ii	ncluding dividend	s, interest, and					
		other similar amounts	s)		▶	206,399			206,399
	4	Income from investme	ent of tax-exemp	t bond proceed	s 🕨				
	5	Royalties			▶				
			(ı) Real	(II) Persona	al			`	
	6a	Gross Rents							
	b	Less rental exps	_			I			
	c	Rental inc or (loss)						.	
	d	Net rental income or	(loce)			1		·	
	7a	Construction [	(i) Securities	(II) Other					
		sales of assets	<del></del>	(ii) Other					
		other than inventory	5,593,631	1					
	b	Less cost or other							
		basis & sales exps	5,722,890						
	С	Gain or (loss)	-129,259					1	
	d	Net gain or (loss)	1			-129,259			-129,259
	8a	Gross income from fund	raising events						
9		(not including \$							
Je l		of contributions reported	on line 1c)						
Re		See Part IV, line 18	а						
Other Revenue	b	Less: direct expenses	s b						
ㅎ	С	Net income or (loss)	from fundraising	events	•				
	9a	Gross income from gam							
		See Part IV, line 19	a						
	ь	Less direct expense		·					
		Net income or (loss)	· ·	vities	_	-	· · · · · · · · · · · · · · · · ·		
		Gross sales of invent		VIII.00					<del></del>
	iva	returns and allowance	-						
		Less: cost of goods s	· ·			1			
	_ <u>c</u>	Net income or (loss)	_			-	<del></del>		<del></del>
		Miscellaneo	us Revenue		n. Code			•	
	11a	OTHER REVENUE		90	0099	7,605	7,605		, <u>-</u>
	b			<u> </u>					
	С			<u> </u>	_				
	d	All other revenue		L					
	е	Total. Add lines 11a-	-11d		•	7,605			
	12	Total Revenue. Add	lines 1h, 2g, 3, 4	, 5, 6d, 7d, 8c,					
		9c, 10c, and 11e			<u> </u>	1,046,875	7,605	0	77,140

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) (B) (C) Management and (D) Do not include amounts reported on lines 6b, Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 30,072 30,072 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the 342,399 342,399 U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees). a Management 271 271 ·b Legal 7,329 7,329 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other g 12 Advertising and promotion 13 Office expenses 11,853 11,853 14 Information technology Royalties 15 16 Occupancy 4,873 4,873 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 4,733 4,733 Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 2,000 2,000 23 Insurance 24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ) 4,091 4,091 CREDIT CARD FEES 1,070 PRINTING 1,070 8 b 1,008 1,008 MISC 6. C 866 866 POSTAGE d 791 791 BROKERAGE FEES 1,220 1,220 All other expenses 372,471 36,014 4,091 412,576 Total functional expenses. Add lines 1 through 24f If following Joint Costs. Check here SOP 98-2. Complete this line only if the organization reported in column (B) joint costs

from a combined educational campaign and

fundraising solicitation

<u>P</u>	art X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·		<del></del>		
		•			(A) Beginning of year		(B End of		
	· ·		-		38,230			77,	051
	1	Cash—non-interest bearing			1,439,544	1	3,0		
	2	Savings and temporary cash investments			1,439,344	2	3,0	00,	:33
	3	Pledges and grants receivable, net			10 600	3	<del> </del>		
	4	Accounts receivable, net			19,689	4	+		
	5	Receivables from current and former officers, directors, tru		•		_			
		employees, or other related parties Complete Part II of Sc				5	╁───		
	6	Receivables from other disqualified persons (as defined un							
		4958(f)(1)) and persons described in section 4958(c)(3)(B)	). Com	piete		_	†		
		Part II of Schedule L				6	+		
ets	7	Notes and loans receivable, net			,	7	+		
Assets	8	Inventories for sale or use				8	+		
4	9	Prepaid expenses and deferred charges		1		9	<del>                                     </del>		
	10a	Land, buildings, and equipment: cost basis	10a				1		
	b	Less accumulated depreciation Complete	10b		<u> </u>	10c	†		
		Part VI of Schedule D	2,6	65	157				
	11	Investments—publicly traded securities		36,!					
	12	Investments—other securities See Part IV, line 11	<del></del>	30,.	<u> </u>				
	13	Investments—program-related. See Part IV, line 11	+						
	14	Intangible assets			46,469	14 15	<del>                                     </del>	18,	752
	15	Other assets See Part IV, line 11			7,189,996	16	6,8		
<u> </u>	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,105,550	17	+ 0,0	<u> </u>	<u>,,,,</u>
	17	Accounts payable and accrued expenses Grants payable				18	+		
	18 19	+							
	20	Deferred revenue Tax-exempt bond liabilities				19 20	<del>                                     </del>		
S	21	Escrow account liability. Complete Part IV of Schedule D				21	†		
Liabilities	22	Payables to current and former officers, directors, trustees	kev				<del>                                     </del>	-	
Ē	22	employees, highest compensated employees, and disquali					1		
Ë		persons. Complete Part II of Schedule L				22	1		
_	23	Secured mortgages and notes payable to unrelated third p	arties			23	<del>                                     </del>		
	24	Unsecured notes and loans payable	u			24	1		
	25	Other liabilities Complete Part X of Schedule D				25	<del></del>		
	26	Total liabilities. Add lines 17 through 25				26			
S	7	Organizations that follow SFAS 117, check here ▶ 🏋	and					,	
nces		complete lines 27 through 29, and lines 33 and 34.	_						
<u>la</u> n	27	Unrestricted net assets			6,975,785	27	6,6	42,	287
Balar	28	Temporarily restricted net assets			214,211	28	2	24,	812
פַ	29	Permanently restricted net assets				29			
Fund		Organizations that do not follow SFAS 117, check here	e ▶ 「	<u>ו</u>					
9		and complete lines 30 through 34.	_	_			1		
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fu	und			31			
Ą	32	Retained earnings, endowment, accumulated income, or o	ther fu	ınds		32			
Net.	33	Total net assets or fund balances			7,189,996		6,8		
Ž	34	Total liabilities and net assets/fund balances			7,189,996	34	6,8	67,	<u> 099</u>
P	art >	Financial Statements and Reporting							
	_						£	Yes	No
1			ash		other				v
2:		ere the organization's financial statements compiled or revie			m.r		2a 2b	х	X
		ere the organization's financial statements audited by an index Yes" to lines 2a or 2b, does the organization have a commit			r oversight of		20	-	
•	-	e audit, review, or compilation of its financial statements and		· · · · · · · · · · · · · · · · · · ·			2c	x	
3:		a result of a federal award, was the organization required to					<u> </u>	<del></del> -	
-		Single Audit Act and OMB Circular A-133?			<del></del>		3a		
9		Yes," did the organization undergo the required audit or aud	lits?				3b		

# SCHEDULE A

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

1 2

3

DAA

KHYENTSE FOUNDATION

The organization is not a private foundation because it is: (Please check only one organization )

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)

Employer identification number 91-2167303

		v Act and Page	erwork Reduction Act Notice.	see the Instructions for Form 990.	T	<u>1</u>	•	<b></b>	Scl	hedule A	\ (Form 990 or 990-EZ	) 2008
Tota	al				1							
					1		<b></b>					
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	-			<del> </del>				· ·	<u> </u>			
		<del></del>		1	1	1		·····				
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		· · · · · ·			1							
				[								
					1							
				•	}						i	
			<del></del>		Yes	No	Yes	No	Yes	No		
				(see Instructions))	V	N-		ort?		S?	1	
	·			above or IRC section	governing	document?	∞l (i)	-	(i) organi			
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the o	sted in your	the organ	ou notify ization in	organizati	s the ion in col	(vii) Amount of support	
	Nie-				T		(4) (2-2)	au natifi	6.00	_ tho	(vii) A===================================	
h		` '	• •	e organizations the organization	supports						()	
		• •	ontrolled entity of a person de								11g(iii)	
		• •	member of a person describe	· · · -							11g(ii)	<del>                                     </del>
		• • •	•	the supported organization?	poroons		~ "' (" <i>)</i>				11g(i)	<u> </u>
				ntrols, either alone or together w	ith persons	s describe	ed in (11)				Yes	No
g	following persons?											
C		-		on accepted any gift or contribut	on from a	nv of the						ш
•		•	check this box		. , , , , , , ,	, o, ., o, .	, , , , , , , ,	-660,011	J			
f		, ,, ,	, ,, ,	mination from the IRS that it is a	Type I. Ty	pe II. or T	vpe III s	upportin	a			
		-	ection 509(a)(2)	and carror diam one or more public	, cappoi	organi			000			
æ	Ш	,		and other than one or more public				•		tion		
Δ.				anization is not controlled directly								
		a Type		c Type III–Function			d [		 e III–Oth	ner		
		•	, , ,	ne type of supporting organization								
• •	Ш	•	•	ed organizations described in sec				=		tion		
11	Н	•	•	xclusively to test for public safety		-						
10			•	xclusively to test for public safety	•		a)(4) (se	e instru	ctions			
		.,	•	), 1975. See <b>section 509(a)(2).</b> (			i i LOAJ III	וופטע ווויע	153353			
		•	·	ot functions—subject to certain e d unrelated business taxable inco	•					112		
9	Ш			) more than 33 1/3 % of its suppo pt functions—subject to certain e								
8	H	_		70(b)(1)(A)(vi). (Complete Part II		ntribution	e mamb	archin fa		aross		
o			section 170(b)(1)(A)(vi). (Co		١							
7	X	•	•	ubstantial part of its support from	a govern	mental un	iii or fron	ı ine ger	neral pu	DIIC		
6		·	•	vernmental unit described in sec	,		-					•
i		•	o)(1)(A)(iv). (Complete Part I									
5	Ш	•	•	f a college or university owned or	operated	by a gove	ernmenta	II unit de	scribed	ın		
_		city, and state					_					
•	ш	_	= -	in conjunction with a nospital de	actined iii	35611011 1	(ו )(טוטיי	(~)(111).	Liner in	e noshii	lai S Hairie,	

91-2167303 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 2,195,751 include any "unusual grants") 720,855 1,187,485 1,104,494 962,130 6,170,715 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 Total. Add lines 1-3 720,855 1,187,485 2,195,751 1,104,494 962,130 6,170,715 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 shown on line 11, column (f) 747,785 Public support. Subtract line 5 from line 4 5,422,930 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 720,855 1,187,485 2,195,751 1,104,494 962,130 6,170,715 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 123,232 202,965 287,720 412,055 206,399 1,232,371 sources 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 577 8,622 7,605 16,804 (Explain in Part IV.) 11 Total support. Add lines 7 through 10 7,419,890 12 12 Gross receipts from related activities, etc. (see instructions) 102,063 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 73.0864 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 79.9500 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b. 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pa	rt I.)			
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		<u> </u>				
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	l	L1	
	tion B. Total Support lendar year (or fiscal year beginning in)▶	(2) 2004	(b) 2005	(a) 2006	(d) 2007	(a) 2009	/fl Total
9	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10ạ	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				·		
I1 <sup>*</sup>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	<u></u>	<b>I</b>	<u> </u>			
14	First five years. If the Form 990 is for the o	-	second, third, fourt	h, or fifth tax year a	as a section 501(c)(	3)	, [
	organization, check this box and stop here						▶
-	tion C. Computation of Public Su	<del></del> -			<del></del>	1	
15	Public support percentage for 2008 (line 8,		=	(f))		15	%
16	Public support percentage from 2007 Sche					16	%
	tion D. Computation of Investmen			(O)		147	
17	Investment income percentage for 2008 (lin		•	column (f))		17	<u>%</u>
18 19æ	Investment income percentage from 2007 3 33 1/3 % support tests—2008. If the organ			14 and line 15 is m	nore than 33 1/3 %	and line	%_
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2007. If the organ		-				, _
•	line 18 is not more than 33 1/3 %, check th						▶ [
20	Private foundation If the organization did	-	•	•			▶ [

Schedule A (Form 990 or 990-EZ) 2008 KHYENTSE FOUNDATION

91-2167303

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

MISC INCOME

\$

16,804

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** 

Open to Public inspection

OMB No 1545-0047

KHYENTSE FOUNDATION 91-2167303 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Δ Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 3 Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during

the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
  - (i) Revenues included in Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X

the taxable year ▶ \_ \_ \_ \_ \_

170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?

enforcement of the conservation easements it holds?

Number of states where property subject to conservation easement is located

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and

Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

<b>\$</b> _	_	_	_	_		_
<b>\$</b> _	_	_			_	_

a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

7

Schedule D (Form 990) 2008

▶

e Other

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)

_	dule D (Form 990) 2008 KHYENTSE FOUNDATION 91-216730	3	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
	Tôtal revenue (Form 990, Part VIII, column (A), line 12)	1	1,046,875
	Total expenses (Form 990, Part IX, column (A), line 25)	2	412,576
	Excess or (deficit) for the year. Subtract line 2 from line 1	_3_	634,299
4	Net unrealized gains (losses) on investments	4	-957,196
5	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	<del></del>
	Other (Describe in Part XIV)	_8	055 106
	Total adjustments (net) Add lines 4-8	9_	-957,196
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-322,897
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur		
	Total revenue, gains, and other support per audited financial statements	_1	94,179
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1	
а	Net unrealized gains on investments  2a -957, 196	1	
b	Donated services and use of facilities 2b 4,500	′	
С	Recoveries of prior year grants  2c	1	
d	Other (Describe in Part XIV)	1	
е	Add lines 2a through 2d	2e	-952,696
	Subtract line 2e from line 1	3	1,046,875
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	1	
þ	Other (Describe in Part XIV)	1	
	Add lines 4a and 4b	4c	1 016 055
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	1,046,875
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		417 076
	Total expenses and losses per audited financial statements	1	417,076
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
	Donated services and use of facilities 2a 4,500	1	
	Prior year adjustments 2b	- 1	
C	Losses reported on Form 990, Part IX, line 25	- 1	
	Other (Describe in Part XIV)	1	4 500
e	Add lines 2a through 2d	2e	4,500
3	Subtract line 2e from line 1	3	412,576
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	1	
С	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	412,576
	rt XIV Supplemental Information		
omp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b		
nd 2	b; Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
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Schedule D (F	Form 990) 2	800	KH?	YENT	SE	FOU	NDA	TIC	N							91	-21	67:	303	3					F	age 5	j
Schedule D (F	Supple	ement	al Int	forma	tion	(conti	nued)								-												•
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			- –		_				_	_	_	_		 _	_	_			_	_	_	_	_	_	_		•
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Schedule F (Form 990)

### **Statement of Activities Outside the United States**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

United States.

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Open to Public Inspection

Name of the organization KHYENTSE FOUNDATION Employer identification number 91-2167303

	KHIENISE FOUNDALION	
Ŗ	Part I General Information on Activities Outside the United States	. Complete if the organization answered
	"Yes" to Form 990, Part IV, line 14b.	
1	For grantmakers. Does the organization maintain records to substantiate the amount of the	he grants or
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria us	sed to award
	the grants or assistance?	X Yes No
2	2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use	e of grant funds outside the

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTH ASIA	A		PROGRAM SERVICES	SUPPORT	204,776
EAST ASIA	AND THE PAC	IFIC		- SOLIONI	
NORTH AME	DTCN		PROGRAM SERVICES	SUPPORT	128,423
NORTH AME	RICA		PROGRAM SERVICES	SUPPORT	5,000
SUB-SAHAR	AN AFRICA		PROGRAM SERVICES	SUPPORT	1,200
EUROPE			PROGRAM SERVICES	SUPPORT	1,200
			PROGRAM SERVICES	SUPPORT	3,000
-					
	<del></del>				
				<u> </u>	
-					
					<del> </del>
otals ►					342,39

Page 2 (i) Method of valuation ippraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, (book, FMV. (h) Description of non-cash assistance Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 (g) Amount of assistance non-cash WIRE TRANSFER WIRE TRANSFER WIRE TRANSFER WIRE TRANSFER WIRE TRANSFER WIRE TRANSFER (f) Manner of cash disbursement 123,629 50,000 15,000 40,000 10,080 68,413 91-2167303 (e) Amount of cash grant MONASTIC EDUCATION MONASTIC EDUCATION BUDDHA CONFERENCE RETREAT SUPPORT RETREAT SUPPORT EAST ASIA AND THE PACIFIC AND THE PACIFIC EAST ASIA AND THE PACIFIC EAST ASIA AND THE PACIFIC (d) Purpose of Use Schedule F-1 (Form 990) if additional space is needed. PUBLICATIONS KHYENTSE FOUNDATION EAST ASIA SOUTH ASI SOUTH ASI (c) Region (b) IRS code section and EIN (if applicable) Schedule F (Form 990) 2008 (a) Name of organization Part II

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has

provided a section 501(c)(3) equivalency letter

~

8 Enter total number of other organizations or entities

Schedule F-1 (Form 990) 2008

14

KHYENTSE 05/10/2010 8 53 PM

Page 3	(h) Method of valuation (book, FMV, appraisal, other)			Î														Schedule F (Form 990) 2008
"Yes" to Form 990,	(g) Description of non-cash assistance												:					Schedu
nization answered	(f) Amount of non-cash assistance								-									
91–2167303  the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. eeded.	(e) Manner of cash disbursement	WIRE TRANSFER			WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER		WIRE TRANSFER		WIRE TRANSFER	WIRE TRANSFER					
9 the United States.	(d) Amount of cash grant	1,200	500	FIC	009 ETC	2, 600	989	3,000		1,000		1,200	3,000					
TION ividuals Outside it	(c) Number of recipients	AN AFRICA 1	d.	AND THE PACI	AND THE PACT	1	1	1	14	1	ď	1	A 1					
KHYENTSE FOUNDATION Other Assistance to Individual le F-1 (Form 990) if additional	(b) Region	SUB-SAHARAN	SOUTH ASI	EAST ASIA	EAST ASTA		SOUTH ASI	SOUTH ASI	SOUTH ASI		SOUTH ASI		SOUTH ASI					
Schedule F (Form 990) 2008 KHYENTSE FOUNDATION  Part III Grants and Other Assistance to Individuals Outside the Un Use Schedule F-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance	NITARTHA INSTITUTE STUDY	NIV SCHOLA		BUDDHIST UNIV SCHOLARSHIP	DHARMA TEXT TRANSLATIONS		BUDDHIST ACADEMY STUDIES		DKCLI SCHOLARSHIP		BUDDHIST DIALECTIC INSTIT	GUNA SHEDRA SCHOLARSHIP					

Schedule F (Form 990) 2008 KHYENTSE FOUNDATION

91-2167303

Page 4

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

General Information on Grants and Assistance KHYENTSE FOUNDATION

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number 91-2167303

8								
X Yes	wered "Yes" on nore than \$5,000. Use	(h) Purpose of grant or assistance						
ק	ganization ans ient received r	(g) Description of non-cash assistance						
s or assistance, an	plete if the org if no one recip	(f) Method of valuation (book, FMV, appraisal, other)					-	
eligibility for the grants	i <b>ted States.</b> Com . Check this box i	(e) Amount of non-cash assistance		-				
istance, the grantees'	zations in the Un nore than \$5,000 needed	(d) Amount of cash grant (e) Amount of non-cash (book, FMV, aptraisa, assistance other)						
ints or ass	Organi Seived n pace is	(c) IRC section if applicable						
e amount of the grace?	vernments and sciplent that rectional sites of the sciplent that rectional sites of the sciplent sites of the science of	(b) EIN						organizations
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government						Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations
1 Does the se	[G	_						2 Enter 3 Enter

Schedule I (Form 990) 2008 -

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 91-2167303 Schedule | (Form 990) 2008 KHYENTSE FOUNDATION Part III

Use Schedule I-1 (Form 990) if additional space is	if additional space is	_	needed.		
(a) Type of grant or assistance	(b) Number of		(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
ENGLISH TRANSLATION		5,000			
ENGLISH TRANSLATION	1	4,000			
UNDERWRITING PGM COSTS	П	3,000			
UNDERWRITING PROJECT COST	Н	5,000			
RETREAT SCHOLARSHIP	H	1,985			
RETREAT CENTRE	<sub>F</sub> -1	4,800			
THANGKA GUIDE SUPPORT	Н	1,568			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	rovide the informatic	on required in Part I,	line 2, and any other addi	tional information.

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PART I, LINE 2 RECIPIENTS OF THE GRANTS FUNDS ARE REQUIRED TO FILE A COMPLETE REPORT OF

THE USE OF THE FUNDS FOR THE PERIOD COVERED.

Schedule I (Form 990) 2008

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**SCHEDULE 1-1** (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047 2008

Open to Public Inspection

Internal Revenue Service	Sel Mich			rair III, ocuconic	. 000			
Name of the organization	zation KHYENTSE FOUNDATION	NOI	:					Employer identification number 91–2167303
Part i Co	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to	o Governments	and Organizatio	ons in the U.S. (	Schedule I (Fc	orm 990), Part II.)	
	(a) Name and address of organization or government	(p) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 	1 1 1 1							:
2 Enter total n	Enter total number of Section 501(c)(3) and government organizations	ent organizations						
							4	

Schedule I-1 (Form 990) 2008

3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

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Schedule 1-1 (Form 990) 2008 KHYENTSE FOUNDATION	IDATION	91-2167303	57303		Page 2
Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)	er Assistance to Indiv	iduals in the U.S. (Sche	dule I (Form 990), Par	T III.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(1) Description of non-cash assistance
HOLY SITES PUBLICATION	Ţ	2,300			
BUDDHAT TRANSLATION PROJ	1	2,419			
					Schedule I-1 (Form 990) 2008

SCHEDULE O

Supplemental Information to Form 990 (Form 990)

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 inspection

•

Internal Revenue Service Name of the organization

Department of the Treasury

KHYENTSE FOUNDATION

Employer Identification number 91-2167303

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT STUDENTS RELY ON KHYENTSE FOUNDATION FOR THEIR BASIC NEEDS INCLUDING FOOD, ROBES, TEXTS, AND MEDICAL CARE, IN ADDITION TO FREE TUITION.

ALTHOUGH INTEREST EARNED ON THE ORIGINAL ENDOWMENT COVERS A MAJOR PART OF THE BASIC ONGOING OPERATING COSTS FOR THE KHYENTSE BUDDHIST INSTITUTES, ADDITIONAL FUNDING IS BEING SOUGHT FOR THE INSTITUTES TO EXCEL FOR MANY YEARS TO COME. IN ORDER TO MAINTAIN TRADITIONAL ACADEMIC EXCELLENCE AND GAIN INTERNATIONAL RECOGNITION, PLANS ARE IN PLACE TO PRODUCE BUDDHIST TEACHER-SCHOLARS FOR THE WORLD WHO CAN SPEAK ENGLISH AND CHINESE AND WHO ARE COMPUTER LITERATE.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT TENGYUR, TRANSLATED AND MADE UNIVERSALLY ACCESSIBLE WITHIN 100 YEARS.

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT THERAVADIN TRADITIONS IN COUNTRIES SUCH AS BANGLADESH, SRI LANKA, AND CAMBODIA. THEIR FIELDS OF STUDY INCLUDE BUDDHIST PHILOSOPHY, LANGUAGE, AND TRANSLATION. KF ALSO OFFERED INCREASING SUPPORT FOR PRACTITIONERS TO DO LONG-TERM RETREATS, INCLUDING SUPPORT FOR 14 NUNS IN CHINA WHO ARE DOING LIFE-LONG RETREAT.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS VARIOUS STUDY AND TRANSLATION SCHOLARSHIP AND SPECIAL GRANTS.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
TAIWAN

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990 IS MADE AVAILABLE ON KHYENTSE FOUNDATION'S BASE CAMP WEBSITE FOR REVIEW AND ALL BOARD MEMBERS ARE NOTIFIED WHEN IT IS AVAILABLE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ISSUES CREATING A CONFLICT OF INTEREST ARE DISCUSSED AT THE BOARD MEETINGS
AND ANYONE HAVING A CONFLICT OF INTEREST IS REQUIRED TO MAKE THEMSELVES
KNOWN AND EXCUSS THEMSELVES FROM ANY FURTHER DISCUSSION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ANNUAL REPORT IS MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ALL OTHER

DOCUMENTS ARE MADE AVAILABLE BY CONTACTING THE ORGANIZATION VIA EMAIL WHICH

IS ALSO LISTED ON THEIR WEBSITE.