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## . Form 990

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047



Depa Inter	artment of th nal Revenue	e Treasury Service	► Information about Form 990 and its instructions is at www.irs.gov/form990.		inspection				
A	For the 2	013 calend	dar year, or tax year beginning , 2013, and ending	<u>[7 149 204</u>	AT THE AMERICAN AND AS THE TAX AND ADDRESS OF THE PARTY O				
В	Check if app	olicable	C D Employe	er Identifi	cation Number				
	Addres	s change	PALPUNG FOUNDATION 26-1	7886	01				
	Name		27310 JULIETTA LANE E Telephor	E Telephone number					
	Initial r	eturn	LOS ALTOS HILLS, CA 94022 650-	650-387-7093					
	Termin	ated							
	Amend	led return	G Gross re	cerots \$	50,930.				
	$\vdash$	ation pending	F Name and address of principal officer HE TAI SITU RINPOCHE H(a) is this a group return						
			Same As C Above H(b) Are all subordinates	ıncluded?	Yes No				
$\overline{}$	Tax-exen	npt status	X   501(c)(3)   501(c) ( )   4947(a)(1) or   527     527	(see instri	uctions)				
J	Websit	<u> </u>	<del></del>	mher ►					
ĸ		organization			al domicile CA				
Pa		Summary		ate or leg	BI donnelle CA				
	1 Bri	efly describ	be the organization's mission or most significant activities THE FOUNDATION IS SET	ר וום	AC A TVDF T				
•			NG ORGANIZATION EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM	THE	FUNCTIONS				
20	OF	OR C	ARRY OUT THE PURPOSES OF BUDDHIST TEMPLE-PALPUNG LUNGTOK C	HOET	ING WHICH IS				
Пa			EMPT RELIGIOUS CHARITY IN USA.		7.72 - 11.12 - 12.17 - 12.17				
ove			x ► If the organization discontinued its operations or disposed of more than 25% of its r	net asse	 ets				
Ğ			ting members of the governing body (Part VI, line 1a).	3	2				
တ			dependent voting members of the governing body (Part VI, line 1b)	4	. 0				
ıtie			of individuals employed in calendar year 2013 (Part V, line 2a)	5	0				
Activities & Governance	1		of volunteers (estimate if necessary)	6	0				
4			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34	7a 7b	<u> </u>				
_	D IVE	unicialed	Prior Year	<del>/ D</del>	0. Current Year				
	8 Coi	ntributions	and grants (Part VIII, line 1h)	-+					
ne			ice revenue (Part VIII, line 2g)	<del></del>	2,000.				
200€			come (Part VIII, column (A), lines 3, 4, and 7d).	-+	48,930.				
2			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40, 550.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	50,930.				
ANNEXPENSESUN 0 3	<b>13</b> Gra	ants and sii	milar amounts paid (Part IX, column (A), lines 1-3)						
0	<b>14</b> Bei	nefits paid	to or for members (Part IX, column (A), line 4)		<del></del>				
Ξ [	i i		r compensation, employee benefits (Part IX, column (A), lines 5-10)						
Ses			undraising fees (Part IX, column (A), line 11e)						
ے قر			ing expenses (Part IX, solumn (D), line 25) ►						
松									
Ź	17 Oir	ier expense	es (Part IX, column (A), (nes 1) a 1-1d, 11f-24e) es Add lines 13 17 (must-equal Part X, column (A), line 25)		2,276.				
<u>₹</u>			s Add lines 1317 (must equal Part LX, column (A), line 25)		2,276.				
(B)	<b>19</b> Rev	venue less			48,654.				
Net Assetenge Fund Balances	20 Tol	al accata (	Beginning of Current		End of Year				
Ass Ba			Part X, line 16) 827, 2		793,511.				
Net			SUEN IIT	0.	0.				
		_	fund balances Subtract line 21 ffcm line 20 827, 2	37.	<u>793,</u> 511.				
	-	Signature							
Unde	r penalties o blete Declar	of perjury, I dec ation of prepar	clare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge for (other than office) is based on all information of which preparer has any knowledge	and belief	f, it is true, correct, and				
<u> </u>		<u> </u>	7/	Tid					
c:-		Signature	e of offices/ Date	104					
Sig He	jil re		· // /	יארחייה					
116		FRAN	INY WANG' CFO & SECRE	HIKY	<del></del>				
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_	• .4			IJ"					
Pai		LYNN C		a 15	01239728				
rre He	eparer e Only	Firm's name	Lynn Chiang, CPA		0077076				
<b>U</b> 3	Comy	Firm's addres			0277976				
		l	Fremont, CA 94538 Phone no	(510)	445-8778				

No

Form 990 (2013)

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions).

Pari	i III	Statement of Program Service Acc	•				
	D (I	Check if Schedule O contains a response o	r note to any line in this Part III				
1	-	describe the organization's mission.	VDE I CUDDODTING ODCANI	TARTON EVELUETUR	TV FO	מוויים כ	
		FOUNDATION IS SET UP AS A T FIT OF, TO PERFORM THE FUNC					
		PLE-PALPUNG LUNGTOK CHOELING					
	_ = =-=						
2	Did th	e organization undertake any significant progran	services during the year which were n	ot listed on the prior	,		
	Form	990 or 990-EZ?				Yes X	No
		s,' describe these new services on Schedule				_	
		e organization cease conducting, or make si	gnificant changes in how it conducts	, any program services?	Ш	Yes X	No
		s,' describe these changes on Schedule O					
4	Section	ibe the organization's program service accor n 501(c)(3) and 501(c)(4) organizations and sec	nplishments for each of its three larg tion 4947(a)(1) trusts are required to re	jest program services, as r port the amount of grants ar	neasured nd allocati	d by exper ions to	nses
	others	s, the total expenses, and revenue, if any, fo	r each program service reported	Farmer announce grante an			
4 a	(Code	) (Expenses \$	including grants of \$	(Revenue	\$		)
				<del>-</del>			
4 b	(Code	) (Expenses \$	including grants of \$	) (Revenue	\$		)
			<del></del>				
							- <b></b>
				~ - <del>-</del>			
				<del>-</del>			
4 c	(Code	) (Expenses \$	including grants of \$	) (Revenue	Ś		
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			<del>-</del> -				
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				- <b></b>	<del>-</del>		
		<b></b>	·	- <b></b>			
V 4	Other	program services (Describe in Schedule O			<del></del>		
→ u	(Expe		grants of \$	) (Revenue \$		,	
4 e		program service expenses	0.	) (Increme y	_	,	<del>_</del>
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Page 2

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Form 990 (2013) PALPUNG FOUNDATION

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# Form 990 (2013) PALPUNG FOUNDATION Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable		•	
â	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŧ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ŧ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

Form 990 (2013) PALPUNG FOUNDATION

Part No Checklist of Required Schedules (continued)

				T
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			***
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
<b>35</b> a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	_	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		х
BAA		Form	990 (	(2013)

PALPUNG FOUNDATION 26-1788601 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a 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)? **4** a Х **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts, X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a  $\overline{\mathbf{x}}$ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b  $\overline{X}$ c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 50 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х Form 8282 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Х 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? Х 9 a b Did the organization make a distribution to a donor, donor advisor, or related person? 9 h 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14 a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

Form 990 (2013) PALPUNG FOUNDATION 26-1788601 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 2 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х X 6 Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7** a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 Ł Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8 8 b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Schedule O how this was done. 120 13 Х 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х **b** Other officers of key employees of the organization 15<sub>b</sub> Х If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Other (explain in Schedule O) Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization WANG 27310 JULIETTA LANCE

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	(2013)	EVILLAMA	I. OOMDWITON

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an i	(D)  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
(1) HE TAI SITU RINPOCHE	2									
CEO	0							0.	0.	0.
(2) FRANNY WANG  CFO & SECREATRY	_ <u>20</u> _							0.	0.	0.
(3)										
(4)										
(5)							_			
(6)										
<u></u>										
(8)										
(9)										
(10)										
(11)										<del></del>
(12)			_							
(13)										
(14)										

Part VII   Section A. Officers, Directors, Tre	ustees, (B)	∖ey ⊺	Em	pic (C		es,	and	a Hignest Com	pensated Emp	oyee	<b>S</b> (conti	nued)
(A) Name and title	Average hours per week (list any	box. offic	unles er an	Pos heck ss pe	ition more erson direct	than is bot or/trus	h an itee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W 2/1099-MISC)	amo	(F) Estimated ount of of onpensati from the	ther ion
	hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-21033-WI3C)	(W 21033-WISC)	or aı	ganizatio nd relate ganizatio	on ed
(15)												
(16)										<u> </u>		
(17)												
(18)												
(19)												-
(20)											-	
(21)									, ,			•
(22)												
(23)												
(24)							-					
(25)												
1 b Sub-total						<u> </u>	<b>-</b>	0.	0.			0.
c Total from continuation sheets to Part VII, Secti	on A						<b>▶</b>	0.	0.		•	0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited from the organization ► 0	to those I	ısted a	abov	e) v	vho	recei	ved	0. more than \$100,00	0. 0 of reportable comp	ensatio	n	0.
									· · · · · · · · · · · · · · · · · · ·		Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru ch individu	istee, <i>ial</i>	key	em	plo	yee,	or h	nighest compensa	ted employee	3		X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual	f reportab er than \$1	le cor 50,00	mpei )0?	nsa If 'Y	tion 'es'	and com	oth <i>plet</i>	er compensation e Schedule J for	from	4		x
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	satio	n fro	om a ule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	ındıvıdual	5		Х
Section B. Independent Contractors  1 Complete this table for your five highest comper	rated and	0000	dont	001	ntra	ctorc	tha	at recovered more t	han \$100 000 of			
compensation from the organization Report comper	isation for	the ca	alenc	dar y	year	endi	ng v	vith or within the or	ganization's tax year			
Name and business add	ress							Description (	of services	Comp	<b>C)</b> ensatio	n_
							_					
2 Total number of independent contractors (including		ited to	tho	se I	ısted	l abo	ve)	who received more	than			
\$100,000 of compensation from the organization	<b>P</b> 0										000	<del>(0010</del>

26-1788601

			(A) Total revenue	(B) Related or	<b>(C)</b> Unrelated	(D) Revenue
				exempt function revenue	business revenue	excluded from tax under sections 512-514
S Z	1 a Federated campaigns. 1 a					
M M	<b>b</b> Membership dues 1 <b>b</b>					
S'S	c Fundraising events 1 c					
용등	d Related organizations. 1 d	, -				
S S	e Government grants (contributions) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	2,000.				
N S	g Noncash contributions included in lines 1a-1f \$					
<u>о</u> т	n Total. Add lines 1a-11	Business Code	2,000.			
PROGRAM SERVICE REVENUE		Dusinius Voto				
졅	b					
Ę	c					
8	d					
¥	e					
8	f All other program service revenue					
<u>æ</u>	g Total. Add lines 2a-2f	<b>•</b>		. s	, , , , , , , , , , , , , , , , , , , ,	
	<ol> <li>Investment income (including dividends, other similar amounts)</li> </ol>	, interest and	40.000			40.000
	4 Income from investment of tax-exempt I	hand proceeds	48,930.			48,930.
	5 Royalties	bona proceeds.				
	(i) Real	(II) Personal				4
	6a Gross rents		ì	` <b>\</b>	<b>*</b> (' >	· ⊈\$₹ × •
i	<b>b</b> Less. rental expenses		·			
	c Rental income or (loss)					
	d Net rental income or (loss)	•				
	7 a Gross amount from sales of (i) Securities	(II) Other			*	
	assets other than inventory.					
	<b>b</b> Less cost or other basis					
i	and sales expenses c Gain or (loss)					
	d Net gain or (loss)				the Arthur American State of the Arthur American	- And Allendary Francis
	8a Gross income from fundraising events		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
<b>UE</b>	(not including \$					
EVE	of contributions reported on line 1c)					
OTHER REVENUE	See Part IV, line 18 a					
E	<b>b</b> Less: direct expenses <b>b</b>					
J	c Net income or (loss) from fundraising ev	vents •				
	9a Gross income from gaming activities See Part IV, line 19 a					
	<b>b</b> Less direct expenses <b>b</b>					
	c Net income or (loss) from gaming activi	ties				
	10a Gross sales of inventory, less returns and allowances a					
	<b>b</b> Less cost of goods sold <b>b</b>					
	c Net income or (loss) from sales of inver	ntory.			<del></del>	
	Miscellaneous Revenue	Business Code	_	_		
	11a					
	b	·		<u></u>		
	c					
	d All other revenue				. —	
	e Total. Add lines 11a-11d	<b>₽</b>	50 930	<u> </u>		48 930
	LIZ TOTAL FEVENIE SEE INSTRUCTIONS	-	(I) (I)	. (1	· f1	: //× \u ≺ll

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a	response of note to any	y iii e iii tiiis r ait i A		
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			3	
2	Grants and other assistance to individuals in the United States See Part IV, line 22		71		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described				
_	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages		· · · · · · · · · · · · · · · · · · ·		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				. , , , , , , , , , , , , , , , , , , ,
11	Fees for services (non-employees)				
	Management				
	Legal	1 205	1 265		
	-	1,265.	1,265.		
	Accounting	580.	580.		<del></del>
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees	300.	300.		
_	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0).  Advertising and promotion	25.	25.		
13	Office expenses			·	
14	Information technology	, -,			
15	Royalties				
	-			· ·	
16	Occupancy				<del></del>
17	Travel				·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest  Payments to affiliates				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance.				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			,	
a	P.OBOX_RENTAL	96.	96.		
Ŀ	CA FRANCHISE TAX	10.	10.		
		10.	10.		<u>-</u>
·	<del></del>	-			
	All other expenses	0.076	0.076		
25	Total functional expenses. Add lines 1 through 24e	2,276.	2,276.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here  if following				
BAA	SOP 98-2 (ASC 958-720)	<u> </u>		<u> </u>	F. AAC ::::::
DAM		TEEA0110L 11	/08/13		Form <b>990</b> (2013)

		Check if Schedule O contains a response or note to	any line in this Part X						
				(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing		4,888.	1	4,912.			
- 1	2	Savings and temporary cash investments		207,576.	2	70,928.			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net			4				
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L			5				
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete	3)(B), and contributing (9) voluntary employees'		6				
A	7	Notes and loans receivable, net	Tart if or defledule E		7				
Š	8	Inventories for sale or use	-		8				
A S E T S	9	Prepaid expenses and deferred charges	}		9				
5	_	· · · ·	1 1		3				
		Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a						
	b	Less accumulated depreciation	10Ь		10 c				
	11	Investments – publicly traded securities		614,773.	11	<u>7</u> 17,671.			
	12	Investments – other securities See Part IV, line 11			12				
	13	Investments – program-related See Part IV, line 11	·	13					
	14	Intangible assets	Į		14				
	15	Other assets See Part IV, line 11			15				
	16	Total assets. Add lines 1 through 15 (must equal line	34)	827,237.	16	793,511.			
	17	Accounts payable and accrued expenses			17				
	18	Grants payable		18					
Ì	19	Deferred revenue	·	19					
ŀ	20	Tax-exempt bond liabilities.			20				
A	21	Escrow or custodial account liability Complete Part I			21				
LIABILITIES	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, directors, trustees, d disqualified persons		22				
Ī	23	Secured mortgages and notes payable to unrelated th	urd parties	<del></del>	23				
S	24	Unsecured notes and loans payable to unrelated third	· .		24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	•		25				
	26	Total liabilities. Add lines 17 through 25		0.	26	0.			
N E T		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ► X and complete	» »	7.1				
Ş	27	Unrestricted net assets		827,237.	27	793,511.			
<b>ASSETS</b>	28	Temporarily restricted net assets	ŀ	021,231.	28	773,311.			
	29	Permanently restricted net assets	ŀ		29				
R		Organizations that do not follow SFAS 117 (ASC 958), ch	eck here ▶	· <del></del>	-				
		and complete lines 30 through 34.				F			
FUZD	30	Capital stock or trust principal, or current funds			30				
1	31	Paid-in or capital surplus, or land, building, or equipm	nent fund		31				
Ā	32	Retained earnings, endowment, accumulated income,	<b>.</b>		32				
Ā	33	Total net assets or fund balances	_						
BALAZCES	34	Total liabilities and net assets/fund balances		827,237. 827,237.	33 34	793,511. 793,511.			
				021,231.	L - ' L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

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Form **990** (2013)

Form	1990 (2013) PALPUNG FOUNDATION	20-1/00001		raye	12			
Par	t XI Reconciliation of Net Assets		·	_	_			
	Check if Schedule O contains a response or note to any line in this Part XI				ΧĮ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 930				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,276	<u>.</u>			
3	Revenue less expenses Subtract line 2 from line 1	s expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	827	,237	_			
5								
6	Donated services and use of facilities	6			_			
7	Investment expenses	7			_			
8	Prior period adjustments	8			_			
9	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	9	-82	<u>, 380</u>	•			
10								
Pai	t XII Financial Statements and Reporting	,						
	Check if Schedule O contains a response or note to any line in this Part XII				٦			
			Ye	es No	<u></u>			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		,		_			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				,			
2:	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X	, L			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	eviewed on a			!			
	Separate basis Consolidated basis Both consolidated and separate basis							
1	Were the organization's financial statements audited by an independent accountant?		2 b	X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a	separate	1.3	٠,٠	į			
	basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis			<u>.</u>				
•	of f 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c					
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O								
3	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
١	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits							
BAA			Form 9	90 (201	3)			

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

Department of the Treasury Internal Revenue Service

Total

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number PALPUNG FOUNDATION 26-1788601 Part | 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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(x). 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) 7 R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 Type III - Functionally integrated a X Type I Type III - Non-functionally integrated d [X] 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, X check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 q (i) below, the governing body of the supported organization? Х A family member of a person described in (i) above? X 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Х Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (u) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (VII) Amount of monetary (i) Name of supported (iv) Is the (vi) Is the organization in column (i) listed in organization in column (i) organized in the US? organization your governing document? Yes No Yes No Yes No PALPUNG LUNGTOK CHOELING (A) 94-3361902 170 (b) (1) Х Х Х 0. (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

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 I f the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support		. –						
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013		(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3							· · · · · ·	
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)								
6	Public support. Subtract line 5 from line 4	***				* * *	4		
Sec	tion B. Total Support					_	,		
Cale	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> 2013		<b>(f)</b> Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	<b>Total support.</b> Add lines 7 through 10	,	***	* *		** · **	ě		
12	Gross receipts from related activ	rities, etc (see ins	tructions)				12		
	First five years. If the Form 990 is organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·	ırd, fourth, or fıfth t	ax year as a section	on 501(c)(3)		▶ 🗍	
	tion C. Computation of Pu								
	Public support percentage for 20		• • •	ne 11, column (f))		ļ	14	<u>%</u>	
	Public support percentage from					_	15	<u>%</u>	
16 a	a 33-1/3% support test — 2013. If and stop here. The organization	the organization of qualifies as a put	did not check the blicly supported or	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or mo	ore, che	ck this box	
b	33-1/3% support test – 2012. If the and stop here. The organization	the organization d qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	ba, and line 15 is 3	33-1/3% or m	ore, che	eck this box	
17 a	17a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	<b>e.</b> Explain in ed organization	Part IV on	how the	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check the	is box and se	e instru	ctions -	
RΔΔ					Cal	andula A /Far	- 000 -	, 000 E7) 2012	

Schedule A (Form 990 or 990-EZ) 2013 PALPUNG FOUNDATION

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	of the organization fail	led to qualify unde	r Part II If the o	organization fails
to qualify under the tests listed	below, please complete	e Part II )			

Sect	tion A. Public Support						
	dar year (or fiscal yr beginning in)  Gifts, grants, contributions	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	and membership fees received (Do not include						
	any 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
3	tax-exempt purpose Gross receipts from activities						-
3	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
	facilities furnished by a governmental unit to the	-					
	organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from						
L	disqualified persons  Amounts included on lines 2						
U	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					!	
С	Add lines 7a and 7b						
8	Public support (Subtract line	\$ <b>70.5</b> (27%) *1			, vai	G. Chestas	
Soci	7c from line 6) tion B. Total Support	A SAMESTA					
	dar year (or fiscal yr beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Amounts from line 6	(4) 2003	(2) 2010	(0) 2011	(4) 2012	(4) 23.0	(.,
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses			ľ			
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business		<u> </u>				<del></del>
11	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)			<u></u>			
14	First five years. If the Form 990 organization, check this box and	is for the organiza I <b>stop here</b>	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)	(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20			ne 13, column (f))	)	15	8
16	Public support percentage from					16	%
$\overline{}$	Investment income percentage f				ımn (f))	17	8
18							
	33-1/3% support tests - 2013. I	f the organization	did not check the	e box on line 14, a	and line 15 is mor	e 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						
	b 33-1/3% support tests — 2012. 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  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						
20	Private foundation. If the organi	zation did not che	eck a box on line			see instructions	<u></u>

	(Form 990 or 990-EZ) 2013	PALPUNG	FOUNDATION	26-1788601	Page 4
Part IV	Supplemental Informati or 17b; and Part III, line (See instructions).	on. Provid 12. Also	de the explanations required by Par complete this part for any additiona	rt II, line 10; Part II, line 17a il information.	
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2013 **Schedule O - Supplemental Information** Page 2 **Client PALPUNGF PALPUNG FOUNDATION** 26-1788601 05-58PM 5/03/14 Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances -82,380. -82,380. BASIS ADJUSTMENT Total \$

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

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number PALPUNG FOUNDATION 26-1788601 Form 990, Part VI, Line 11b - Form 990 Review Process No review was or will be conducted. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available No documents available to the public.