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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form 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

OMB No 1545-1150

2010

Open to Public Inspection

	Α	For the 20°	0 calendar year, or tax year beginning , and ending		
	В	Check if appli	cable C Name of organization D 1	Employer ident	fication number
ļ		Address char	41-1919026		
ļ		Name change	KHACHOLING CENTER Number and street (or P O box, if mail is not delivered to street address) Room/suite	Telephone numb	
ļ		Initial return			
		Terminated	7209 12 AVENUE SOUTH	(612) 8	366-1669
		Amended reti	Irm City or town state or country ZIP + 4	Group Exempt	tion
		Application po	ending RICHFIELD MN 55423	Number 🕨	
	G	Accounting	ck 🕨 🔲 if th	ne organization is	
	I	Website:		tach Schedule B	
	J	Tax-exempt s	atus (check only one) — X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 (For	m 990, 990-E	Z, or 990-PF)
•	ĸ	Check ▶	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally	v not more th	an \$50 000
			EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions)		
			n, be sure to file a complete return	24	,
-	L	Add lines 5b	<u></u> s		
	(Pa		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶\$	17,929
	Pa		evenue, Expenses, and Changes in Net Assets or Fund Balances (see the Instru	ctions for P	art I)
			heck if the organization used Schedule O to respond to any question in this Part I.		
·		1 Cor	tributions, gifts, grants, and similar amounts received	1	17,900
		2 Pro	gram service revenue including government-fees and contracts.	2	
			nbership dues and assessments . MAY 9 9 000	3	
			estment income MAY 2.3 2011	4	29
			ss amount from sale of assets other-than inventory	-	
		b Les	s: cost or other basis and sales expenses from the control of the		0
	e			5c	0
	ē		ning and fundraising events ss income from gaming (attach Schedule G if greater than		
	Revenue		,000)		
20 13	Ľ		ss income from fundraising events (not including \$ of contributions	\dashv \mid	
7			n fundraising events reported on line 1) (attach Schedule G if the		
8			n of such gross income and contributions exceeds \$15,000) 6b		
30			direct expenses from gaming and fundraising events.	7	
<u>z</u>			income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
NOC		line	6c)	6d	0
	ı		ss sales of inventory, less returns and allowances	_	
<u> </u>			s: cost of goods sold		_
9			ss profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
Ø.			er revenue (describe in Schedule O)	8	47.000
SCANNED	\dashv		al revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 10	17,929 16,244
-			nts and similar amounts paid (list in Schedule O)	11	10,244
	တ		etits paid to or for members aries, other compensation, and employee benefits	12	
	Se		fessional fees and other payments to independent contractors	13	485
	Expenses		supancy, rent, utilities, and maintenance.	14	1,961
	X		ting, publications, postage, and shipping	15	356
			er expenses (describe in Schedule O)	16	562
			al expenses. Add lines 10 through 16	17	19,608
	ģ	18 Exc	ess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,679
	Net Assets		assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	-	
	As		-of-year figure reported on prior year's return)	19	55,064
	ē		er changes in net assets or fund balances (explain in Schedule O)	20	F0 605
		21 Net	assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	53,385

For Paperwork Reduction Act Notice, see the separate instructions.

(HTA)

Form 990-EZ (2010)

Form **990-EZ** (2010)

Form	990-EZ (2010) KHACHOLING CENTER				41-	<u> 1919</u>	9026	Page 2
Par	t II Balance Sheets. (see the instructions for	Part II.)						
	Check if the organization used Schedule O to	respond to any ques	tion in t	his Part II .				
			,	(A) Begin	ning of y	/ear		(B) End of year
22	Cash, savings, and investments				55	,064	22	53,385
23	Land and buildings						23_	
24	Other assets (describe in Schedule O)						24_	
25	Total assets				<u>55</u>	,064	25	53,385
26	Total liabilities (describe in Schedule O)						26	
27						,064	27	53,385
Pa	Statement of Program Service Acco					<u> </u>	/Bogu	Expenses ired for section
	Check if the organization used Schedu	··				Щ		(3) and 501(c)(4)
	at is the organization's primary exempt purpose?						-	zations and section
	cribe what was achieved in carrying out the organization's				escribe		4947(for oth	a)(1) trusts, optional iers)
	services provided, the number of persons benefited, and o					-		
28	Disseminate teaching & preservation of the Buddh	na Dharma in the con	imuniiy	ın				
	the spirt of Boddhichitta.							
	(Cranta C	nt includes foreign ar	anto ch	ock boro		i —	20-	0.54
20	·	nt includes foreign gr		eck liefe		الل	28a	6,544
29	Provide Overseas Medical Needs to Buddhist Mor	iks a Continuinty in i	ijuja					
							i	
	(Grants \$) If this amou	nt includes foreign gr	ants ch	eck here	• • • • • • • • • • • • • • • • • • •	آأ	29a	2,000
30	Buddhist Spiritual Teachers travels to USA teach					┵╽	LJa	2,000
30	Duddingt Ophitual Teachers travers to COA teach	and conficulting tool	inguos.	· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amou	nt includes foreign gr	ants, ch	eck here	>		30a	7,700
31	Other program services (describe in Schedule O)						, , , , ,	
•		nt includes foreign gr	ants, ch	eck here	•		31a	
32	Total program service expenses. (add lines 28a	through 31a)				•	32	16,244
	art IV List of Officers, Directors, Trustees, and		t each o	ne even if not compe	nsated	(see	the ins	tructions for Part IV
	Check if the organization used Schedule O	•						
-		(b) Title and average		(c) Compensation	(d) C	ontributi	ons to	(e) Expense
	(a) Name and address	hours per week		(If not paid,			t plans &	account and
<u> </u>	AIKAD THUKH	devoted to position	n	enter -0)	deterre	a compe	ensation	other allowances
	NKAR TULKU	Title Director	5 00	0				
	7209 12TH AVE S RICHFIELD MN 55423	Hr/WK Title President	3 00					
	NNETH TOBACMAN 92 KYLE AVE N BROOKLYN PARK MN 55443		3 00	0				
_	THONY SCHULTZ	Title Vice-Pres	3 00					
	2 TAYLOR ST, NE MINNEAPOLIS MN 55418	Hr/WK	2 00	0				
	CHEN WANGMO	Title Sec/Trea	2 00					
	4 UPTON AVE S RICHFIELD MN 55423	Hr/WK	4.00	0				
	TENZIN CHHODAK	Title NYDirctor	1.00					
	05 56 ST, #2H WOODSIDE NY 11377	Hr/WK	30 00	0				
<u> </u>	00 00 01, 1/211 1/0 0 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1	Title	- 00 00					
		Hr/WK	00	0				
		Title						
		Hr/WK	.00	0				
		Title					_	
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		Hr/WK	.00	0				
		Title						
		Hr/WK	.00	0				
		Title						
		Hr/WK	00	0				

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

	Check if the organization used Schedule O to respond to any question in this Part V		<u> </u>	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33		_X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		v
	change on Schedule O (see instructions)	34		<u> </u>
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, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),	250		v
L	501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35a 35b		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		_^_
30	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	30		
o, a	Did the organization file Form 1120-POL for this year?	37b	-	Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	1		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	7		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities . 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶; section 4955 ▶			
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 did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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	-		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization	-		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		х
4.4	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► MN, NY	(0.4.0), (200 40	~~
42 a	The organization's books are in care of ▶ Dechen Wangmo Telephone no ▶		666-16	b <u>9</u>
	Located at ► 7127 Chicago Av S City Richfield ST MN ZIP + 4 ► 55	423		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		· · ·	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?.	42b		Х
	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.	42c		x
С	At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶
	and enter the amount of tax-exempt interest received or accrued during the tax year	_		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			[
	completed instead of Form 990-EZ	44b	ļ	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		.	
	explanation in Schedule O	44d		<u> </u>
		Form S	90-E	Z (2010)

Yes Note Yes Y	Form 99	90-EZ (2010)	KHACHO	LING CENT	ER						4	1-1 <u>9190</u>	26	Page 4
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the maximum of social of SE(D)(13) if "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. 8 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 8 Socialon 591(c)(3) organizations and section 4947(a)(1) innexempt charitable trusts only. All section 591(c)(3) organizations and section 4947(a)(1) innexempt charitable trusts must answer questions 47–495 and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule C, part II 47 Did the organization organization section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 48 Is the organization as school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 49 In the organization as school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 49 In the organization as school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 49 In the organization as school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 49 In the organization as school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 40 In the organization as a school as described in section 170(b)(1)(A)(A)(0)? If "Yes," complete Schedule E 40 In the organization as a school as described in section 170(b)(1)(A)(A)(0)? If "Yes," complete Schedule E 41 In the schedule E 42 In the schedule E 43 In the organization as a school as described in section 170(b)(1)(A)(A)(0)? If "Yes," complete Schedule E 44 In the schedule E 45 In the schedule E 46 In the schedule E 47 In the schedule E 48 In the schedule E 49 In the schedule E 40 In the schedule E 40 In the schedule E 41 In the schedule E 42 In the schedule E 43 In the sche													Yes	No
meaning of section \$15(2(x)(13)* If "Yes," Form \$900 and Schedulo R may need to be completed instead of Form \$900-EZ\$. 45 Dot the organization engage, directly in political campana divities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I (4	45	Is any related org	anization a	controlled e	entity of th	ne organizatior	n within the me	aning	of section 5°	12(b)(1	3)?	45		_X_
Form 990-EZ # Dut the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I ### Part VI ### School Sd1(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 47–49b and 52, and complete the fables for lines 50 and 51. Check if the organization used School 0 to respond to any question in this Part VI ### VI ### II	а	Did the organizati	on receive	any paymei	nt from or	engage in any	y transaction w	/ith a c	ontrolled ent	ity with	ın the			
45 Old the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 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 47-49b and 52, and complete the tables to three 50 and 51 and you get the section 501(c)(3) organization used Schedule O to respond to any question in this Part VI The complete Schedule C, Part II The complete Schedule		meaning of section	n 512(b)(13	3)? If "Yes,"	Form 99	0 and Schedul	le R may need	to be	completed in	stead	of			ĺ
to candidates for public office? If "Yes," complete Schedule C, Part II 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 only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule C to respond to any question in this Part VI 47 Did the organization as school as described in section 170(b)(1)(A)(a)(a) II "Yes," complete Schedule E 48 X 49 a. Did the organization as school as described in section 170(b)(1)(A)(a)(a) II "Yes," complete Schedule E 48 X 49 a. Did the organization as extended in section 170(b)(1)(A)(a)(a) II "Yes," complete Schedule E 48 X 49 a. Did the organization as extended in section 170(b)(1)(A)(a)(a) II "Yes," complete Schedule E 48 X 49 a. Did the organization as extended in section 170(b)(1)(A)(a)(a) II "Yes," complete Schedule E 48 X 49 b. Did to repair the section 180(a) II to repair the secti		a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. 5 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 5 Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All sections 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–4 and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Is the organization as achool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 4 Is the organization make any transfers to an exempt non-charitable related organization? 6 Use organization as school as described in section 527 organization? 6 Use organization make any transfers to an exempt non-charitable related organization? 7 Use organization as school as described in section 527 organization? 8 Is If "Yes," was the related organization a section 527 organization? 9 Did the organization in this Part VI 6 Occomplete this table for the organization is five highest compensated employees (other than officers, directors, trustees an employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization. If there is none, enter "None than \$100,000 of compensation from the organization of the employee benefit plans & deletered compensation. If the employee benefit plans & deletered c									45a		X	
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Solic(x)3) organizations and section 4947(a)(1) nonexempt chantable trusts must answer questions 47–49b and 52, and complete the tables for the rines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization of engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(a)(a)? If "Yes," complete Schedule E 49 Did the organization as excluded as exempt non-chantable related organization? 48 Is the organization as excluded as exempt non-chantable related organization? 50 Complete this table for the organization as excluded as exemption of the interest of the stable for the organization as excluded in the stable organization as exemption organization from the organization if there is none, enter "None" (a) Name and additions of each implicit part of the stable for the organization organization is an advantage of the stable for the organization organizat														X
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Yes No A A A A A A A A A							ad to only allo	otion i	n thin Dort	\ /I				
147 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		Check ii ti	e organiza	alion useu	Schedul	e O to respon	id to any que	Suon	n mis Part	VI	-	<u>·</u>		
48 Is the organization a school as described in section 170(b)(1)(A)(i)? If "Yes." complete Schedule E 49 a Did the organization make any transfers to an exempt non-chanitable related organization? 50 Complete this table for the organization is 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 bina's 1500,000 of compensation from the organization If there is none, enter "None" (b) Tale and everage 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 bina's 1500,000 of compensation from the organization of the service of the se	47	Dud the annual		la lablada a		0 K 113/ 11		- C D	_ 4 11				Yes	
49 a Dut the organization make any transfers to an exempt non-charitable related organization? 1 If "Yes," was the related organization a section 527 organization? 5 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" " (e) Compensation from the organization If there is none, enter "None" " (e) Expense devoted to position than \$100,000 feel and weeps than \$100,000 feel and weeps (o) Compensation for the organization of the organization o		_									•			+
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(a) Name and address of each employee paid more hours per week has 100,000 of compensation of electrod to postion develoted to postion develoted to postion of the allowances of the allowances of the postion of the allowances of the allowances of the postion of the allowances of th														
Name None		(a) Name and addre	es of each ame	alougo poid mor				(c) C	ompensation					
Name Str ST ZIP Hr/MX O0								<u> </u>						
Name City ST ZIP Hn/WK 00 Name Str ZIP Hn/WK 00 ST ZIP Hn/WK 00 ST ZIP Hn/WK 00 ST ZIP Hn/WK 00 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 of compensation from the organization of the organization if there is none, enter "None" (a) Name Address of each independent contractor paid 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 of compensation in the organization if there is none, enter "None" (b) Type of service (c) Compensation (c) Compensation (c) Type of service (c) Compensation of the organization of the orga	Name	None	Str	·		Title								
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f Total number of other employees paid over \$100,000	Name		Str			Title								
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\$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										-				
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Name	51	•		-	_	· · · · · · · · · · · · · · · · · · ·			itractors who	each	received m	ore thar	1	
Name None Sir. City ST ZIP Name Sir. City ST ZIP Oid the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 Dechen Wangmo Treasurer/Secretary Paid Preparer's Use Only Proparer's Rame Padacus TaxHaraCPA Firm's name Edward Hara, CPA Firm's name Padacus TaxHaraCPA Firm's address 7600 Parklawn, ste 400, Minneapolis, MN 55435 Phone no (952) 831-6222 May the IRS discuss this return with the preparer shown above? See instructions								e "	(b) Tur	ne of serv	ICA	(c) Co	mnensat	
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Sir City ST ZIP Name Str City ST ZIP At Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Under penalties of penjur, 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 Paid Preparer's Use Only Prim's address AbacusTaxHaraCPA Firm's ame AbacusTaxHaraCPA Firm's address From's Elin Phone no (952) 831-6222 May the IRS discuss this return with the preparer shown above? See instructions		11000				7IP			i.		ĺ			
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City ST ZIP Name Sir City ST ZIP Name Sir City ST ZIP d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A				ST		ZIP								
Name City ST ZIP Name City ST ZIP City ST ZIP d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 Dechen Wangmo Type or print name and title Paid Preparer's Use Only Firm's name AbacusTaxHaraCPA Firm's name AbacusTaxHaraCPA Firm's address 7600 Parklawn, ste 400, Minneapolis, MN 55435 Phone no (952) 831-6222 May the IRS discuss this return with the preparer shown above? See instructions	Name			Str										
City ST ZIP Name Str City ST ZIP d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. 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 Paid Preparer's Use Only Proparer's name Edward Hara, CPA Edward Hara, CPA Firm's address T600 Parklawn,ste 400, Minneapolis, MN 55435 Phone no (952) 831-6222 May the IRS discuss this return with the preparer shown above? See instructions	City			ST		ZIP								
Name Sir City ST ZIP d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A				· • • • • • • • • • • • • • • • • • • •										
Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A						ZIP								
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		Total number of o	ther indene		actors ea		ver \$100 000		<u> </u>					
nonexempt charitable trusts must attach a completed Schedule A . ▶ X Yes No 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 Dechen Wangmo Treasurer/Secretary Proparer's name Edward Hara, CPA Firm's name AbacusTaxHaraCPA Firm's address Todo Parklawn, ste 400, Minneapolis, MN 55435 May the IRS discuss this return with the preparer shown above? See instructions No X Yes No No			•			-		zations	and 4947(a)(1)				
Sign Here Paid Preparer's Use Only Paid Prim's address 7600 Parklawn, ste 400, Minneapolis, MN 55435 May the IRS discuss this return with the preparer shown above? See instructions Poate Treasurer/Secretary Date Treasurer/Secretary Date Treasurer/Secretary PTIN Edward Hara, CPA Firm's EIN Firm's EIN Phone no (952) 831-6222 No		•	•								•	· X Y	es 🗌	No
Sign Here Dechen Wangmo Type or print name and title Paid Preparer's Use Only Pirm's address 7600 Parklawn, ste 400, Minneapolis, MN 55435 May the IRS discuss this return with the preparer shown above? See instructions Date Treasurer/Secretary Date Scheck if self-self-employed X Firm's EIN PTIN PTIN Firm's EIN Firm's EIN Value No	Under	penalties of perjury,	I declare tha	it I have exan	nined this r	eturn, including	accompanying s	schedul	es and statem	nents, ai	nd to the bes	t of my k	nowled	i ige
Dechen Wangmo Treasurer/Secretary	and be	lief, it is true, correct	t, and comple	<u>ete Declaratı</u>	on of prepa	arer (other than	officer) is based	on all ı	nformation of	which p	reparer has	any knov	vledge	
Dechen Wangmo Treasurer/Secretary		.	1	$\sqrt{}$	<u>~</u>					<u> </u>	- 11 2	110		
Type or print name and title Paid Preparer's Use Only Pirm's address 7600 Parklawn, ste 400, Minneapolis, MN 55435 May the IRS discuss this return with the preparer shown above? See instructions Preparer's signature Date Check if self-self-employed X PTIN	Sign	Signature of	of officer	1						Date	, ,	•		
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Preparer's Use Only Firm's name AbacusTaxHaraCPA Firm's EIN ► Firm's address 7600 Parklawn, ste 400, Minneapolis, MN 55435 Phone no (952) 831-6222 May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No	Paid	1	•			rune / fi	7 2	0/0044	self-		FIIN			
Use Only Firm's address ► 7600 Parklawn, ste 400, Minneapolis, MN 55435 Phone no (952) 831-6222 May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No	Prepa	rers		Abacus Tau-		iu Hara, GPA	5/1	<u>U/ZU11</u>] employed		:IN ▶			
May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No	Use O	nlv ———				0 Minneanoli	s MN 55/35) 831-6°	222	
	May #									1				No
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section

Denai	tment of the Treasury	4947(a)(1) nonexempt	charitable trust.		Open to Public
•	al Revenue Service	► Attach to Form 990 or Form 990-EZ.	► See separate instructio	ns.	Inspection
Name	of the organization	Employer identific	ation number		
KHA	CHOLING CENTE	R		41-	1919026
Pa	rt I Reason	for Public Charity Status (All organizations	must complete this part) See instruction	ons
The	organization is not	a private foundation because it is (For lines 1 th	rough 11, check only one b	ox)	
1	A church, co	nvention of churches, or association of churches	described in section 170(ɔ)(1)(A)(i).	
2	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Sched	lule E)		
3	A hospital or	a cooperative hospital service organization desc	ribed in section 170(b)(1)(A)(iii).	
4		search organization operated in conjunction with me, city, and state.	a hospital described in sec	:tion 170(b)(1)(A	A)(iii). Enter the
5		ion operated for the benefit of a college or univer 70(b)(1)(A)(iv) . (Complete Part II.)	sity owned or operated by	a governmental	unit described
6	A federal, st	ate, or local government or governmental unit de	scribed in section 170(b)(1)(A)(v).	
7		ion that normally receives a substantial part of its section 170(b)(1)(A)(vi). (Complete Part II)	s support from a governme	ntal unit or from t	the general public
8	A community	trust described in section 170(b)(1)(A)(vi). (Con	mplete Part II)		
9	receipts from	ion that normally receives (1) more than 33 1/3% a activities related to its exempt functions—subject gross investment income and unrelated busines the organization after June 30, 1975. See section	ct to certain exceptions, and is taxable income (less sec	d (2) no more that tion 511 tax) fror	an 33 1/3% of its
10	An organiza	ion organized and operated exclusively to test fo	r public safety See section	n 509(a)(4).	

	505(a)(5). Check the box that describes the type of supporting organization and complete lines fire through 1111
	a Type I b Type II c Type III-Functionally integrated d Type III-Other
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section

following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? A family member of a person described in (i) above? . (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(ı)		
11g(II)		
110(111)		

Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Yes Yes Yes (A) (B) (C) (D) (E) Total

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	IOH A. Public Support	(-) 200C	(5) 2007	(=) 2000	(4) 2000	(=) 2040	/D Total
Calei	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		ŀ				
	membership fees received (Do not						
	include any "unusual grants.")	10,600	17,120	7,207	48,077	17,900	100,904
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0					0
3	The value of services or facilities		-				
	furnished by a governmental unit to the						
	organization without charge	0					0
4	Total. Add lines 1 through 3	10,600	17,120	7,207	48,077	17,900	100,904
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%				l	İ	
	of the amount shown on line 11,						
	column (f) .						
6	Public support. Subtract line 5 from line 4						100,904
	ion B. Total Support	L		L			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	, , , ,						
7	Amounts from line 4	10,600	17,120	7,207	48,077	17,900	100,904
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	_					_
_	sources	0					0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on			· -			0_
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0					0
11	Total support. Add lines 7 through 10						100,904
12	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o	rganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(c)	(3)
	organization, check this box and stop here				-		▶
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2010 (line 6,		ed by line 11	column (f))		14	100 00%
15	Public support percentage from 2009 Sched				·	15	100 00%
16a	,, ,			line 13, and lin	e 14 is 33 1/3º		
100	and stop here . The organization qualifies a						▶ 🗴
b	33 1/3% support test–2009. If the organiza						
D	box and stop here . The organization qualifi					7 170 70 01 111010	, oncor time
	-					101 11 44	,
17a	10%-facts-and-circumstances test-2010.	-					
	is 10% or more, and if the organization mee						
	Part IV how the organization meets the "fac-	ts-and-circumst	tances" test Ti	he organizatior	i qualifies as a	publicly suppor	rted
	organization						. ▶ 📙
b	10%-facts-and-circumstances test-2009.	-					
	15 is 10% or more, and if the organization n	neets the "facts	-and-circumsta	ances" test, che	eck this box an	d stop here. E	xplain in
	Part IV how the organization meets the "fac	ts-and-circumst	tances" test Ti	he organizatıor	qualifies as a	publicly	
	supported organization						▶ 🔲
18	Private foundation. If the organization did	not check a ho	con line 13, 16	Sa. 16b. 17a or	17b, check th	is box and see	
	instructions						
		·					<u> </u>

Page 3

Part III	Support Sch	edule for Organizations	s Described in Section	509(a)(2

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	idei lije lesis	listed below,	please compi	ele Fail II)		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
- uio	induit your (or nood) your boginning my	(4) 2000	(8) 2001	(0) 2000	(u) 2000	(0) 2010	(i) iotai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		_				0
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						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513				,		0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				<u> </u>		0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	<u> </u>	0	0	0	0
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						0
С	Add lines 7a and 7b	0	0	o	0	0	0
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 📗	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	o	0	l ol	0	o	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				22		22
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	0	0	0	22	0	22
12	or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	22	0	
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column		e 13, column (f))		15	0 00%
16	Public support percentage from 2009 Schedule A,					16	0 00%
Sec	tion D. Computation of Investment Inco		ige				
17	Investment income percentage for 2010 (line 10c, o			umn (f))		17	100 00%
18	Investment income percentage from 2009 Schedule					18	0 00%
19a	33 1/3% support tests-2010. If the organization do not more than 33 1/3%, check this box and stop he	e re . The organiza	ation qualifies as	s a publicly suppo	orted organizatio	n	▶ 🗌
b	33 1/3% support tests-2009. If the organization di						_ [
20	line 18 is not more than 33 1/3%, check this box an Private foundation . If the organization did not che		-	•			▶ □

Schedule A (Form	990 or 990-EZ) 2010	KHACHOLING	3 CENTER			41-191 <u>9026</u>	Page 4
Part IV		nformation.	Complete this	part to provide	the explanations re	quired by Part II, line	10,
 ,						ditional information (S	
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Schedule A (Form 990 or 990-EZ) 2010