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KHYENTSE 05/12/2014 12 32 PM

Form

Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

| Α | For the 200 | calendar year, or tax year beginning 07/01/09, and ending 00/30/10 | , | | |
|---|-------------------|--|--|-----------------------------|--|
| В | theck if applicat | Tues IDS | | D Emplo | yer identification number |
| _ | Address change | label or KHYENTSE FOUNDATION | | | 04.60000 |
| | Name change | print or Doing Business As | | 91- | 2167303 |
| | nıtıal retum | type. Number and street (or P O box if mail is not delivered to street address) See DO BOY 156648 | Room/suite | | one number |
| Π, | Termination | Specific FO BOX 130040 | | | 3-475-0082 |
| | | Instruc- City or town, state or country, and ZIP + 4 | | G Gross rece | ipts \$ 3,100,117 |
| _ ⊟′ | Amended return | | | | |
| / | Application pend | F Name and address of principal officer | | | a group return for |
| | | |] | affiliate H(b) Are all | affiliates - |
| | | | | include | |
| | T | status X 501(c) (3 ·) ◀ (insert no) 4947(a)(1) or 527 | | If "No," | 'attach a list (see instructions) |
| | Tax-exempt | tatus X 501(c) (3·) ◀ (insert no) 4947(a)(1) or 527 WWW.KHYENTSEFOUNDATION.ORG | - | U(a) Comm | |
| | Website: | | /or of formation 21 | 001 | exemption number ► M State of legal domicite WA |
| | art I | | ear of formation 2 | JOI | M State of legal domicile WA |
| | | Summary | | | |
| | | y describe the organization's mission or most significant activities | | | |
| 9 | 31 | EE SCHEDULE O | | | |
| an | | | | | |
| JUN 1 3 2011 Activities & Governance | | . r ^{tal} q | | | |
|) § <u>@</u> | | k this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% | of its net assets | 1 1 | |
| | 3 Num | ber of voting members of the governing body (Part VI, line 1a) | | 3 | 16 |
| ું ies | 4 Num | ber of independent voting members of the governing body (Part VI, line 1b) | | 4 | 16 |
| ivit | 5 Tota | number of employees (Part V, line 2a) | | 5 | 0 |
| <u>ج</u> ا | 6 Tota | number of volunteers (estimate if necessary) | | 6 | 60 |
| ₹` | 7a Tota | gross unrelated business revenue from Part VIII, column (C), line 12 | | 7a | |
| \circ | b Netu | inrelated business taxable income from Form 990-T, line 34 | | 7b | 0 |
| Ŋ | | | Prior Year | | Current Year |
| 33. | 8 Cont | ributions and grants (Part VIII, line 1h) | 2,130 | 1,362,096 | |
| 為 記 | 9 Prog | ram service revenue (Part VIII, line 2g) | | | |
| SCANNAZD Revenue | 10 Inve | stment income (Part VIII, column (A), lines 3, 4, and 7d) | 77 | 7,140 | 379,561 |
| <i>™</i> | 11 Othe | r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 7,605 | 392 |
| | 12 Tota | revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,046 | ,875 | 1,742,049 |
| | | ts and similar amounts paid (Part IX, column (A), lines 1–3) | | 2,471 | 822,094 |
| | 1 | efits paid to or for members (Part IX, column (A), line 4) | | | |
| | 1 | ries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | - | | ·································· |
| Expenses | 1 | essional fundraising fees (Part IX, column (A), line 11e) | _ | | |
| Den | 1 | fundraising expenses (Part IX, column (D), line 25) ▶ 21,234 | - | - | |
| Ä | | r expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | AC | ,105 | 60,780 |
| | l | expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | | 2,576 | 882,874 |
| | 1 | _ ' | | ,299 | 859,175 |
| 2 8 | | enue less expenses Subtract line 18 from line 12 | Beginning of Curr | | End of Year |
| ass | 20 Tota | assets (Part X, line 16) | 6,867 | | 8,122,460 |
| Net Assets or Fund Balances | 20 Tota | I liabilities (Part X, line 16) | 0,00 | ,000 | 0,122,400 |
| S S S | 21 10ta | assets or fund balances Subtract line 21 from line 20 | 6,867 | 7 099 | 8,122,460 |
| _ | art li | Signature Block | 0,00 | ,000 | 0,122,400 |
| | art II | | | | |
| | | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules are and belief, it is true, correct, and complete. Declaration of prepaga (other than officer) is based on all inform | id statements, and t tation of which prep | o the best o arer has an | t my knowleage v knowleage |
| ٠. | | Mr. Ast Hardle | | 1 | , . . |
| Sig | | - now now | | | |
| He | re | Signature of officer | | Date | 5/13/11 |
| | | MARC W. NOAILLES | | | 2//3/// |
| | | Type or pnnt name and title | | | |
| D-1 | ا ، | Preparer's Date | Check if | | Preparer's identifying number (see instructions) |
| Pai | 1 | signature Saruh Aulerian 5/26 | self- employe | ed 🕨 🗌 | P00088854 |
| | eparer's | // JAMES E. RICHMAN, CPA, PC | | EIN > | 00 1000646 |
| Us | e Only | Firm's name (or vours if self-employed), | | Phone | |
| | | address, and ZIP + 4 PORTLAND, OR 97258 | | | 503-295-3780 |
| Max | the IRS di | scuss this return with the preparer shown above? (see instructions) | | 1110 | X Yes No |
| | | ct and Paperwork Reduction Act Notice, see the separate instructions. | | | Form 990 (2009) |
| DAA | | or and I approved the addition for the section department in additional | | 11 | Join 990 (2009) |

Part III Statement of Program Service Accomplishments

| 1 | Briefly describe the organization's mission | |
|---|---|--|
| | אם מונחשטים סשי | |

| SEE | SCHEDULE | 0 | |
|-----|----------|---|--|
| | | | |

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

X Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes X No

If "Yes," describe these changes on Schedule O.

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 and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 328,053 including grants of \$ 328,053) (Revenue \$ PUBLICATIONS, PRESERVATION, AND TRANSLATION OF BUDDHIST TEXTS: THE OBJECTIVE IS TO MAKE BUDDHIST TEXTS, ANCIENT AND CONTEMPORARY, READILY AVAILABLE TO ALL THOSE WHO WISH TO STUDY THE BUDDHADHARMA.

THE FOUNDATION SUPPORTS THE TEXT PRESERVATIONS AND CONSERVATIONS INITIATIVES OF LIKE-MINDED ORGANIZATIONS SUCH AS THE TIBETAN BUDDHIST RESOURCE CENTER (TBRC) AND THE FRAGILE PALM LEAVES FOUNDATION. THESE PRESERVATION INITIATIVES BENEFIT NOT ONLY BUDDHISTS, BUT ALSO THE WORLD AT LARGE BY SHARING THE HIGHLY DEVELOPED TRADITIONS OF SCHOLARSHIP AND PRACTICE, INCLUDING METAPHYSICS, ETHICS, PHILOSOPHY, PSYCHOLOGY, MEDICINE, POETRY AND ART.

4b (Code:) (Expenses \$ 274,171 including grants of \$ 274,171) (Revenue \$ MONASTIC EDUCATION: A STABLE MONASTIC TRADITION WITH A STRONG EMPHASIS ON HIGHER PHILOSOPHICAL STUDIES AND LONG TERM RETREAT IS THE ROOT OF BUDDHISM AS A LIVING TRADITION.

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 STUDENTS RELY ON KHYENTSE FOUNDATION FOR THEIR BASIC NEEDS INCLUDING FOOD, ROBES, TEXTS, AND MEDICAL CARE, IN ADDITION TO FREE TUITION. IN ORDER TO MAINTAIN TRADITIONAL

4c (Code) (Expenses \$ 100,970 including grants of \$ 100,970) (Revenue \$ SPECIAL GRANTS: ONE OF THE GUIDING PRINCIPLES OF THE FOUNDATION IS TO COMPLEMENT AND SUPPORT THE GOOD WORK OF OTHERS. FUNDING HAS BEEN PROVIDED TO SUPPORT WORTHY PROJECTS IN THE PROMOTION OF BUDDHIST STUDIES AND PRACTICE.

4d Other program services. (Describe in Schedule O)

118,900 including grants of \$

118,900) (Revenue \$

4e Total program service expenses ▶

(Expenses \$

822,094

| | 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14 | | | | |
|-------------|---|--------|-----|-----|----------------|
| | | | | 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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | _ | | 7.7 |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete | | | | х |
| | Schedule C, Part II | | 4 | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) | | _ | | |
| 6 | notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have | | 5 | | |
| 0 | the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," | | | | |
| | complete Schedule D, Part I | | 6 | | х |
| 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 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | | |
| • | complete Schedule D, Part III | | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | | | | |
| • | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | | |
| | complete Schedule D, Part IV | | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or | | | | |
| - | quasi-endowments? If "Yes," complete Schedule D, Part V | | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, | | | | |
| | VII, VIII, IX, or X as applicable | | 11 | X | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | | |
| _ | Schedule D, Part VI | | | | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | | | |
| • | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | | |
| • | Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets | | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | | |
| | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | | |
| | Schedule D, Parts XI, XII, and XIII. | | 12 | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. | 12A 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 United States? | | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | v | |
| | business, and program service activities outside the United States? 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 | | 45 | х | |
| 40. | organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | | 46 | x | |
| 47 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | | 16 | | |
| 17 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | 17 | | ^ |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | 18 | | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | ٠.ٽ | | <u> </u> |
| | If "Yes," complete Schedule G, Part III | | 19 | | х |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | 20 | | X |
| | Did no organization operate or need interpretation of the dempeter defined in | | | 000 | |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|--|-----|------------------------|--------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations | | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u> </u> |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the | | | |
| | United States 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, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | _ <u>X</u> _ |
| 24a | · · · · · · · · · · · · · · · · · · · | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | 77 |
| | 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | <u> </u> |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| d or- | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | | 25- | | x |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization 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 | 25b | | х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 230 | | |
| 20 | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 20 | | |
| 21 | substantial contributor, or a grant selection committee member, or to a person related to such an individual? | | | |
| | If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | - | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | ļ | + | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a | | | |
| | family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, | | | |
| | Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | _X_ |
| 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 | | _X_ |
| 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 | | <u> </u> |
| 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 | _ | | v |
| | 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, | | | v |
| 00 | Part VI | 37 | $\vdash \vdash \vdash$ | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | 20 | x | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | n 990 | (3000) |
| | | rom | :: JJU | (2009) |

| Pa | n v Statements Regarding Other IRS Filings and Tax Compliance | | | | | |
|---------|--|----------|---------------|----------|-----|----------|
| 4. | E. I. II | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 4- | 4 | | | : |
| _ | U.S. Information Returns Enter -0- if not applicable | 1a 1b | _ | | | |
| 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 report | | | | | |
| С | gaming (gambling) winnings to prize winners? | labie | | 1c | х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1 1 | | | | |
| 24 | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | | | | | |
| | instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered b | у | | [| - | |
| | this return? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other auti | hority | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | cıal | | | | |
| | account)? | | | 4a | X | |
| ь | If "Yes," enter the name of the foreign country. SEE SCHEDULE O | | | | | - |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar | nk | | | | |
| | and Financial Accounts | | | _ | | x |
| 5a b | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | n2 | | 5a 5b | _ | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi | | | 30 | | |
| Ŭ | Prohibited Tax Shelter Transaction? | 9 | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | | | |
| | organization solicit any contributions that were not tax deductible? | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions | or | | | | |
| | gifts were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good | ods | | | | |
| | and services provided to the payor? | | | 7a_ | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| | required to file Form 8282? | 1 1 | | 7c | | <u> </u> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers | sonai | | 70 | | х |
| f | benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract. | 2 | | 7e 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | , - | | 7g | | X |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | s | | | | |
| | required? | | | 7h | | Х |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | | | [|
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | | | |
| | organization, have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | • | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 1 1 | 1 | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | { | | ļ. |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | 145 | <u> </u> | | | } |
| a | Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against | 11a | <u> </u> | 1 | | Ī |
| þ | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 | | | 12a | | Ī |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| | | | | | | |

Form 990 (2009) KHYENTSE FOUNDATION

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | |
|-----|--|------|-----|-----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | | | |
| b | Enter the number of voting members that are independent 1b 16 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | _ | | |
| | any other officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | х |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | Х |
| 6 | Does the organization have members or stockholders? | 6 | | Х |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | |
| | of the governing body? | 7a | | x |
| ь | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | - |
| | the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached | | | |
| | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal | | | |
| | venue Code.) | | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| | form? | 11 | x | |
| 11a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | x | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this is done | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | х |
| 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 decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a |] | х |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, 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 | ŀ | | |
| | with a taxable entity during the year? | 16a | | х |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | - | | ŀ |
| | the organization's exempt status with respect to such arrangements? | 16b | | [|
| Sec | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ WA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(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 of interest | | | |
| - | 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 records of the | | | |
| | organization MARCO NOAILLES 2914 NE 43RD AVE. | | | |
| P | | 3-47 | 5-0 | 082 |

Form 990 (2009) KHYENTSE FOUNDATION

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- 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

| 4 | X | Check this box if the organization did not con | pensate any current officer, director, or trustee. |
|---|---|--|--|
| | | | |

| (A) Name and Title | (B) Average | | | | | | | | | (F) Estimated |
|--------------------|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of , other compensation from the organization and related organizations |
| DZONGSAR JAMYANG | KHYENTSE | R | IN | PO | CHI | E | | | | |
| CHAIRPERSON | 1.00 | X | | x | | | | 0 | 0 | 0 |
| ANG CHUI JIN | | | | | | | | | | - ' |
| BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| CANGIOLI CHE | | | | | | | | | | |
| EXEC DIRECT | 30.00 | X | | X | | | | 0 | 0 | 0 |
| MICHAEL CHENDER | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| AMELIA CHOW | | | | | | | | | | |
| BOARD MEMBER | 10.00 | X | | | | | | 0 | 0 | 0 |
| LISA DAVISON | | | | | | | | | | |
| SECRETARY | 5.00 | X | | X | | | | 0 | 0 | 0 |
| FLORENCE KOH | | | | | | | | | · · · | |
| BOARD MEMBER | 5.00 | X | | | | | | 0 | 0 | 0 |
| BARBARA MA | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| MARCO NOAILLES | | | | | | | | | | |
| TREASURER | 20.00 | X | | X | | | | 0 | 0 | 0 |
| ISABEL PEDROSA | | | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| BOARD MEMBER | 5.00 | X | | | | <u> </u> | | 0 | 0 | 0 |
| ISAIAH SERET | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | <u> </u> | | | | | 0 | 0 | 0 |
| RAJI RAMANAN | | | | | | | | | | - |
| BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| JOHN SOLOMON | | 1 | i | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| ANGIE TSAI | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | 0 |
| PEMA WANGCHUK | | | | | | | | | | |
| BOARD MEMBER | 1.00 | X | | | | | | 0 | 0 | C |
| KRIS YAO | | | | | | | | | | |
| | 1.00 | X | | | | | | O | 0 | l |

| Pai | Y VII Section A. Officers | , Directors, Trus | tees | , Ke | y En | nplo | yees | , and | d Highest Compensated E | mployees (continued) | , - | | |
|----------|--|---------------------------|--------------------------------|-----------------------|--------------|---------------|---------------------------------|----------------|--|--|---|--|--------|
| | (A) Name and Title | (B) Average hours per | ┕ | _ | (chec | | hat a | | (D) Reportable compensation | (E) Reportable compensation | (F Estim amou | ated | |
| | | week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | oth compet from organi and re organi | er nsation the zation elated | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | - · - · · - | | |
| | Total | | | | | | | <u> </u> | | | | | |
| <u>2</u> | Total number of individuals (increportable compensation from | = | | to th | ose | listed | d abo | ve) | who received more than \$1 | 00,000 in | | | |
| 3 | Did the organization list any fo | rmer officer dire | ctor (| or fru | istee | key | emr | olove | ee or highest compensated | | F | Yes | No |
| 4 | employee on line 1a? If "Yes," For any individual listed on line | complete Schedu | ıle J | for s | uch i | ndıv | idual | · | • | | 3 | | X |
| | the organization and related or individual | ganızatıons grea | ter th | an \$ | 150, | 0007 | lf "Y | es," | complete Schedule J for su | | 4 | | x |
| 5 | Did any person listed on line 1 services rendered to the organ | ization? If "Yes," | com | ompe plete | ensat Sch | ion t edul | rom a e J fo | any i or su | unrelated organization for ich person | | 5 | | X |
| 1 | ction B. Independent Contract Complete this table for your five compensation from the organization | e highest compe | nsate | ed inc | depe | nder | nt co | ntrac | ctors that received more tha | n \$100,000 of | | | |
| | | (A) d business address | | | | | | | Descrip | (B) tion of services | С | (C) ompensa | tion |
| | | | | | | | | | | | | | |
| | | | | | | | | ļ | | | | | |
| | | | | | | | | | | | | | |
| | | _ | | | | | | _ | | | | | |
| | | | | | | | | <u> </u> | | | | | |
| 2 | Total number of independent of more than \$100,000 in compe | | | | | | to th | ose | listed above) who received | , | | , ,, 990 | 1 1000 |

| Pa | rt VI | II Staten | nent of Reve | nue | | | | | | |
|--|-----------------|------------------------|--------------------------|-----------|-------------|--------------|----------------------|--|---|---|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| S S | 12 | Federated can | naigne | 1a | | | _ | revenue | | 312, 313, 01 314 |
| E al | h | Membership di | - | 1b | | | | | | |
| ₽Ĕ | | Fundraising ev | | 1c | | | | | | |
| if s | 4 | Related organi | | 1d | | | | | | |
| S.E | e | Government grants (| | 1e | | | | | | |
| Sis | • | All other contribution | | '' | | | | | | |
| Per Per | • | and similar amounts | | 1f | 1. | 362,096 | | | | |
| | g | Noncach contribution | ns included in lines 1a- | | | 5,966 | | | | |
| 임 | 9 h | Total. Add line | | | • | • | 1,362,096 | | | |
| <u>_</u> | | TOTALL / NO. III IO | | | | Busn. Code | _/ | | | |
| e l | 2a | | | | | Dubin Godo , | | | | |
| e Š | b | | | | | | | | | |
| Program Service Revenue Contributions, gifts, grants | c | | | | | | | | | |
| | d | | | | | | | | | |
| Ē | е | | | | | | | | | |
| ğ | f | All other progra | am service reven | iue | | İ | | | | |
| <u>۾</u> ا | g | Total. Add line | | | | | | | | |
| | 3 | Investment inc | ome (including d | ıvıdend | s, interest | t, and | | | | · ·· · |
| | | other similar ai | mounts) | | | ▶ [| 236,502 | | | 236,502 |
| - 1 | 4 | Income from in | vestment of tax- | exempt | bond pro | ceeds 🕨 | | | | |
| | 5 | Royalties | | | | • | | | | |
| | | | (ı) Real | | (II) P | ersonal | | | | |
| | 6a | Gross Rents | | | | | | | | |
| | b | Less rental exps | | | | | | | | |
| | С | Rental inc or (loss) | | | | | | | | |
| | _d | Net rental inco | me or (loss) | | | • | | | | |
| | calco of accets | | | Other | | | | | | |
| | | other than inventory | 1,501 | ,127 | | | | | | |
| | b | Less cost or other | | | | | | | | : |
| | | basis & sales exps | 1,358 | | | | | | | |
| | | Gain or (loss) | | ,059 | | | | | | |
| | | Net gain or (lo | • | г | | <u> </u> | 143,059 | | | 143,059 |
| ne | 8a | | om fundraising ever | nts | | | | | | |
| enc | | (not including \$ | | ľ | | | | | | |
| Şe | | | reported on line 1c) | | | | : | | | |
| Other Reven | | See Part IV, line | | a | | | j | | | |
| 5 | | Less direct ex | • | bl | | | | | | |
| | | | (loss) from fundi | | events | P | | | | |
| | эа | See Part IV, line | om gaming activitie | | | | | | - | 37 |
| | | Less direct ex | | a b | | | | | | |
| | | | (loss) from gami | - (| utios | | | | | |
| | | | f inventory, less | ing activ | 711103 | | | | | |
| | IVa | returns and all | · · | a | | | | | | |
| | h | Less: cost of g | | b | | | | | | |
| | 1 | | (loss) from sales | | entory | • | : | | | • |
| | | | cellaneous Revenue | | | Busn. Code | | | | |
| | 11a | OTHER REV | | | | 900099 | 392 | 392 |] | |
| | b | J 141 | | | | | | | | |
| | c | | | | | | | | | |
| | d | All other rever | nue | | | | | | | |
| | e | Total. Add line | | | | • | 392 | | | |
| | 12 | Total Revenu | e. See instruction | ns | | > | 1,742,049 | 392 | 0 | 379,561 |

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).

| | All other organizations must o | | | | <u> </u> |
|---------|---|-----------------------|------------------------|---------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | <u></u> | | | |
| 2 | Grants and other assistance to individuals in | | | 1 | |
| | the U S See Part IV, line 22 | 389,773 | 389,773 | | |
| 3 | Grants and other assistance to governments, | | | 1 | |
| | organizations, and individuals outside the | | | 1 | |
| | U.S See Part IV, lines 15 and 16 | 432,321 | 432,321 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | 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 | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | - | - | |
| a | Management | | | | |
| b | Legal | 3,638 | | 3,638 | |
| | Accounting | 10,175 | | 10,175 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| | Other | 3,300 | | | 3,300 |
| 9 12 | | 3,300 | | | 3,300 |
| 12 | Advertising and promotion Office expenses | | | | |
| 13 | • | 13,631 | | 1,050 | 12,581 |
| 14 | Information technology | 13,031 | | | 12,301 |
| 15 | Royalties | | | | · · · · · · · · · · · · · · · · · · · |
| 16 | Occupancy | 5,665 | | 5,665 | |
| 17 | Travel | 3,003 | | 3,003 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 7,655 | | 7,655 | · |
| 19 | Conferences, conventions, and meetings | 1,033 | | 1,633 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | · · · · · · · · · · · · · · · · · · · | |
| 22 | Depreciation, depletion, and amortization | 0.000 | | 0.000 | |
| 23 | Insurance | 2,000 | | 2,000 | <u> </u> |
| | | | | | |
| 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) | - 4-4 | | | |
| а | CREDIT CARD FEES | 5,353 | | | 5,353 |
| b | MISC | 3,330 | | 3,330 | |
| С | PRINTING | 2,211 | | 2,211 | <u></u> |
| d | BROKERAGE FEES | 1,330 | ** | 1,330 | |
| е | SUPPLIES | 912 | | 912 | · |
| f | All other expenses | 1,580 | | 1,580 | |
| 25 | Total functional expenses.Add lines 1 through 24f | 882,874 | 822,094 | 39,546 | 21,234 |
| 26 | | | | | |
| | SOP 98-2 Complete this line only if the organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation | | | | |
| DAA | | | | | - Form 990 (2009) |

| | art X | Balance Sheet | | (A) | | (B) |
|--------------------|-------|--|------------------|-------------------|---------|---------------------------------------|
| | | | | Beginning of year | 1 | End of year |
| | 1 | Cash—non-interest bearing | | 377,951 | 1 | 94,483 |
| | 2 | Savings and temporary cash investments | | 3,068,433 | 2 | 3,691,562 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, directors, | trustees, key | | | |
| | | employees, and highest compensated employees. Comp | olete Part II of | | 1 | |
| | | Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined | under section | | | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(| | | 1 | |
| | | Part II of Schedule L | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | |
| SS | 8 | Inventories for sale or use | , | | 8 | • |
| 4 | 9 | Prepaid expenses and deferred charges | | | 9 | |
| | 10a | Land, buildings, and equipment cost or | | | | |
| | | other basis. Complete Part VI of Schedule D | 10a | | 1 | × . |
| | b | Less accumulated depreciation | 10b | | 10c | |
| | 11 | Investments—publicly traded securities | | 2,665,457 | 11 | 3,639,050 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 736,506 | 12 | 697,365 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | · · · · · · · · · · · · · · · · · · · |
| | 15 | Other assets See Part IV, line 11 | | 18,752 | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34 | 1) | 6,867,099 | 16 | 8,122,460 |
| | 17 | Accounts payable and accrued expenses | | | 17 | |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete Part IV o | f Schedule D | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, truste | es, key | į | 1 | |
| ā | | employees, highest compensated employees, and disqu | alified | į | ŧ | |
| Ë | | persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third | l parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third pa | arties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | | 25 | · |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 26 | |
| es | 1 | Organizations that follow SFAS 117, check here ▶ | X and | | | |
| ပို | | complete lines 27 through 29, and lines 33 and 34. | | | 1 | |
| ä | 27 | Unrestricted net assets | | 6,642,287 | | 7,812,591 |
| Balances | 28 | Temporarily restricted net assets | 224,812 | 28 | 309,869 | |
| nd | 29 | Permanently restricted net assets | . | | 29 | - |
| Net Assets or Fund | | Organizations that do not follow SFAS 117, check he | ere 🕨 🔛 | | 1 | |
| ٥ | | and complete lines 30 through 34. | | | ŧ | |
| ţ | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Se | 31 | Paid-in or capital surplus, or land, building, or equipmen | | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, o | r other funds | | 32 | |
| et | 33 | Total net assets or fund balances | | 6,867,099 | | 8,122,460 |
| Z | 34 | Total liabilities and net assets/fund balances | | 6,867,099 | 34 | 8,122,460 |

Form **990** (2009)

| qrm | 990 (2009) KHYENTSE FOUNDATION | 91-2167303 | | Pa | ge 12 |
|-----|--|-----------------------------|------|--------------|--------------|
| Рa | rt XI Financial Statements and Reporting | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash Accrual | X Other MODIFIED CASH | | | |
| | if the organization changed its method of accounting from a prior year or checked " | Other," explain in | | | |
| | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent | ent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant | ? | 2b | X | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes resp | onsibility for oversight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an inde | pendent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during | the tax year, explain in | | | |
| | Schedule O | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statement | ents for the year were | | - | |
| | issued on a consolidated basis, separate basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separ | ate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or | audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization | n did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to | undergo such audits. | 3b | | |
| | | _ | Forn | n 990 | (2009) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KHYENTSE FOUNDATION

Employer identification number 91-2167303

| | | | KHIENTSE FOU | NDATION | | | | | <u> 91</u> . | <u>-216</u> | /303 | | |
|-----|--|-------------------|---------------------------------|--|------------|---------------------------------|--------------|------------------------|-------------------------|-------------|--------------|---|----------|
| P | art I | Reaso | on for Public Charity S | Status (All organizations | must co | omplete | this p | art.) S | ee ins | tructio | ons. | | |
| Γhe | orgar | nization is not a | a private foundation because | it is: (For lines 1 through 11, che | ck only or | ne box) | | | | | | | |
| 1 | | A church, con | vention of churches, or asso | ciation of churches described in | section 1 | 70(b)(1)(<i>A</i> | ۹)(i). | | | | | | |
| 2 | | A school desc | cribed in section 170(b)(1)(A |)(ii). (Attach Schedule E.) | | | | | | | | | |
| 3 | П | | | e organization described in secti | on 170(b) | (1)(A)(iii) | | | | | | | |
| 4 | П | • | | in conjunction with a hospital de- | | | | (A)(iii). | Enter th | e hospi | ital's name. | | |
| - | ш | city, and state | , • | | | | | , | | | | | |
| 5 | | • | | a college or university owned or | onerated | hy a gove | ernments | al unit de | scribed | ın | | | |
| , | | - | b)(1)(A)(iv). (Complete Part I | | ореганец | by a gove | Jiiiiii Cine | ii uiiii ue | SCHDEU | 111 | | | |
| c | | • | | • | tion 170/ | 5)/4\/ 6 \/ ₆ | | | | | | | |
| | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| | described in section 170(b)(1)(A)(vI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.) | | | | | | | | | | | | |
| 8 | \vdash | • | | | | | | | | | | | |
| 9 | | - | • | more than 33 1/3 % of its suppo | | | | - | | _ | | | |
| | | • | · | ot functions—subject to certain e | • | | | | | IIS | | | |
| | | • • | = | unrelated business taxable inco | • | | i i tax) fr | om busii | nesses | | | | |
| | _ | • | - | , 1975. See section 509(a)(2). (| | - | | | | | | | |
| 10 | H | - | | xclusively to test for public safety | | | | | | | | | |
| 11 | | • | • | xclusively for the benefit of, to pe | | | | - | | | | | |
| | | | • • • • • | d organizations described in sec | | | | | | tion | | | |
| | | — <u>`</u> —`` | | e type of supporting organization | | | . 1 | _ | | | | | |
| | | a Type | • • | c Type III–Functiona | | | d [| | e III–Oti | ner | | | |
| e | Ш | | · · · · · · | nization is not controlled directly | | | | - | | | | | |
| | | • | · · | and other than one or more public | cly suppor | ted organ | izations | describe | d in sec | ction | | | |
| | | | ection 509(a)(2) | | | | | | | | | | |
| f | | | | mination from the IRS that it is a | Type I, Ty | pe II, or T | ype III s | upportin | g | | | | |
| | | _ | check this box | | | | | | | | | | |
| g | | Since August | 17, 2006, has the organization | on accepted any gift or contributi | on from a | ny of the | | | | | | | |
| | | following per | | | | | | | | | | | |
| | | (i) A persor | who directly or indirectly cor | ntrols, either alone or together wi | th persons | describe | ed in (ii) | | | | | Yes | No |
| | | and (iii) b | pelow, the governing body of | the supported organization? | | | | | | | 11g(ı | Ц | |
| | | (ii) A family | member of a person describe | ed in (ı) above? | | | | | | | 11g(ı | 1) | ↓ |
| | | (iii) A 35% c | ontrolled entity of a person de | escribed in (i) or (ii) above? | | | | | | | 11g(ı | <u>II) </u> | |
| h | | Provide the f | ollowing information about the | e supported organization(s) | T | | 1 | | | | | | |
| (1 | • | e of supported | (ii) EIN | (iii) Type of organization | | rganization | | ou notify | | s the | | mount of | |
| | org | anization | | (described on lines 1–9 above or IRC section | | sted in your document? | col (i) | nization in of your | organızat (ı) organı | | \$u | pport | |
| | | | | (see instructions)) | goronang | | sup | oort? | U | S ? | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
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| T.4 | -1 | | | | 1 | | } | | | | | | |

Schedule A (Form 990 or 990-EZ) 2009 KHYENTSE FOUNDATION 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.)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|---|-------------------|--------------------|-------------------------|------------------------|----------------|---------------------|
| Cal | endar 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") | 1,187,485 | 2,195,751 | 1,104,494 | 962,130 | 950,845 | 6,400,705 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,187,485 | 2,195,751 | 1,104,494 | 962,130 | 950,845 | 6,400,705 |
| 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) | | | | | | 901,006 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 5,499,699 |
| Sec | tion B. Total Support | | | | | • | |
| Ca | lendar year (or fiscal year beginning in)▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | 1,187,485 | 2,195,751 | 1,104,494 | 962,130 | 950,845 | 6,400,705 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 202,965 | 287,720 | 412,055 | 206,399 | 236,502 | 1,345,641 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | 0 | ·· |
| 10 11 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 | | 577 | 8,622 | 7,605 | 392 | 17,196 7,763,542 |
| 12 | Gross receipts from related activities, etc. (| see instructions) | | | L | 12 | 89,794 |
| 13 | First five years. If the Form 990 is for the | | econd third fourth | or fifth tay year as | a section 501(c)(3) | | 05,754 |
| 13 | • | - | econa, mira, ioarm | i, or illul tax year as | a section sorte)(s) |) | • [|
| Sec | organization, check this box and stop here tion C. Computation of Public Su | | ae | | | | |
| 14 | Public support percentage for 2009 (line 6, | | _ | <u>ก</u> า | | 14 | 70.84% |
| 15 | Public support percentage from 2008 Sche | | | •77 | | 15 | 73.09% |
| 16a | 33 1/3 % support test—2009. If the organi | | | and line 14 is 33 1 | /3 % or more, check | | ,3.03,70 |
| IVa | and stop here . The organization qualifies a | | | , 4114 1110 1110 00 11 | 70 70 01 111070, 01100 | K tillo box | ► X |
| b | 33 1/3 % support test—2008. If the organi | | | r 16a, and line 15 is | 33 1/3 % or more. | check this | - 1 |
| - | box and stop here. The organization qualif | | | | , | | ▶ ; |
| 17a | 10%-facts-and-circumstances test—200 | | | | r 16b, and line 14 is | s 10% or | ٠ ـ |
| | more, and if the organization meets the "fac | - | | | | | |
| | organization meets the "facts-and-circumst | | | | | <u>-</u> | • |
| b | 10%-facts-and-circumstances test—200 | - | · • | | - | : 15 is 10% or | - |
| - | more, and if the organization meets the "fa | | | | | | |
| | organization meets the "facts-and-circumst | | | | | | • |
| 18 | Private foundation. If the organization did | = | · · | | - | tructions | > |

Page 3

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) 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") | | | | | | |
| 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 through 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 \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | <u> </u> | | | |
| C | Add lines 7a and 7b | | <u> </u> | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | 1 | | | | |
| Sec | tion B. Total Support | £ | ¥ | l | I | <u> </u> | |
| | lendar year (or fiscal year beginning in)▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | 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 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | 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, | | 1 | | | | |
| | and 12.) | | <u> </u> | | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | - | second, third, four | h, or fifth tax year a | is a section 501(c) | (3) | |
| Sec | tion C. Computation of Public Su | | ane | ··· | | | |
| 15 | Public support percentage for 2009 (line 8, | | | (f)) | | 15 | % |
| 16 | Public support percentage from 2008 Sche | , , | - | (1) | | 16 | <u></u> |
| | tion D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2009 (In | | | column (f)) | | 17 | % |
| 18 | Investment income percentage from 2008 | | | • • • | | 18 | % |
| 19a | 33 1/3 % support tests—2009. If the orga | nization did not che | ck the box on line | 14, and line 15 is m | ore than 33 1/3 %, | and line | |
| | 17 is not more than 33 1/3 %, check this be | • | | | | | > _ |
| b | 33 1/3 % support tests—2008. If the orga | | | | | | , – |
| 20 | line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did | | | | | | ₹ - |
| 20 | - Euvare foliogation. If the Ordanization old | LITOL CHECK & DOX OF | rinte 14. 198. Of 19 | 20. CHECK BHS DOX 2 | THE SEE HISHICHORS | | |

Schedule A (Form 990 or 990-EZ) 2009 KHYENTSE FOUNDATION

91-2167303

Page 4

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISC INCOME

\$

17,196

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number KHYENTSE FOUNDATION 91-2167303 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 through 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 Tax Year a 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 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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. 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 2 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. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2009

d Equipmente Other

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

| Schedule D (Form 990) 2009 KHYENTSE FOUNDATION | | 91-2167303 | •, • Page 3 |
|--|--|---------------------------------------|---------------------------------------|
| Part VII Investments—Other Securities. See Form 990, | Part X line 12 | | r age o |
| (a) Description of security or category | (b) Book value | (a) Markar as | |
| (including name of security) | (D) BOOK VAIGE | (c) Method of Cost or end-of-yea | |
| —————————————————————————————————————— | | Cost of end-of-yea | - Indiket value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other _ MUTUAL FUNDS | 539,181 | MARKET | |
| GOLD TRUST | 158,184 | MARKET | |
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| | 607 36E | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 697,365 | · · · · · · · · · · · · · · · · · · · | |
| Part VIII Investments—Program Related. See Form 990 | | | |
| (a) Description of investment type | (b) Book value | (c) Method of | |
| | T-1-2 | Cost or end-of-yea | r market value |
| | | | · · · · · · · · · · · · · · · · · · · |
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| Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | |
| Part IX Other Assets. See Form 990, Part X, line 15. | · ·································· | | |
| (a) Description | | | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | | | |
| Part X Other Liabilities. See Form 990, Part X, line 25. | , | | |
| 1. (a) Description of liability | (b) Amount | | - |
| Federal income taxes | | | |
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

| Sçhe | dule D (Form 990) 2009 KHYENTSE FOUNDATION | | 91-216730 | 3 | Page 4 |
|------|--|--------|---------------------|----------------|-----------|
| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to A | udite | d Financial Stateme | nts | ·-·- |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | | 1 | 1,742,049 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | | 2 | 882,874 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | | 3 | 859,175 |
| 4 | Net unrealized gains (losses) on investments | | | 4 | 396,186 |
| 5 | Donated services and use of facilities | | | 5 | |
| 6 | Investment expenses | | | 6 | |
| 7 | Prior period adjustments | | | 7 | |
| 8 | Other (Describe in Part XIV.) | | | 8 | |
| 9 | Total adjustments (net) Add lines 4 through 8 | | | 9 | 396,186 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | | ·· | 10 | 1,255,361 |
| Pa | rt XII Reconciliation of Revenue per Audited Financial Statement | s Wit | h Revenue per Retu | rn | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,138,235 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains on investments | 2a | 396,186 |] | |
| b | Donated services and use of facilities | 2b | |]] | |
| С | Recoveries of prior year grants | 2c | | 1 1 | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 396,186 |
| 3 | Subtract line 2e from line 1 | | , | 3 | 1,742,049 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | |] | |
| С | Add lines 4a and 4b | | | 4c | |
| 5_ | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | | 5 | 1,742,049 |
| P | art XIII Reconciliation of Expenses per Audited Financial Statemer | nts W | ith Expenses per Re | turn | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 882,874 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25. | | | | |
| а | Donated services and use of facilities | 2a | | 1 1 | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | 1 1 | |
| d | Other (Describe in Part XIV) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | , | ſ | 3 | 882,874 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | 1 1 | |
| С | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | 882,874 |
| | art XIV Supplemental Information | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines | | | | |
| | 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines | 2d and | d 4b Also complete | | |
| this | part to provide any additional information | | | | |
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| Schedule D (Fo | rm 990) 2009 | KHYI | ENTSE | FOUNI | DATIC | N | 91-2167303 | | | | | Pa | | | | | | | |
|----------------------------|--------------|------------|---------|---------|-------|---|------------|-----|---|----------------|---|-----|------------|---|----------|--|-----|---------------|------------|
| Schedule D (Fo Part XIV | Suppleme | ental Info | rmation | (contin | ued) | | | | | | | | | | | | | | |
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Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

United States.

KHYENTSE FOUNDATION

Employer identification number 91-2167303

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 X Yes No the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use 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 for region |
|------------|-------------------------------------|--|--|---|---|
| SOUTH ASI | Ά | | PROGRAM SERVICES | SUPPORT | 214 70 |
| EAST ASTA | AND THE PAC | TEIC | FROGRAM SERVICES | SUPPORT | 214,794 |
| | | | PROGRAM SERVICES | SUPPORT | 194,767 |
| NORTH AME | RICA | | PROGRAM SERVICES | SUPPORT | 7,260 |
| SUB-SAHAR | AN AFRICA | | PROGRAM SERVICES | SUPPORT | |
| EUROPE | | | PROGRAM SERVICES | SUPPORT | 15 500 |
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| otals • | | | | | 432,321 |

91-2167303 Schedule F (Form 990) 2009 KHYENTSE FOUNDATION

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, 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 Use Schedule F-1 (Form 990) if additional space is needed. Part II

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Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 7

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009-

18

KHYENTSE 05/03/2011 5 08 PM

Page 3 Schedule F (Form 990) 2009 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. appraisal, other) (h) Method of (book, FMV, valuation (g) Description of non-cash assistance (f) Amount of non-cash assistance WIRE TRANSFER 1,600 WIRE TRANSFER WIRE TRANSFER 1,600 WIRE TRANSFER 1,200 WIRE TRANSFER 1,200 WIRE TRANSFER 1,700 WIRE TRANSFER 1,400 WIRE TRANSFER 500 WIRE TRANSFER 3,700 WIRE TRANSFER 7,000 WIRE TRANSFER WIRE TRANSFER 1,000 WIRE TRANSFER 1,000 WIRE TRANSFER (e) Manner of disbursement 91-2167303 cash 300 1,500 000,6 (d) Amount of cash grant Use Schedule F-1 (Form 990) if additional space is needed. EAST ASIA AND THE PACIFIC EAST ASIA AND THE PACIFIC (c) Number of recipients Schedule F (Form 990) 2009 KHYENTSE FOUNDATION SOUTH ASIA SOUTH ASI (b) Region EUROPE EUROPE BUDDHIST DIALECTIC INSTIT DHARMA TEXT TRANSLATIONS MANUSHREE CTR OF TIBETAN NAVA NALANDA MAHAVIHARA GUNA SHEDRA - BIR INDIA SRI LANKA UNIV STUDIES UNIVERSITY OF KELANIYA INT'L BUDDHIST ACADEMY TIBETAN LANGUAGE STUDY UNIVERSITY OF HAMBURG RETREAT & ORDINATION MINDROLING MONASTERY (a) Type of grant or assistance SEDA LARONG COLLEGE NAROPA INSTITUTE Part III

Schedule F (Form 990) 2009 KHYENTSE FOUNDATION

91-2167303

Page 4

Supplemental Information

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

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization General Information on Grants and Assistance

Part !

KHYENTSE FOUNDATION

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

Employer identification number

91-2167303

| 20 OWB No. | 1545-0047 | 60 | : |
|------------|-----------|----|---|
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| 2009 | Open to Public Inspection |
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| - 2 | s the select | e amount of the gr ce? itoring the use of g | ants or assi grant funds | Istance, the grantees' In the United States. | eligibility for the grants | s or assistance, and | : | X Yes No | _ I |
|------------|---|--|--|--|--|---|--|--|-----|
| Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 | vernments and cipient that report if additional series | d Organizations sceived more tha space is needed | zations in the Un nore than \$5,000 needed | i ted States. Com Check this box i | plete if the org f no one recipi | janization ans ient received n | wered "Yes" to nore than \$5,000. Use | |
| - | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | d) Amount of cash grant | (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 | 1 |
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| 2 | Enter total number of section 501(c)(3) and government organizations | rganizations | | | | | | | 1 1 |

Schedule I (Form 990) 2009

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

3 Enter total number of other organizations

| Schedule I (F | Schedule I (Form 990) 2009 KHYENTSE FOUNDATION | DATION | 91-2167303 Page 2 | |
|---------------|---|--|---|----|
| Part III | Grants and Other Assistance to | o Individuals in the United States. C | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. | |
| | Use Part IV and Schedule I-1 (Form 990) if additional | Form 990) if additional space is needed. | ded. | ٠, |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of | (d) Amount of | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|-------------------------|------------------------|---|--|
| | | | | | |
| ENGLISH TRANSLATION | 1 | 5,000 | į | | |
| ENGLISH TRANSLATION | Н | 11,621 | | | |
| UNDERWRITING PROJECT COST | Н | 5,000 | | | |
| RETREAT SCHOLARSHIP | н | 3,600 | | | |
| THANGKA GUIDE SUPPORT | m | 10,269 | | | |
| BUDDHAT TRANSLATION PROJ | 1 | 13,543 | | | |
| ENGLISH PROGRAM | 1 | 3,000 | | | |
| 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 | provide the information | on required in Part I, | line 2, and any other addi | itional information. |

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

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) 2009

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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 Schedule I (Form 990), Part II or Part III.

2009

OMB No 1545-0047

Open to Public Inspection

| tionsocient. | Employer identification number 91–2167303 | , Part II.) | (h) Purpose of grant or assistance | | | | | | |
|---|--|---|--|--|--|--|--|--|--|
| | Emp 91 | edule I (Form 990) | (g) Description of non-cash assistance | | | | | | |
| | | ed States (Sch | (f) Method of valuation (book, FMV, appraisal, other) | | | | | | |
| or Part III. | | ons in the Unite | (e) Amount of non-cash assistance | | | | | | |
| schedule I (Form 990), Part II of Part III. | | and Organization | (d) Amount of cash grant | | | | | | |
| Schedule | | Governments | (c) IRC Code section if applicable | | | | | | |
| | LION | Assistance to | (b) EIN | | | | | | |
| Internal Revenue Service | Name of the organization KHYENTSE FOUNDATION | Part I Continuation of Grants and Other | (a) Name and address of organization (b) EIN (c) IRC Code section (d) Amount of cash grant or government (e) Amount of non-cash (f) Method of valuation (g) Description of look, FMV, appraisal, non-cash assistance or government | | | | | | |

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

Schedule I-1 (Form 990) 2009

| Schedule I-1 (Form 990) 2009 KHYENTSE FOUNDATION Darf II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990)) Part III.) | NDATION or Assistance to Indiv | 91–2167303 | s7303 | 990) Part III.) | Page 2 |
|--|-----------------------------------|--------------------------|-----------------------------------|---|--|
| (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) | (f) Description of non-cash assistance |
| DVD DEVELOPMENT | 1 | 2,000 | | | •• |
| LECTURE DEVELOPMENT | 1 | 000'6 | | | • |
| EDUCATION AWARDS | 2 | 4,000 | | | |
| VISITING SCHOLAR | 1 | 18,287 | | | |
| ENCYCLOPEDIC DATABASE | 1 | 290,755 | | | |
| OTHER | 1 | 13,698 | | | |
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| | | | | | Schedule I-1 (Form 990) 2009 |

SCHEDULE O (Form 990) Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

KHYENTSE FOUNDATION

Employer identification number 91-2167303

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

KHYENTSE FOUNDATION IS DEDICATED TO PROMOTING THE BUDDHA'S TEACHINGS FOR

THE BENEFIT OF ALL THROUGH AN EFFECTIVE SYSTEM OF PATRONAGE. THE FOUNDATION

BRINGS VISIONARY THINKING TO THE PRESERVATION AND EXPANSION OF BUDDHIST

EDUCATION AND PRACTICE ACROSS ALL LINEAGES AND TRADITIONS.

ESTABLISHED IN 2001 BY DZONGSAR KHYENTSE RINPOCHE, KHYENTSE FOUNDATION AND ITS MANY PATRONS HAVE ALREADY FUNDED A CHAIR OF BUDDHIST STUDIES AT UC BERKELEY, PLEDGED MORE THAN US\$ 2 MILLION TO DIGITIZE THE ENTIRE TIBETAN BUDDHIST SCRIPTURAL TRADITION, AND ESTABLISHED ENDOWMENTS TO FUND MONASTIC COLLEGES IN INDIA AND TIBET AND A WORLDWIDE SCHOLARSHIP PROGRAM, WHILE SUPPORTING NUMEROUS OTHER GROUNDBREAKING INITIATIVES.

OTHER CURRENT PROJECTS INCLUDE AN ACADEMIC SURVEY OF BUDDHIST HIGHER EDUCATION SYSTEMS THROUGHOUT THE WORLD AND THE INCUBATION OF THE BUDDHIST LITERARY HERITAGE PROJECT, A 100-YEAR EFFORT TO TRANSLATE THE VAST TEACHINGS OF THE BUDDHA INTO MODERN LANGUAGES.

WHILE MAINTAINING A GLOBAL FOCUS, KHYENTSE FOUNDATION REMAINS A GRASSROOTS ORGANIZATION, OPERATED BY AN ALL-VOLUNTEER STAFF AND SUPPORTED BY HUNDREDS OF DONORS, MANY OF WHOM GIVE JUST A FEW DOLLARS A MONTH. LIKE DROPS OF WATER MAKING UP THE OCEAN, TOGETHER THE FOUNDATION AND ITS DONORS ARE SUPPORTING THOUSANDS OF PRACTITIONERS, STUDENTS, AND MONASTICS AND REESTABLISHING THE AGE-OLD TRADITION OF BUDDHIST PATRONAGE FOR CONTEMPORARY TIMES.

FORM 990, PART III, LINE 2

DURING THE YEAR, THE BUDDHIST LITERARY HERITAGE PROJECT FORMALLY BEGAN.

THIS PROJECT WAS INITIATED TO HELP ENSURE THAT AUTHENTIC BUDDHADHARMA IS

AVAILABLE TO STUDENTS OF ALL NATIONALITIES WELL INTO THE FUTURE. KHYENTSE

FOUNDATION IS WORKING IN COLLABORATION WITH TRANSLATORS AND LINEAGE HOLDERS

FROM AROUND THE WORLD. IN 2009, THE FOUNDATION SPONSORED AN INTERNATIONAL

TRANSLATION CONFERENCE THAT CULMINATED IN THE ESTABLISHMENT OF THIS PROJECT

WITH THE GOAL OF SEEING ALL OF THE VAST AND EXTRAORDINARY RICHES OF

BUDDHIST LITERATURE, PARTICULARLY THE TIBETAN KANGYUR AND TENGYUR,

TRANSLATED AND MADE UNIVERSALLY ACCESSIBLE WITHIN 100 YEARS. THIS

MONUMENTAL AND HISTORIC UNDERTAKING IS LONG OVERDUE. THE NAME FOR THIS

PROJECT WAS FORMALLY CHANGED TO 84000 IN 2010.

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

IN ORDER TO ENSURE THAT AUTHENTIC BUDDHADHARMA CAN REACH PEOPLE ALL OVER THE WORLD IN THEIR OWN LANGUAGES, KHYENTSE FOUNDATION HAS UNDERTAKEN SEVERAL NEW TRANSLATION INITIATIVES, INCLUDING THE AMBITIOUS BUDDHIST LITERARY HERITAGE PROJECT (BLHP) NOW RENAMED 84000: TRANSLATING THE WORDS OF THE BUDDHA. PLANS ARE UNDERWAY TO COORDINATE WITH TRANSLATION TEAMS ALL OVER THE WORLD, WITH THE GOAL OF PRESERVING AND SPREADING THE BUDDHIST LITERARY HERITAGE THROUGH TRANSLATIONS.

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

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 4D - ALL OTHER ACHIEVEMENTS

ACADEMIC ENDOWMENTS: WITH THE ESTABLISHMENT OF THE KHYENTSE CHAIR IN

TIBETAN BUDDHISM AT THE UNIVERSITY OF CALIFORNIA AT BERKELEY IN 2006, THE

FOUNDATION IS EXPLORING ACADEMIC DEVELOPMENT OPPORTUNITIES AT MAJOR

UNIVERSITIES WORLDWIDE, WHERE SUPPORT IS MOST NEEDED. THE FOUNDATION IS

ALSO WORKING TOWARD THE ESTABLISHMENT OF CULTURAL AND EDUCATIONAL EXCHANGE

PROGRAMS BETWEEN TRADITIONAL BUDDHIST INSTITUTES AND MAJOR UNIVERSITIES.

EDUCATION PROGRAMS: SINCE ITS INCEPTION, A LONG-TERM GOAL FOR THE FOUNDATION HAS BEEN TO ESTABLISH BUDDHIST EDUCATION PROGRAMS FOR ALL, ESPECIALLY CHILDREN AND YOUTH. DEER PARK INSTITUTE WAS INAUGURATED IN BIR, INDIA, IN MARCH 2006. DEER PARK IS ENVISIONED AS AN INSTITUTE OF LEARNING WHERE NON-MONASTICS, ESPECIALLY INDIAN AND WESTERN STUDENTS, CAN STUDY AND EXPLORE CLASSICAL BUDDHIST TRADITIONS.

SCHOLARSHIPS: STUDY AND PRACTICE HAVE BECOME THE HIGHEST PRIORITY OF THE 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 PLANS TO PROVIDE FINANCIAL ASSISTANCE TO STUDENTS AND PRACTITIONERS OF THE BUDDHADHARMA ALL OVER THE WORLD, IN ALL BUDDHIST TRADITIONS.

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

Name of the organization

KHYENTSE FOUNDATION

Employer identification number 91-2167303

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS 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. VOLUNTEER

EXECUTIVE DIRECTOR AND VOLUNTEER ACCOUNTANT RECEIVE ANY BOARD REVIEW POINTS

AND CONDUCT THEIR OWN REVIEW.

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.

| Form | 8868 (Re | v 4-2009) | | | | | | | | Page 2 |
|------------------|-------------|--|---|----------------------------|---------------|---------------|--|--------------|---|------------------|
| • if | you are f | iling for an Additional (| Not Automatic) 3- | Month Extension, c | omplete on | ly Part II an | d check this box | | | ▶ X |
| Note. | Only con | nplete Part II if you have | aiready been grant | ted an automatic 3-m | nonth extens | sion on a pre | eviously filed Form | 8868. | | |
| ● If | you are f | iling for an Automatic 3 | -Month Extension | , complete only Par | rt i (on page | 1). | | | | _ |
| ■ P.ā | rt U | Additional (Not A | Automatic) 3-M | onth Extension | of Time. | Only file | the original (n | o copies | needed). | |
| Type | or | Name of Exempt Orga | anization | | | | | Employe | r identificat | tion number |
| print | | | | | | | | | | |
| File by | | KHYENTSE FO | NOITAGNUC | | | | | 91-2 | 167303 | |
| extend due da | | Number, street, and ro | oom or suite no If a | P O. box, see instru | ctions. | | | For IRS | ise only | |
| filing th | | PO BOX 1560 | <u> </u> | | | | الحددية | | | |
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| Н | Form 99 | · | Form 990-T (sec | c. 401(a) or 408(a) tr | ust) | <u> </u> | Form 4720 | | Ŭ Fo | orm 8870 |
| | Form 99 | | | st other than above) | | | Form 5227 | | | |
| | | complete Part II if you | were not already | granted an automa | tic 3-month | extension | on a previously fi | iled Form 8 | 868 | |
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| 5 | | • | , or other tax year b | | | ſ | | | | |
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| 7 | | detail why you need the TIONAL TIME | | ያጥዌክ ጥለ ርአባ | т ਰਾਗਪਾ | NEODMA | שר שר או | מגמשם | E 3 CO | MDI BMB |
| | | ACCURATE RE | • | oled to GA. | INEK I | MECKIL | IIION IO P | REPAR | E A CO | MPLEIE |
| | AND | ACCORATE NE. | 10141. | | | | | | | |
| 8a | If this an | plication is for Form 990 |)-BI 990-PF 990-T | 4720 or 6069 ente | er the tentat | ve tav | | T = I | | |
| Ou | • | nonrefundable credits. | | 1 47 20, 01 0000, 0110 | or the terms | ivo tax, | | 8a | \$ | |
| b | | plication is for Form 990 | | or 6069, enter any re | fundable cre | edits and | | Oa I | Ψ | |
| _ | | d tax payments made. I | | • | | | | 330 | | |
| | | paid previously with Fori | • • • • | | | on one ony | • | 8b | \$ | |
| С | | Due. Subtract line 8b fr | | vour payment with the | nis form, or. | ıf required. | denosit | | | |
| - | | coupon or, if required, | | | | | | 8c | \$ | |
| | | | | Signature | | | 1 | | <u> </u> | |
| Under | penaities o | of perjury, I declare that I ha and complete, and that I an | ive examined this form, n authorized to prepare | , including accompanyln | | - | s, and to the best of m | ny knowledge | and belief, | |
| Signat | ture 🕨 | Janhole | hue | | Title • | LP4 | | | Date • | 2/11/10 |
| | | V | | | | | | | | 868 (Rev 4-2009) |