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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

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<b>A For the 2011 calendar year, or tax year beginning</b>		<b>, and ending</b>	
<b>B Check if applicable</b>	<b>C Name of organization</b>		
<input type="checkbox"/> Address change	Konchok Foundation		
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	1345 Spruce Street		
<input type="checkbox"/> Amended return	City or town	state or country	ZIP + 4
<input type="checkbox"/> Application pending	Boulder	CO	80302
<b>G Accounting Method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ► _____	
<b>I Website:</b> ► <a href="http://www.konchok.org">www.konchok.org</a>			
<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 ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>			

- K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and 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**
- 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** ► \$ 104,914

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

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

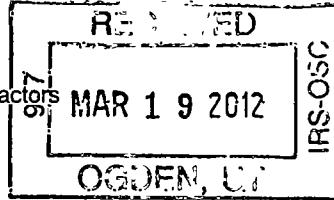
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	102,862	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4	17	
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b		
	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		
b Gross income from fundraising events (not including \$ 5,667 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	2,035		
c Less direct expenses from gaming and fundraising events	6c	847		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,188		
7a Gross sales of inventory, less returns and allowances	7a			
b Less: cost of goods sold	7b			
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			
<b>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</b>	9	104,067		
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12		
	13 Professional fees and other payments to independent contractors	13		
	14 Occupancy, rent, utilities, and maintenance	14		
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe in Schedule O)	16	89,355	
	<b>17 Total expenses. Add lines 10 through 16</b>	17	89,355	
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	14,712	
	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	26,238	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20		
	<b>21 Net assets or fund balances at end of year. Combine lines 18 through 20</b>	21	40,950	

For Paperwork Reduction Act Notice, see the separate Instructions.  
(HTA)

Form 990-EZ (2011)

g9-11

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**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	46,238	22 45,950
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	46,238	25 45,950
26 Total liabilities (describe in Schedule O)	20,000	26 5,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,238	27 40,950

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? see statement #1 schedule O

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 Statement #2 schedule O			
(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	56,447
29 Statement #3 schedule O			
(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	12,016
30 Statement #4 schedule O			
(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	11,996
31 Other program services (describe in Schedule O)			
(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	6,141
<b>32 Total program service expenses.</b> (add lines 28a through 31a)		► 32	86,600

**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 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Mipham J. Mukpo SMC 4921 County Rd 68C Red Feather Lakes CO 8054	Title President Hr/WK 1 00	0		
Diana Mukpo 160 Slater Avenue Providence RI 02906	Title Vice-Pres Hr/WK 1 00	0		
Mitchell Levy 160 Slater Avenue Providence RI 02906	Title Hr/WK 1.00	0		
Richard Reoch Flat 4 , 53 Tollington Park London N4 3QP England	Title Vice-Pres Hr/WK 5 00	0		
Holly Gayley 65 Valley View Drive Nederland CO 80466	Title Secretary Hr/WK 10 00	0		
Lyndon Comstock PO Box 28 Bolinas CA 94924	Title Hr/WK 20 00	0		
	Title Hr/WK 00	0		
Alexander Halpern 1426 Pearl St #420 Boulder CO 80302	Title Hr/WK 1 00	0		
Derek Kolleeney 32 Palmer Avenue Sleepy Hollow NY 10591	Title Hr/WK 2 00	0		
David Garrett 2088 Bauer Street Halifax B3K 3W3 Canada	Title Hr/WK 2 00	0		
Robert King 2200 Topaz Boulder CO 80304	Title Hr/WK 5 00	0		
Lindy Kling 2200 Topaz Boulder CO 80304	Title Hr/WK 5 00	0		

**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
33		X
34		X
35 a		X
35b		X
35c		X
36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a
37b		X
38 a	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?	
38b	5,000	
39	Section 501(c)(7) organizations Enter	
a	Initiation fees and capital contributions included on line 9	39a
b	Gross receipts, included on line 9, for public use of club facilities	39b
40 a	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	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	
41	List the states with which a copy of this return is filed ►	
42 a	The organization's books are in care of ► Virginia Lipson	Telephone no ► 303-444-0190
	Located at ► 2880 Stephens Road	City Boulder ST CO ZIP + 4 ► 80305
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)? 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> .	
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ►	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ►	43
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	
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	
c	Did the organization receive any payments for indoor tanning services during the year?	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
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)	

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
46		X

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 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
47		X
48		X
49a		X
49b		X

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

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

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

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str	Title			
City ST ZIP	Hr/Wk 00			
Name Str	Title			
City ST ZIP	Hr/Wk 00			
Name Str	Title			
City ST ZIP	Hr/Wk 00			
Name Str	Title			
City ST ZIP	Hr/Wk 00			
Name Str	Title			
City ST ZIP	Hr/Wk 00			
f Total number of other employees paid over \$100,000				

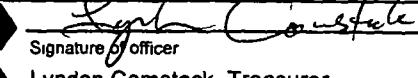
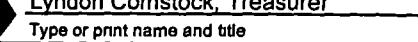
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

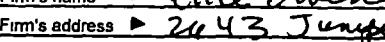
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving 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.

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		Signature of officer	Date
			

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
			3-6-12	<input checked="" type="checkbox"/>	P00243051
	Firm's name ► 			Firm's EIN ►	

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

**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

Name of the organization

Konchok Foundation

Employer identification number

80-0056576

**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?  
 (ii) 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(i)		X
11g(ii)		X
11g(iii)		X

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		
(A)							0
(B)							0
(C)							0
(D)							0
(E)							0
<b>Total</b>							0

**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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").	225,302	126,671	70,166	215,876	102,862	740,877
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	225,302	126,671	70,166	215,876	102,862	740,877
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)						51,803
6 <b>Public support.</b> Subtract line 5 from line 4						689,074

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	225,302	126,671	70,166	215,876	102,862	740,877
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0		38	17	55
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0				0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).	0	0				0
11 <b>Total support.</b> Add lines 7 through 10						740,932
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>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**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	93 00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	100 00%
16a <b>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"/>	
17a <b>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"/>	
18 <b>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
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						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6) .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12) .	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	► <input type="checkbox"/>					

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0 00%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 00%
19a 33 1/3% support tests—2011. 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 stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support tests—2010. 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 stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
20 Private foundation. 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).

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

**2011**

Open To Public  
Inspection

Name of the organization

Konchok Foundation

Employer identification number

80-0056576

**Part I**

**Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year  
under section 4958 ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
				To	From	Yes	No	Yes	No
(1) David Bolduc cash flow for Wayen Mor	X	20,000	5,000			X	X		X
(2)		0	0						
(3)		0	0						
(4)		0	0						
(5)		0	0						
(6)		0	0						
(7)		0	0						
(8)		0	0						
(9)		0	0						
(10)		0	0						

Total ► \$ 5,000

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

(HTA)

Schedule L (Form 990 or 990-EZ) 2011

**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

Konchok Foundation

Employer identification number

80-0056576

Form 990-EZ, Part I, Line 16, Other Expenses, Supplies 583

Form 990-EZ, Part I, Line 16, Other Expenses, Legal & Accounting 679

Form 990-EZ, Part I, Line 16, Other Expenses, Promotion: 394

Form 990-EZ, Part I, Line 16, Other Expenses, Miscellaneous Costs 177

Form 990-EZ, Part I, Line 16, Other Expenses, Program Costs 86,600

Form 990-EZ, Part I, Line 16, Other Expenses, Paypal & bank fees 856

Form 990-EZ, Part I, Line 16, Other Expenses, Filing Fees 66

Form 990-EZ, Part II, Line 26, Liabilities, NP see schedule L and statement #2, Beginning of

year 20,000, End of year 5,000

Form 990-EZ

statement #2

Educational program 2011 was the first full year of educational programs for children in the new shedra (school) building complex.

The school is located in the remote, very low income Surmang Valley in an ethnically Tibetan region of Qinghai province, China.

Because of space limitations, programs were also held in related offsite locations. Schooling is provided seven days per week for

between nine and ten months of the year. This is an area of very high illiteracy and education focuses on basics, including reading

and writing. The number of children participating during the course of the year cycled between 180 and 300 children. All of the

participating children are from very low income families. Two meals per day were served to participating children, who ranged in

age from 5-15. Total expenses \$56,447

Name of the organization	Employer identification number
Konchok Foundation	80-0056576

Statement #1 Page 2 Part III Primary Exempt Purpose

To provide educational support and to protect and promote the religious freedom of the Eastern Tibetan province of China

Statement #3 Part III line 28

School Construction. The Surmang shedra (school) building complex is structurally complete and much of it is in use, however finishing work and furnishings continue. The complex is about 25,000 square feet. The school is locally managed and administered. Total expenses \$12,016

Statement #4 Part III line 28

Short-term relief project. In April 2010, a devastating earthquake struck an ethnically Tibetan region of Qinghai province, China where the foundation has already been providing support for educational and other charitable activities. Approximately 3000 people were killed and 20,000 injured in the city of Jyekundo (Yushu), the closest city to Surmang monastery. Although most emergency relief support was concluded in 2010, some additional support was provided for earthquake orphans and others left destitute by the earthquake. Total expenses \$11,996

### Reasonable Cause Explanation (990-EZ)

## **Part V (990-EZ) - Personal Benefit Contract(s) Involvement**

**Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed**

Armed Forces the Americas	Louisiana	Palau
Armed Forces Europe	Massachusetts	Rhode Island
Alaska	Maryland	South Carolina
Alabama	Maine	South Dakota
Armed Forces Pacific	Marshall Islands	Tennessee
Arkansas	Michigan	Texas
American Samoa	Minnesota	Utah
Arizona	Missouri	Virginia
California	Commonwealth of the Northern Mariana Islands	U S Virgin Islands
Colorado	Mississippi	Vermont
Connecticut	Montana	Washington
District of Columbia	North Carolina	Wisconsin
Delaware	North Dakota	West Virginia
Florida	Nebraska	Wyoming
Federated States of Micronesia	New Hampshire	
Georgia	New Jersey	
Guam	New Mexico	
Hawaii	Nevada	
Iowa	New York	
Idaho	Ohio	
Illinois	Oklahoma	
Indiana	Oregon	
Kansas	Pennsylvania	
Kentucky	Puerto Rico	

**Part V, Line 42a (990-EZ) - Books In Care Of**

Check ("X") if a business is in possession of the books

1

The books are in care of: Name Virginia Lipson Telephone no 303-444-0190

Located at 2880 Stephens Road      City      Boulder      ST CO      ZIP + 4 80305

#### Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Page 1 of 1 of Part IV

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**Name of Organization**

**Employer identification number**

80-0056576