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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

**Open to Public
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization The Mahakaruna Foundation		D Employer identification number 93-0845103
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 83		E Telephone number 707-632-5629
		City or town, state or country, and ZIP + 4 Cazadero, CA 95421		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.mahakaruna.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 86,548

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received						86,101																						
	2	Program service revenue including government fees and contracts						0																						
	3	Membership dues and assessments						0																						
	4	Investment income						447																						
	5a	Gross amount from sale of assets other than inventory					0																							
	5b	Less: cost or other basis and sales expenses					0																							
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																					
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																												
	6a	Gross revenue (not including \$ of contributions reported on line 1)					0																							
6b	Less: direct expenses other than fundraising expenses					0																								
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							0																						
7a	Gross sales of inventory, less returns and allowances					0																								
7b	Less: cost of goods sold					0																								
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							0																						
8	Other revenue (describe ▶)							0																						
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							86,548																						
Expenses	10	Grants and similar amounts paid (attach schedule)						160,566																						
	11	Benefits paid to or for members						0																						
	12	Salaries, other compensation, and employee benefits						0																						
	13	Professional fees and other payments to independent contractors						644																						
	14	Occupancy, rent, utilities, and maintenance						0																						
	15	Printing, publications, postage, and shipping						734																						
	16	Other expenses (describe ▶)						461																						
17	Total expenses. Add lines 10 through 16							162,405																						
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						-75,857																						
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						94,922																						
	20	Other changes in net assets or fund balances (attach explanation) i. adjustment						-2																						
	21	Net assets or fund balances at end of year. Combine lines 18 through 20							19,063																					

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	94,922	19,063
23	Land and buildings	0	0
24	Other assets (describe ▶)	0	0
25	Total assets	94,922	19,063
26	Total liabilities (describe ▶)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	94,922	19,063

SCANNED MAY 19 2009

97
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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ Oregon		
42a	The organization's books are in care of ▶ Dave Picciotto Telephone no. ▶ 707.632.5629 Located at ▶ 23125 Fort Ross Rd, Cazadero, CA ZIP + 4 ▶ 95421		
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 account)?	Yes	No
42b			X
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: [Signature] Date: 4.10.10
 Type or print name and title: David J. Picciotto, Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,593	22,348	18,253	85,177	86,101	251,472
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	39,593	22,348	18,253	85,177	86,101	251,472
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						49,247
6 Public support. Subtract line 5 from line 4.						202,225

\$5058 =

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	39,593	22,348	18,253	85,177	86,101	251,472
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	315	176	122	355	447	1415
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						252,887
12 Gross receipts from related activities, etc (see instructions)					12	0
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	80.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	77.80	%
16a 33 1/3 % support test—2009. 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 <input checked="" type="checkbox"/>			
b 33 1/3 % support test—2008. 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 <input type="checkbox"/>			
17a 10%-facts-and-circumstances test—2009. 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 <input type="checkbox"/>			
b 10%-facts-and-circumstances test—2008. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Name and Address	Amount	Relationship	Activity
Chagdud Gonpa Monastery Tibet	\$16,792.00	N/A	Akshobhya mantra recitation and associated meditation practice, drubdra and shedra support.
Nyoshul Gonpa Monastery Tibet	\$111,789.00	N/A	Guru Rinpoche Pure Land, Chagdud Tulku house, nunnery.
Tromge Gonpa Monastery Tibet	\$15,957.00	N/A	Akshobhya mantra recitation and associated meditation practice, Tromge Children's school, general support.
Khadro Ling CX. Postal 121 Tres Coroas, RS, Brasil 95660-000	\$5,745.00	N/A	Completion stage of Akshobhya practice.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Expense	Amount
PO Box rent	\$88.00
Wire transfer fees	\$244.00
Annual report fee	\$50.00
Oregon Department of Justice filing fee	\$74.00
Document request fee	\$5.00
Total	\$461.00

The Mahakaruna Foundation

93-0845103

Statement 3
Form 990-EZ, Part III

Organization's primary exempt purpose

The organization's mission is to assist the old, sick, undernourished, and undereducated peoples in Buddhist Asia and to help preserve the ancient Buddhist heritage and culture of Tibet

Statement 4
Form 990-EZ, Part III

Program Service Accomplishments

Line No.	Program Accomplishment
28	The organization helped to sponsor the construction of a Guru Rinpoche Pure Land Palace, utilizing Tibetan Buddhist architecture and art, as a support for the practice of Tibetan Buddhism.
29	The organization sponsored the meditation practice of the Buddha Akshobhya, including recitation of his mantra, in order to remove obstacles for 342 beings.
30	The organization helped to sponsor the construction of a house for a lama, to provide shelter and space for his Buddhist practice and Dharma activities.

Statement 5
Form 990-EZ, Part III
Line 31

Other Program Services

- support of monasteries
- support of individual monks and nuns
- support of needy Buddhist practitioners in Asia
- support of children's school
- support of retreat facilities (drubdra)
- support of traditional Buddhist higher education facilities (shedra)
- \completion stage of Akshobhya practice

The Mahakaruna Foundation

93-0845103

Statement 6

Form 990-EZ, Part IV

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours per Week Devoted to the Position	Compensation	Contributions to Employee Benefit Plans	Expense Account and other Allowances
Tulku Jigme Tromge Rinpoche 23125 Fort Ross Rd Cazadero, CA 95421	President 0.50	None	None	None
Jane Tromge	Vide President	None	None	None
Chagdud Gonpa Brasil, CX Postal 121 95660-000 Tres Coroas, R.S. Brasil	None			
Andrew Johnston PO Box 340 Junction City, CA 96048	None	None	None	None
David Picciotto 23125 Fort Ross Rd Cazadero, CA 95421	Treasurer 3.00	None	None	None

Pamela Johnston Po Box 340 Junction City, CA 96048	Secretary 0.20	None	None	None	None
Lama Chodak Gyatso 3353 Rowena Ave Los Angeles, CA 90027	Director None	None	None	None	None
Marilyn Cohen	Director	None	None	None	None
PO Box 11752 Eugene, OR 97440	None	None	None	None	None
Marilyn Montgomery	Director	None	None	None	None
PO Box 279 Junction City, CA 96048	None	None	None	None	None
Peter Moulton	Director	None	None	None	None
PO Box 11752 Eugene, OR 97440	None	None	None	None	None
Kathy Morrison	Director	None	None	None	None
2550 Denali St Suite 1301 Anchorage, AK 99503	None	None	None	None	None
Grand Totals		None	None	None	None