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# 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.

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

OMB No. 1545-1150

2011

**Open to Public Inspection**

<b>A For the 2011 calendar year, or tax year beginning</b>		<b>January 1</b>	<b>, 20</b>	<b>11</b>
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>C Name of organization</b> <b>Chenrezig Fund Inc.</b> Number and street (or P O box, if mail is not delivered to street address) Room/suite <b>211 Campbell Street</b> City or town, state or country, and ZIP + 4 <b>Madison, WI 53711-2203</b>		<b>D Employer identification number</b> <b>39-1949564</b> <b>E Telephone number</b> <b>608-628-8172</b> <b>F Group Exemption Number ▶</b>
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ <b>I Website: ▶</b> <u>www.chenrezigfund.org</u> <b>J Tax-exempt status (check only one) –</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H Check ▶</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).		
<b>K Check ▶</b> <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization <b>and</b> its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.				
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ <b>105844</b></b>				

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
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Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☐

	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	105247
	2	Program service revenue including government fees and contracts . . . . .	2	0
	3	Membership dues and assessments . . . . .	3	0
	4	Investment income . . . . .	4	597
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	0
	b	Less: cost or other basis and sales expenses . . . . .	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0
	6	Gaming and fundraising events . . . . .		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0
	b	Gross income from fundraising events (not including \$_____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	0
	c	Less: direct expenses from gaming and fundraising events . . . . .	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0
	b	Less: cost of goods sold . . . . .	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
	8	Other revenue (describe in Schedule O) . . . . .	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	105844
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	126604
	11	Benefits paid to or for members . . . . .	11	0
	12	Salaries, other compensation, and employee benefits . . . . .	12	0
	13	Professional fees and other payments to independent contractors . . . . .	13	0
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	0
	15	Printing, publications, postage, and shipping . . . . .	15	834
	16	Other expenses (describe in Schedule O) . . . . .	16	0
	17	Total expenses. Add lines 10 through 16 . . . . .	17	127438
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(21594)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	97326
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	75732

**Part II**   **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	97326	22 75732
23	Land and buildings . . . . .	0	23 0
24	Other assets (describe in Schedule O) . . . . .	0	24 0
25	<b>Total assets</b> . . . . .	97326	25 75732
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	0	26 0
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	97326	27 75732

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

What is the organization's primary exempt purpose? **Raise funds for Tibetan sponsorships & scholarships.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	Chenrezig Fund Scholarships. Provide for partial or full scholarship support to enable 10 Tibetan refugee students to pursue higher education (college or technical school) in India, Nepal or the USA See attached schedule for details (Grants \$ 70,218 ) If this amount includes foreign grants, check here . . . . . <input checked="" type="checkbox"/>	28a	195
29	Drikung Kagyu Institute, Dehra Dun, India. Provide for all expenses for 25 Tibetan refugee children living at a charitable home so they can complete their high school education. 2011 grants include 11,369 in sponsorships, 38,857 for necessary capital development, and 3,507 for program development. See attached schedule. (Grants \$ 53,733 total ) If this amount includes foreign grants, check here . . . . . <input checked="" type="checkbox"/>	29a	582
30	Bir Welfare Office, Chauntra, India. Assist with living expenses for 4 destitute Tibetan elders who have no steady means of income. Tibetan Welfare Office, Pokhara, Nepal. Assist with living expenses for 1 destitute Tibetan elder who has no steady means of income. (Grants \$ 1,700 ) If this amount includes foreign grants, check here . . . . . <input checked="" type="checkbox"/>	30a	57
31	Other program services (describe in Schedule O) . . . . . (Grants \$ None ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a	0
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . <input type="checkbox"/>	32	834

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b> 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 change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> . . . . . n/a		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> . . . . . n/a		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> . . . . . n/a		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u> . . . . .		
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>Wisconsin</b> . . . . .		
<b>42a</b> The organization's books are in care of ▶ <b>Phillips Kindy, Jr.</b> . . . . . Telephone no. ▶ <b>608-628-8172</b> . . . . .		
Located at ▶ <b>211 Campbell Street, Madison, WI</b> . . . . . ZIP + 4 ▶ <b>53711-2203</b> . . . . .		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . . n/a		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>45b</b> 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 (see instructions) . . . . .		<input checked="" type="checkbox"/>

**46** 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 . . . . .

	Yes	No
<b>46</b>		✓

**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 for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
<b>47</b>		✓

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
<b>48</b>		✓

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
<b>49a</b>		✓

**b** If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
<b>49b</b>		✓

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None. This is an all volunteer organization.				
No one associated with this organization receives any compensation.				

**f** Total number of other employees paid over \$100,000 . . . . . **0**

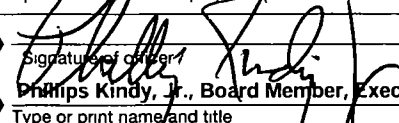
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."


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

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

**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 . . . . . ☒ 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**  **07/27/2011**  
 Signature of officer Date  
 Phillips Kindy, Jr., Board Member, Executive Director, Treasurer and Secretary  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name **n/a** Preparer's signature  Date **07/27/2011** Check ☐ if self-employed PTIN  
 Firm's name **►** Firm's EIN **►**  
 Firm's address **►** Phone no **►**

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**Chenrezig Fund Inc.**

**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

**2011**

**Open to Public  
Inspection**

Employer identification number  
**39-1949564**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ 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 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ 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 following persons?
- (i) 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? 

	Yes	No
11g(i)		
- (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									

**Total**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	8442	17413	15789	47885	31997	121526
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	8442	17413	15789	47885	31997	121526
<b>5</b> 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) . . . . .						14096
<b>6 Public support.</b> Subtract line 5 from line 4.						107430

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .	8442	17413	15789	47885	31997	121526
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1254	1376	458	1007	597	4692
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						126218
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	85.11 %
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	65.02 %
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	

**Part III Support Schedule for Organizations 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		



**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. Also complete this part for any additional information. (See instructions).

**Unusual Grants**

In 2010, the Chenrezig Fund Inc received two unusual grants: 1) a \$59,225 grant and 2) a \$20,000 grant

These grants were cash grants paid in the form of personal checks.

These grants were unusual and unexpected and substantial contributions for our small not-for-profit corporation.

Most of our many donors contribute less than \$1,000, many less than \$100.

We understand that both grants were attracted by our publicity supported activities over 11 years of operation.

These contributions, individually or together, are large enough to endanger our status as normally meeting the 33 1/3% public support test. We therefore excluded these unusual grants from the 33 1/3% public support test for 2011.

The two grantors are separate individuals and are not related in any way Both grantors are disinterested persons.

The donors had no role in founding or operating the Chenrezig Fund Inc and have no position of authority or control in the organization.

Both donors had previously made large, unusual grants to the Chenrezig Fund Inc. However, we have no understanding with the donors that they will continue making such large, unusual grants in the future.

Before receiving these contributions, the Chenrezig Fund Inc had carried on its actual program of public solicitation and exempt activities since it was given 501(c)(3) status in 2000. From the beginning, it has attracted a significant amount of public support, though in smaller amounts than these two large and unusual grants With or without these unusual grants, the Chenrezig Fund Inc would have continued to attract a significant amount of public support and to continue to carry on its exempt activities.

In the years prior to receiving these unusual grants, the organization met the 33 1/3% public support test each year and in the future will be able to meet the public support test by excluding these two unusual grants.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

*Chenrezig Fund*

Employer identification number

*39-1949563*

**Chenrezig Fund EIN** *39-1949564*

**Attachment to Form 990-EZ (2011), Part I, Line 10**

**Explanation of Chenrezig Fund Grants Made in 2011 (p. 1)**

Grant Recipient	Classification and Amount	Relationship to Chenrezig Fund
Chenrezig Fund Scholar Tsering Yangchen 5163 Brandenburg Way Madison WI 53718	\$24,000 scholarship grant towards a Biology B.S. Degree.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Drikung Kagyu Institute Jangchub Ling PO Kulkan Sahastradhara Road PO Box 48 Dehra Dun-248001 UP India	\$11,369 in sponsorships to provide all expenses for 25 Tibetan refugee students at a charitable residential home. The sponsorships enable these children to complete their high school education. In addition, the Institute was granted \$38,857 for additional dormitory space. \$3,507 donated for program development.	Neither the recipient organization nor any staff member or Tibetan child beneficiary is related to any person or corporation with an interest in the Chenrezig Fund.
Bir Welfare Office Tibetan Settlement, Nangchen Division PO Bir, Kangra, HP India  Pokhara Welfare Office Tibetan Settlement Pokhara, Nepal	\$1,700 in support for four destitute Tibetan refugee elders who have no regular means of support. Elder's names: Dega, Aten, Boke, and Dhagyal .	Recipients are not related to any person or corporation with an interest in the Chenrezig Fund
Chenrezig Fund Scholar Thinlay Chukki Casmp #9, House #21 Dickey Larsoe Tibetan Settlement PO Bylakuppe Distt. Mysore, (KS), India	\$6,128 scholarship grant towards a Master of Law Degree.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund

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**(Form 990 or 990-EZ)**Department of the Treasury  
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**2011****Open to Public  
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Employer identification number

**Chenrezig Fund EIN 39-1949564****Attachment to Form 990-EZ (20011), Part I, Line 10****Explanation of Chenrezig Fund Grants Made in 2010 (p. 2)**

Grant Recipient	Classification and Amount	Relationship to Chenrezig Fund
Chenrezig Fund Scholar Khedup Tenzin Dhondup 6006 Roseberg Rd Madison WI 53719	\$11,000 scholarship grant towards an Associate Degree	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Chenrezig Fund Scholar Tseten Dolkar 4605 Waukesha St. Madison WI 53705	\$6,537 scholarship grant towards an Associate Degree in Nursing.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Chenrezig Fund Scholar Tenzin Namdul 220 Dakota Ave So Golden Valley MN 55416	\$20,000 scholarship grant towards a Bachelor's Degree in Psychology.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Chenrezig Fund Scholar Tenzin Tsekey 10532 Cavell Ave S Bloomington MN 55438	\$2,000 scholarship grant towards a four year Bachelor's Degree Program in Political Science.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Chenrezig Fund Scholar Tenzin Yiga 9 Westwynn Cir Madison WI 53704	\$9,218 scholarship grant towards a four year Pre-dental Degree Program.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Choekyi Dolma Drikung Kagyu Institute Jangchub Ling PO Kulkan Sahastradhara Road PO Box 48 Dehra Dun-248001 UP India	\$1,865 scholarship grant towards a Bachelor's Commerce Honors degree.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Khamsum Wangdu Kantipur Dental College Dhapasi, Basundhara, Ringroad Kathmandu, Nepal	\$1,000 partial scholarship grant towards the second year of a Bachelor of Dental Surgery degree. This grant was not renewed in 2012.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Piya Dolma Scholarship Tibetan Children's Home PO Clement Towne Dehra Dun, India	\$600 annual grant awarded to the student with the highest grades and participation in cultural activities. The 2011 grant will be presented in the fall of 2012.	Recipient cannot be related to any person or corporation with an interest in the Chenrezig Fund.

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**(Form 990 or 990-EZ)**

Department of the Treasury  
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**Chenrezig Fund EIN 39-1949564**

**Attachment to Form 990-EZ (2011), Part I, Line 10**

**Explanation of Chenrezig Fund Grants in Excess of \$5,000 Made in 2011**

Grant Recipient	Classification and Amount	Relationship to Chenrezig Fund
Chenrezig Fund Scholar Tenzin Namdul 220 Dakota Ave So Golden Valley MN 55416	\$20,000 scholarship grant towards a Master's Degree in Psychology.	Recipient is not related to any person or corporation with an interest in the Chenrezig Fund
Drikung Kagyu Institute Janghub Ling PO Kulkan Sahastradhara Road PO Box 48 Dehra Dun-248001 UP India	\$38,857 in capital development grants expanding the dormitory space in a charitable residential home. \$11,369 in sponsorships for 25 Tibetan refugee children at a charitable residential home. The sponsorships enable these children to complete their high school education.	Neither the recipient organization nor any staff member or Tibetan child beneficiary is related to any person or corporation with an interest in the Chenrezig Fund.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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**2011**

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Employer identification number

*39-1949564*

**Chenrezig Fund Inc. EIN 39-1949564**  
**Attachment to Form 990-EZ (2011), Part III**

**Organization's Primary Exempt Purpose**

**Chenrezig Fund, Inc. Mission**

The Chenrezig Fund is a charitable and educational organization devoted to assisting Tibetans throughout the world in their efforts to survive as a distinct people and maintain their unique and ancient cultural heritage. The Chenrezig Fund accomplishes this end by providing support for selected charitable projects initiated by people of Tibetan origin.

Projects are selected by the Board of Directors and may include cultural preservation, education, social service, and health care. Support activities include appeals for donations and grants from individuals, groups, corporations, and foundations; appeals for in-kind donations; appeals for volunteer professional services; and presentations and promotional literature to increase public awareness of the Tibetan projects and their needs.

Support efforts for selected projects are administered separately by Board-approved directors. All support activities are subject to approval by the Board of Directors.

**Policy Statement #001**  
**March 1998**

**SCHEDULE O**  
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Department of the Treasury  
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**List of Board Members, Officers, and Key Employees**

Name	Address	Title	Ave Hrs/Wk	Compensation	Employee Benefit Plans	Expense Acct	Term Ends
Tsering Chozom Kindy	211 Campbell St. Madison, WI 53711	Chair of Board and President	2	0	0	0	1/13
Pema Tsewang	14 Park Crest Madison WI	Board Member and Vice President	1	0	0	0	1/13
Phillips Kindy, Jr.	211 Campbell St Madison WI 53711	Board Member, Executive Director, Treasurer and Secretary	15	0	0	0	1/13

*Attachment to form 990-EZ (2011), Part IV*