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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2009, and ending June 30 20 10 For the 2009 calendar year, or tax year beginning July 1 Employer identification number C Name of organization Maharishi Purusha Program Check if applicable: 1824160 Doing Business As 56 Address change Telephone number print or Number and street (or P.O. box if mail is not delivered to street address) Room/euite Name change type. 1901 Guild Drive 641) 209-1430 Initial return City or town, state or country, and ZIP + 4 ☐ Terminated tions. Fairfield, Iowa 52556 G Gross receipts \$ 2,302,752 Amended return F Name and address of principal officer. Howard Chandler Application pending H(a) Is this a group return for affiliates? ☐ Yes **☑**No 1900 Capital Blvd, Maharishi Vedic City, IA 52556 H(b) Are all affiliates included? Thes No If "No," attach a list. (see instructions) Website: ► www.purusha.org/ H(c) Group exemption number Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ M State of legal domicile: NC 1993 Part I Summary Briefly describe the organization's mission or most significant activities: We held our program for the development of consciousness with an average of 160 participants during the year. This large group focused on creating coherence Governance and gaining a deeper understanding of the principals and programs of Maharishi's Vedic Science. We also helped to support world peace professionals in other parts of the world to participate in creating coherence programs. 2 Check this box ▶ ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets. 7 3 Number of voting members of the governing body (Part VI, line 1a). 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 60 Total number of employees (Part V, line 2a). 6 0 Total number of volunteers (estimate if necessary) 0 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. **7b** 0 b Net unrelated business taxable income from Form 990-T, line 34. **6** RECEIVED N **Prior Year Current Year** 2,213,025 2,119,572 8 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Program service revenue (Part VIII, line 2g) 8 2010 Investment income (Part VIII, column A), lines 3, 4, and 7d) 54,744 119,416 13,290 22,510 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part-Vill, column (A) line 12 2,196,826 2,345,731 1.812.964 1,785,709 13 Grants and similar amounts paid (Part-IX; column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 205,581 234,512 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 161,700 665,702 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 2,209,176 2,656,992 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). -460,166 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 5 2,565,855 2.124.205 20 Total assets (Part X, line 16) . 37,047 18,531 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 2,547,324 2.087,158 Signature Block Part II Under penalties of perjury, I declare that Lings examined this return, including accompanying echedules and statements, and to the best of my knowledge preparer (other than officer) is based on all information of which preparer has any knowledge. 20/0 Sign Signature of officer Here Check if Date Preparer's identifying number (see instructions) employed ▶ 🗀 eignature Paid Preparer's Firm's name (or yours ĦΝ Use Only if self-employed), address, and ZIP Phone no. ► (Yes V No May the IRS discuss this return with the preparer shown above? (see instructions)

Cet. No. 11282Y

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Offer non-degree courses to the public, including courses and educational programs in the Maharishi Vedic Science (MVS) programs and educational programs in developing higher states of consciousness through the MVS program. Support and promote the MVS program around the world and put the program into practice by supporting and promoting world peace professionals practicing the TM & TM-Sidhi programs to help create world peace & harmony
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,378,410 including grants of \$ 0) (Revenue \$ 0) We averaged over 90 participants in the Purusha program in the USA focusing on the development of full human potential by enlivening the entire brain through the practice of the TM and TM-Sidhi programs. The group experienced more and clearer experiences of higher states of consciousness through this practice of Maharishi's Vedic Science. Located on the campus of Maharishi University of Management and in Maharishi Vedic City these participants contributed to the coherence creating group assembled there for the Invincible America Course, thus adding to the coherence created for both the United States and the world. By enlivening collective consciousness the coherence creating groups help the unfoldment of world peace and harmony. MPP also donated 703,690 to the Global Capital of World Peace to help with the construction of a new home for MPP in West Virginia. This donation is listed above as part of Expenses.
4b	(Code:) (Expenses \$ 730,401 including grants of \$ 0) (Revenue \$ 0) We averaged 70 participants in the Purusha program in Uttar Kashi in the mountains of India. These participants focused on unfolding full human potential through the practice of Maharishi's Vedic Science and enjoyed deeper and more frequent experiences of higher states of consciousness. Located in an ideal setting for focusing on the rapid development of consciousness these participants dedicate themselves to becoming fully enlightened so they can inspire others to unfold full human potential and live totally stress free, blissful and productive lives supported by all the laws of nature.
4c	We were very pleased to be able to support to our affliated Indian organization in India which focuses on training Maharishi Vedic Pundits as Purusha who practice the techniques and programs of His Holiness Maharishi Mahesh Yogi to unfold their full human potential through the rapid development of consciousness. These Vedic Pundits are trained to perform traditional Vedic ceremonies to enliven the total support of Natural Law in individuals, and the environment. Our Indian affiliate is creating a home in India for thousands of these Pundits who, through their collective practice of Maharishi's TM and TM-Sidhi programs, will generate a tremendous influence of coherence and peace in the collective consciousness of the entire world. The goal is to generate a strong enough influence in collective consciousness to ensure world peace and harmony for all countries of the world.
	Other program services. (Describe in Schedule O.) (Expenses \$ 218,630 including grants of \$ 90,000) (Revenue \$ 0)
4e	Total program service expenses ► 2,597,066

Pai	t 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√ _
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_	1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		٠,	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		-	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		- ✓
14a		14a	V	
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
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	17		1
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		1
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		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u>L.</u>	\ \

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	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 25.	24a		√
С	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
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):	, ye	<u>1</u> 2	2
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	√	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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	1	
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
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	1	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note . All Form 990 filers are required to complete Schedule O	38	1	

Part V Statements Regarding Other IRS Filings and Tax Compliance							
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1					
	U.S. Information Returns. Enter -0- if not applicable	i					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . [1b]	i	İ	İ			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1				
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax _						
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 60						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		√			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	:	✓_			
b	If "Yes," enter the name of the foreign country: ▶ n/a			i			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_					
	Prohibited Tax Shelter Transaction?	5c		1			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		V			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	-					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a	_	<u> </u>			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1			
d	If "Yes," indicate the number of Forms 8282 filed during the year	l					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	-					
_	required?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring						
	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?	9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b n/a						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
40-	amounts due or received from them.)	12a					
ıza b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b n/a	120					

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	İ	1	1
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>✓</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	_3_		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		✓
6	Does the organization have members or stockholders?	6		✓
	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	- 1		
	the year by the following:			
а	The governing body?	8a_	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal		
	enue Code.)			
			Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a		√
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
D	, , , , , , , , , , , , , , , , , , ,	10b		
44	affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
11		11	1	
44.6	form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	1	<u> </u>
	Does the organization have a written conflict of interest policy? If "No," go to line 13			<u> </u>
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	1	
	rise to conflicts?	120	•	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	1	
	describe in Schedule O how this is done	13		1
13	Does the organization have a written whistleblower policy?	14	_	1
14	Does the organization have a written document retention and destruction policy?	17		_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		-v
b	Other officers or key employees of the organization	15b	<u> </u>	<u> </u>
	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 taxable entity during the year?	16a		✓_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			^j
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.		- 1	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ► Maharishi Purusha Program, 1901 Guild Drive, Fairfield, Iowa 52556 641-209-1430			

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

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

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

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

Check this box if the organization did not co		any o	curre			cer, d	lirec			
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week			Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
Dr. Howard Chandler, President, Trustee	3.5	1		✓				0	0	0
Dr. Benjamin Feldman, Treasurer, Trustee	0.25	1		✓				0	0	0
Dr. Bevan Morris, Trustee	0.25	✓			_			0	0	0
Dr. John Hagelin, Trustee	0.25	1				:		0	0	0
Dr. Jose Louis-Alvarez, Trustee	0.25	✓						0	0	0
Rafael David, Trustee	0.75	✓						0	0	0
James Egan, Trustee	0.25	✓						0	0	0
Rick Larsen, Secretary	12			1				0	0	0
Steven Souza, Assistant Treasurer	12			1				1,840	0	0
							_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									ontinued)		
	(A)								(E)	(F)	
	Name and title	Average hours per week	Por director	nstitutional trustee	Officer	a Key employee	a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		,									
<u>1b</u>			<u> </u>				_ -	<u> </u>	1,840	C	· 1
2	Total number of individuals (including but reportable compensation from the organization)		to the	ose	liste	ed a	bove) wł	no received mo	ore than \$100,0	000 in
	reportable compensation from the organize	20011 - 0									Yes No
3	Did the organization list any former office	r, director	or tru	uste	e, k	кеу	emple	oye	e, or highest c	ompensated	3 /
	employee on line 1a? If "Yes," complete S							•			
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	comp lete S	oens S <i>ch</i>	satio edu	on f le J	rom a	any <i>uch</i>	unrelated org	anization for	5 1
Sec	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	cto	rs that received	d more than \$1	00,000 of
_	(A) Name and business add	ress							(B) Description of s	ervices	(C) Compensation
No	1e										
								_			
							_	_			· · · · · · · · · · · · · · · · · · ·
2	Total number of independent contractors (in more than \$100,000 in compensation from					to t	hose	liste	ed above) who	received	

Form 9	90 (20	009)							Page 9
Part	VIII	Statement of Re	venue				-		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a	0			 	' '
gra	b	Membership dues		1b	0				
ts, an	С	Fundraising events .		1c	0				
ig ig	d	Related organizations		1d	0				
ns, sim	е	Government grants (contr	ibutions).	1e	0				
er Si	f	All other contributions, gifts,	grants,						
훈통		and similar amounts not inclu		1f	2,119,572				
g g	_	Noncash contributions include	ed in lines 1a-1f	f: \$	67,064				
<u>0 a</u>	h	Total. Add lines 1a-1f	<u></u>	· · ·	. •	2,119,572		·	
9⊒		_		<u> </u>	Business Code				
yen	2a	0							
2	b								
ğ	С	• • • • • • • • • • • • • • • • • • • •							
જુ	d								
Program Service Revenue	е	**************************************							
ē	f	All other program servi		—	0				
	g	Total. Add lines 2a-2f				0			
	3	Investment income (inc			nterest, and	E7 C40		•	E7 640
		other similar amounts)			🟲	57,619	0	0	57,619
	4	Income from investment of	of tax-exempt	t bond pr	roceeds 🕨	0	0	0	0
	5	Royalties				0	<u>U</u>	U	
			(i) Real		(ii) Personal				
	6a	Gross Rents		,663	0				
		Less. rental expenses	_	,962	0				
		Rental income or (loss)		,701	0				
	d	Net rental income or (lo		i- -	<u> Þ</u>	17,701	0	0	17,701
	7a	Gross amount from sales of	(i) Securities		(ii) Other				
		assets other than inventory	64,	,389	4,200				
	ь	Less: cost or other basis							
		and sales expenses .		,964	4,500				
	С	Gain or (loss)	-2,	,575	-300				
	d	Net gain or (loss)			. •	-2,875	0	0	-2,875
Other Revenue		Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c). ;). a	0				
Ě		Less: direct expenses			0				· -
١		Net income or (loss) from		`	nts 🕨	0	0	0	0
	9a	Gross income from gam	ing activities	s	ا				
		See Part IV, line 19			0	•			
		Less: direct expenses. Net income or (loss) fro						0	. 0
					·	0	0	UU_	
		Gross sales of inverteurns and allowances		a	0				
		Less: cost of goods so							
ł	C	Net income or (loss) from Miscellaneous Revo			Dusiness Code	0	0	0	<u> </u>
}		Candit Cand assurants		BI		4 000			4 000
	11a	Credit Card rewards			900099	4,809	0	0	4,809
	b							·	
	С								
		All other revenue		. L		0	0	0	0
	е	Total. Add lines 11a-1	1d		🟲 🛭	4,809			
	12	Total revenue. See ins	tructions.		<u> ▶ </u>	2,196.826	0	0	80,129

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 50 All other organizations must complete col				C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,695,709	1,695,709		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	90,000	90,000		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,840	0	1,840	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	186,876	179,676	0	7,200
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	2,428	1,578	0	850
10	Payroll taxes	14,437	13,745	141	551
11	Fees for services (non-employees):	o	o	0	0
a b	Management	6,126	6,126	0	0
	Legal	0	0	Ö	0
d	Lobbying	0	0	0	0
	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	46,779	1,541	4,790	40,448
14	Information technology	2,456	537	1,343	576
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	<u> </u>
17	Travel	31,424	31,424	0	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	. 0	0
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	<u>U</u>
21	Payments to affiliates	6,710	6,710	0	0
22	Depreciation, depletion, and amortization .	1,845	1,845	0	0
23	Insurance	1,045	1,045	U	-
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Room and Board	545,125	545,125	0	0
b	PK Program Expense	18,595	18,595	0	0
c	Storage Expenses	4,455	4,455	0	0
d		0	0	0	0
е		0	0	0	0
f	All other expenses	2,187	0	2,187	0
<u>25</u> _	Total functional expenses. Add lines 1 through 24f	2,656,992	2,597,066	10,301	49,625
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	o	0	^
	fundraising solicitation	U	<u> </u>	<u> </u>	<u> </u>

Fé	rt X	Balance Sheet			(D)
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	80,222	1	72,361
	2	Savings and temporary cash investments	2,150,786	2	1,230,879
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	4,207
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	0	6	0
ম	7	Notes and loans receivable, net	254,000	7	754,000
Assets	8	Inventories for sale or use	0	8	0
As	9	Prepaid expenses and deferred charges	75	9	11,452
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	406 62 050	12,797	10c	8,792
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11	20,961	12	0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	47,014	15	42,514
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,124,205
	17	Accounts payable and accrued expenses	18,531		37,047
	18	Grants payable	0	18	0
	19	Deferred revenue	_	19	0
	20	Tax-exempt bond liabilities	_	20	0
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
⊐		persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	18,531	26	37,047
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets		27	0
Bal	28	Temporarily restricted net assets	0	28	0
ᅙ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds	2,547,324	32	2,087,158
Ħ	33	Total net assets or fund balances	2,547,324	33	2,087,158
Z	34	Total liabilities and net assets/fund balances	2,565,855		2,124,205
	<u> </u>		2,000,000		Form 990 (2009)

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Pai	t XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.	2a	- —-				
2a	🛂 Were the organization's financial statements compiled or reviewed by an independent accountant? 📙						
b	b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
di	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
_	issued on a consolidated basis, separate basis, or both						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		✓			
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.	3b					

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Name of the organization Employer identification number Maharishi Purusha Program 1824160 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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 name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An organization that normally receives: (1) more than 331/3 % 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% % 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 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 D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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 II, Type III, or Type III supporting 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) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) US? support? Yes No Yes No Yes Nο

Par	(Complete only if you check					and 170(b)(1	1)(A)(VI)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	n/a					
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.						1
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2003 n/a	(6) 2000	(0) 2007	(4) 2000	(e) 2003	(i) rotai
7	Amounts from line 4	11/4					
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	Total support. Add lines 7 through 10 .					 	<u> </u>
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	nd, third, fourth			
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line	6, column (f) div	ided by line 1	1, column (f))		14	n/a %
15	Public support percentage from 2008 Sci					15	<u>%</u>
16a	33% % support test—2009. If the organization qualifies	as a publicly s	upported orga	nization			▶ □
b	33% % support test—2008. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circum	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum: inces" test. The	stances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the
10	Fire organization and	CHECK & DOX	A OTHER 13, 10	a, 100, 17a, 01	TO, CHECK HIS	oox and see ins	Suddions F []

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.)

Sec	tion A. Public Support	ed tile box of	i iiile 9 Oi Fa	11.1.1			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,334,312	2,151,309	3,315,761	2,213,025	2,119,572	12,133,979
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	30,765	0	0	0	0	30,765
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	2,365,077	2,151,309	3,315,761	2,213,025	2,119,572	10,164,744
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	274,736	147,879	1,279,471	251,776	139,560	2,093,422
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				•	0	
	amount on line 13 for the year	274,736	0 147,879	0 1,279,471	251,776	139,560	2,093,422
8 8	Add lines 7a and 7b	214,130	147,075	1,219,411	231,110	133,300	8,071,322
Sec	etion B. Total Support						0,011,022
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	2,365,077	2,151,309	3,315,761	2,213,025	2,119,572	12,164,744
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188,455	130,846	177,078	173,861	114,282	784,522
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	188,455	130,846	177,078	173,861	114,282	784,522
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,516	2,743,167	5,186	5,469	4,809	2,765,147
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,560,048	5,025,322	3,498,025	2,392,355	2,238,663	15,714,413
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>	nd, third, fourth	=		
Sec	tion C. Computation of Public Su						54.20
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column		15 16	51.36 % 66 %
Sec	tion D. Computation of Investmer	nt Income Pe	ercentage				
17 18	Investment income percentage for 2009 Investment income percentage from 2009	•	• •	•		17 18	5.0 % 5.40 %
19a	331/3 % support tests – 2009. If the orga 17 is not more than 331/3 %, check this b	ox and stop h e	e re. The organi	zation qualifies	as a publicly	supported orga	inization 🕨 🗹
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is more than	331/3 %, and _
20	Private foundation If the organization	did not check	a hoy on line 1	1/ 10a or 10h	check this be	ny and eee inet	tructions 🕨 🗍

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
credit car	d rebates represented the total amounts for years 2005, 2007, 2008, and 2009. In year 2006 credit card rebates
totalled \$	7,004 with the remaining \$ 2,736,163 being the settlement of a legal dispute
•••••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Maharishi Purusha Program

Employer identification number 56 : 1824160

Pa	Organizations Maintaining Do the organization answered "Yes	onor Advised Funds or Other Similars" to Form 990. Part IV. line 6.	r Funds o	or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	n/a		
2	Aggregate contributions to (during year)		_	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and	donor advisors in writing that the assets	hold in de	apar advisad
•	funds are the organization's property, sub	ject to the organization's exclusive legal of	control?.	🗌 Yes 🗌 No
6	Did the organization inform all grantees, dused only for charitable purposes and not purpose conferring impermissible private	t for the benefit of the donor or donor adv	isor, or foi	r any other
Pa	t II Conservation Easements. Com	plete if the organization answered "Yes	" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements hel	d by the organization (check all that apply	v).	
	☐ Preservation of land for public use (e.g.			storically important land area
	☐ Protection of natural habitat	_		ertified historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization	zation held a qualified conservation contrib	oution in th	e form of a conservation
	easement on the last day of the tax year.		_	
			راء دد	Held at the End of the Tax Year
а	Total number of conservation easements		L	2a n/a
b	Total acreage restricted by conservation e		L	2b
С	Number of conservation easements on a			2c
d	Number of conservation easements include			2d
3	Number of conservation easements modified the tax year ▶	ried, transferred, released, extinguished, o	r terminate	ed by the organization during
4	Number of states where property subject	to conservation easement is located		
5	Does the organization have a written police	cy regarding the periodic monitoring, inspe	ection, han	dling of
6	violations, and enforcement of the conser- Staff and volunteer hours devoted to mon			— —
U	Stall and volunteer flours devoted to filon	itoring, inspecting, and emorcing conserv	allon ease	ments during the year
7	Amount of expenses incurred in monitorin \$ \\$	g, inspecting, and enforcing conservation	easement	s during the year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			tion Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, if	reports conservation easements in its re-	venue and	
	the organization's accounting for conserva	ation easements.		
Pa	Complete if the organization answ	ections of Art, Historical Treasures, owered "Yes" to Form 990, Part IV, line 8	or Other S 3.	Similar Assets.
1a	If the organization elected, as permitted unart, historical treasures, or other similar ass provide, in Part XIV, the text of the footno	ets held for public exhibition, education, or	research i	n furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to	s held for public exhibition, education, or i		
	(i) Revenues included in Form 990, Part \	/III, line 1		. ▶ \$n/a
	(ii) Assets included in Form 990, Part X .			
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simi	lar assets	
а	Revenues included in Form 990, Part VIII,			. • \$
b	Assets included in Form 990, Part X			. > \$

Pac	ıe	2

Par	t III Organizations Maintain	ing Collections	of Art, Hi	storical	Treasures	, or C	ther Similar A	ssets (continued)	
3	Using the organization's acquisition collection items (check all that appl		other reco	rds, ched	ck any of the	follov	ving that are a si	gnificant use of its	
а	Public exhibition		d		oan or excha				
b	Scholarly research		е	∐ o	ther				
C	Preservation for future general								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as pa	art of the	organization	's coll	ection?	Yes No	
Par	t IV Escrow and Custodial A IV, line 9, or reported an					ınswe	red "Yes" to Fo	rm 990, Part	
	Is the organization an agent, truster included on Form 990, Part X?					ons or	other assets no	ot 🗌 Yes 🗌 No	
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	followin	g table:		T	mount	
						40		mount n/a	
C	•					. 10	 	11/0	
d	Additions during the year					. 1d			
e	Distributions during the year					. 1e			
f 2a	Ending balance	ount on Form 990				. <u> 1f</u> 		Yes No	
	If "Yes," explain the arrangement in					<u> </u>	000 Dart IV	/ lime 10	
Par	t V Endowment Funds. Co						(d) Three years back		
		(a) Current year	(b) Pno		(c) Two years	Dack	(d) Three years back	(e) Four years back	
1a	Beginning of year balance	754,382		754,382 0					
b	Contributions	<u>_</u>	 	U					
C	Net investment earnings, gains,	20.000		CD 254					
	and losses	39,689	 	60,351 0					
d	Grants or scholarships	0							
е	Other expenditures for facilities and programs	39,689		60,351				<u> </u>	
	Administrative expenses	0	ļ	0				<u> </u>	
g	End of year balance	754,382	•	754,382	<u>.</u>				
2	Provide the estimated percentage of			d as					
а	Board designated or quasi-endown		<u> </u>						
b	Permanent endowment ▶								
С	Term endowment ▶ 0 9								
3a	Are there endowment funds not in the	ne possession of the	ne organiz	ation tha	t are held an	nd adm	ninistered for the	Yes No	
	organization by:							3a(i) ✓	
	en la la la la la la la la la la la la la			• •				3a(ii) ✓	
h	(ii) related organizations If "Yes" to 3a(ii), are the related org	anizations listed a	s required	 Lon Sch	 Jedule R2			3b	
4	Describe in Part XIV the intended u							<u> </u>	
Par	t VI Investments—Land, Bu					art X.	line 10.		
	Description of investment	(a) Cost or of	ther basis	(b) Cos	st or other s (other)	(c)	Accumulated epreciation	(d) Book value	
4-	Land		0		0			0	
	Land		0		0		0	0	
b	Buildings		0		0		0	0	
ç	•		0		9,837		5,505	4,332	
d e	Equipment		0		62,007		57,547	4,460	
	I. Add lines 1a through 1e. (Column (d)	must equal Form 9		column		.) .		8,792	
			,		. ,,	<u>, </u>		dula D /Farm 000\ 0000	

es See Form 900 Part V	lino 12	Page
(b) book value	Cost or end-of-year market	et value
0		
. 0		
	100	
· ·		
(b) Book value		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		
		·
	·	
		(h) Book value
(a) Description		(b) Book value 42,514
		72,017
		·· ··-·
		* *
	<u> </u>	42,514
		
(b) Amount	-	
	4	
	-	
	-	
	╡	
	7	
	7	
	(b) Book value 0 0 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cost or end-of-year marks 0 0 1 1 1 1 1 1 1 1 1 1 1

•		
Sched	dule D (Form 990) 2009	Page 4
Par	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7 8
8	Other (Describe in Part XIV.)	9
9	Total adjustments (net). Add lines 4 through 8	10
10 ⊇ar	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	
	· · · · · · · · · · · · · · · · · · ·	1
1 2	Total revenue, gains, and other support per audited financial statements	
-	Net unrealized gains on investments	
a	Donated services and use of facilities	
b	Donated Services and use of facilities	
٦ 0	Recoveries of prior year grants	
d	Cities (Decoribe III at XIV.)	2e
e	Add lines 2a through 2d	3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
4		
a	investment expenses not included on Form 330, Fart VIII, line Fb	
b	Other (Describe in Part XIV.)	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5
	t XIII Reconciliation of Expenses per Audited Financial Statements With Exper	
		1
1	Total expenses and losses per audited financial statements	
	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	
a	bonated services and use of facilities	
b	The year adjustments	
C		
d	Citier (Bederibe in Fait Aiv.)	N
e	Add lines 2a through 2d	. 3
3	Subtract line 2e from line 1	. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
D	Other (Describe in Part XIV.)	40
	Add lines 4a and 4b	. 4c
	t XIV Supplemental Information	. 1 3 1
		and 4. Dort IV lines 1h
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a	
	part to provide any additional information	·
	part to provide any additional information.	
The	endowment was created by the Board of Directors to help achieve the program goals and	
die	cretion in structuring how the funds raised or accrued are used to achieve its program goa	
u15(cretion in structuring now the runus raised or accrued are used to achieve its program goa	
inv	ested in any type of income producing vehicle, including loans, bonds, equities, saving acc	counts or other income
pro	ducing vehicles over whatever terms the Board of Directors feels is appropriate. The endo	wment may also be invested
	he construction of permanent facilities for the use of the organization as a home for the pro	

organization.

Schedule D (Fon	chedule D (Form 990) 2009 Page 5							
Part XIV	Supplemental Information (continued)							
		· · · · · · · · · · · · · · · · · · ·						
• • • • • • • • • • • • • • • • • • • •								
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· • • • • • • • • • • • • • • • • • • •	·····							
		•••••						

Schedule F (Form 990)

Totals

Department of the Treasury

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

1824160

Employer identification number

56

Internal Revenue Service Name of the organization Maharishi Purusha Program General Information on Activities Outside the United States. Complete if the organization answered Part I

	res to ronn 990,	Part IV, line 14	40.				
1	For grantmakers. Does to assistance, the grants or assistance?	eligibility for th	e grants or as	sistance, and the selec			
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside United States.							
3	Activities per Region_(Use	Schedule F-1	(Form 990) ıf	additional space is nee	ded.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
So	uth Asia	0	70	program services	coherence creating	1,000,026	
No	rth America	0	6	program services	coherence creating	90,000	
Eui	rope	0	6	program services	coherence creating	128,630	
				:			

82

0

1,218,656

Page 2

Schedule F (Form 990) 2009

Part | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2009

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance n/a

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.
Our organization has a Grant Agreement prepared by legal counsel which any Grantee organization must sign which
outlines the procedures for obtaining grants from our organization. These procedures include a form for Grantee to fill
out requesting a Grant from us. If Grantee intends to Grant any of the funds we Grant to them to any other organization
they must submit with their Grant Request a Grant Request of the Secondary Grantee that binds the Secondary Grantee
to the same terms and conditions to which the Grantee is bound under our Grant Agreement. The Grant Agreement
requires the Granted funds are to be used by the Grantee solely for the purposes described in the Grant Request. Some
of the terms and conditions the Grantee must perform include: written progress reports stating clearly what portion of
the Grant Request has been expended during the reporting period and the purposes for which they have been expended;
30day after expenditure & Annual Reports are required detailing use of GrantedFunds clearly segregated by Grant if more
than one Grant was received during the reporting period; any Secondary Grants made by Grantee shall be reported to
Grantor by Grantee as required by the Grant Agreement; at any time within 90 days of request from the Grantor the
Grantee shall provide the Grantor with a report prepared by the Grantee's regular independent auditor setting forth
complete financial details of Grantee's administration of the Grant including a statement showing the actual
disbursements made, to whom such disbursements were made, and the purposed for which the recipient used the Grant
Funds; Grantee agrees Grantor at its discretion may send representatives who shall have complete access to Grantee's
files and books and records for the purpose of making a financial audit; Grantor has the right to, in its absolute
discretion, withdraw its approval of any Grant Request at any time and refuse to make any Fund Grants pursuant to any
Grants Request or otherwise render financial assistance to or for any or all of the purposes for which the Grantee has
Requested Grant Funds, and in the case of any unapproved use of the Grant Funds by the Grantee, demand return of,
and receive in return, all then un-expended Grant Funds and reimbursement for all Grant Funds expended for any
unapproved purpose.
Part II, Question 1 asks us to mention the method we use to account for these grants on our financial records. You will
find each of these grants listed for each of the organizations receiving them under the expense category "Contributions
to other non-profit". Each organization receiving a grant has its own chart of account number in this section.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2009	Open to Public Inspection
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OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

ž support purposes support purposes support purposes support purposes sabbort purposes support purposes (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Employer identification number 1824160 ✓ Yes 9 Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 26 . furniture . n/a n/a ď (f) Method of valuation (book, FMV, appraisal, other) . . book book book book book book 3,690 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . . . (d) Amount of cash grant 6,250 10,000 740,019 700,000 224,250 10,800 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance 501 (c) (3) 501 (c) (3) 501 (c) (3) 501 (c) (3) 501 (c) (3) 501 (c) (3) 36-4519393 27-1003036 42-1315493 04-3351250 83-0436453 26-2986750 (p) EIN Enter total number of other organizations Maharishi Vedic Foundation Global Capital of World Peace, In ******************************* Maharishi University of Brahmananda Saraswati Found 1 (a) Name and address of organization Global Country of World Peace David Lynch Foundation Maharishi Purusha Program or government Name of the organization Management Part II

Schedule I (Form 990) 2009

Cat No 50055P

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

Page 2	8				So, a			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		90) 2009
in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. ditional space is needed.	(f) Description of non-cash assistance				rt to provide the information required in Part I, line 2, and any other additional information. ig organization is a 501 (c) (3) organization and that the organizations goals are consistent with ours. Also, a	ard.				Schedule I (Form 990) 2009
ization answered "Yes'	(e) Method of valuation (book, FMV, appraisal, other)				I, line 2, and any other that the organizations go	use of the funds with the donee organization and report back to the Board				
omplete if the organ	(d) Amount of non-cash assistance				tion required in Part (3) organization and	donee organization a				
in the United States. ((c) Amount of cash grant				ovide the informa nization is a 501 (c	the funds with the				
	(b) Number of recipients				ete this part to pr he receiving organ					
Schedule I (Form 990) 2009 Part III Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. To monitor the use of the funds we confirm that the receiving organization is a 501 (c) (3) organization and that the organizations goals are consistent with organizations.	member of the Board of Trustees is assigned to confirm the				
Schedule I (Fo		n/a			Part IV To monite	member				

SCHEDULE M (Form 990)

Noncash Contributions

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

Name of the organization Employer identification number
Maharishi Purusha Program 56 1824160

Par	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method o	(d) of determines	mının	g
1	Art-Works of art							
2	Art—Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded .	/	7	66,964	sale	s pric	е	
10	Securities-Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous .							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
15	Real estate—Residential	1						
16	Real estate—Commercial	1						
17	Real estate—Other	9 1			<u> </u>		-	
18	Collectibles			<u> </u>				
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy				ļ			
22	Historical artifacts	<u> </u>						
23	Scientific specimens							
24	Archeological artifacts	⊢ , ⊢	1	100	_			
25	Other ► (tree seeds)		1	100	9	uess		
26	Other ► ()							
27 28	Other ► () Other ► ()							
	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
29	Number of Forms 8283 receive				29	0		
	which the organization complete	ea Form 82	83, Part IV, Donee Acknor	wledgement	29		Yes	No
						\vdash	163	
30a	During the year, did the organiz							
	it must hold for at least three ye			oution, and which is not req	juired to be	00-		
	used for exempt purposes for t					30a		-
þ	If "Yes," describe the arrangem							
31	Does the organization have a contributions?	gift acce	ptance policy that requir	res the review of any no	n-standard	31	√	
32a	Does the organization hire or use contributions?	se third pai	· · · · · · · · · · · · · · · · · · ·	ons to solicit, process, or se	ell noncash	32a		1
b	If "Yes," describe in Part II.							
33	If the organization did not report	revenues in	column (c) for a type of pr	operty for which column (a)	ıs checked,			

Schedule M ((Form 990) 2009 F	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 3 32b, and 33. Also complete this part for any additional information.	
		••••
	······································	•
		
		••••
		
		· - • • • •

SCHEDULE N (Form 990 or 990-EZ)

Assets
5
Disposition
-
or Significan
-
0
, Dissolution,
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mination,
Ter
uidation,

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

-004	•
NO. 1545-	
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2009

Department Internal Rev	Department of the Treasury Internal Revenue Service	Attac	in cerunea cop	oles of any articles of dissolution ► Attach to Form 990 or 990-EZ.	n, resolutions, or plans 		0	Open to Public Inspection
Name of t	Name of the organization						Employer identification number	tion number
Maharis	Maharishi Purusha Program						95	1824160
Part I	Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.	Dissolution. Cional space is a	Complete this part if needed.	the organization an	swered "Yes" to Fo	ım 990, Part IV,	line 31, or Forr	n 990-EZ, line
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and ad	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
None								
i								-
								Yes No
2 Did a Bec	Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor or transferee organization?	, or key employe	e of the organization:					2a
b Bec	Become an employee of, or independent contractor for, a successor or transferee organization?	ant contractor for	, a successor or trans	sferee organization?		 	· · · · · · · · · · · · · · · · · · ·	2b
c Bec	Become a direct or indirect owner of a successor or transferee organization?	successor or tra	ansferee organization?					2c
d Rec	Receive, or become entitled to, compensation or other	ensation or other	similar payments as a result of the organization's liquidation, termination, or dissolution?	a result of the organiz	ation's liquidation, ter	termination, or disso	lution?	24

Schedule N (Form 990 or 990-EZ) 2009

Schedule N (Form 990 or 990-EZ) 2009

Part Liquidation, Termination, or Dissolution (continued)

Note.	Note. If the organization distributed all of its assets during the tax year, then Form 990. Part X, column (B) should equia -0-	of its assets dur	ing the tax year, then	Form 990. Part X. co.	umn (B) should equa	-0- le	Yes No
3 Did th	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	s in accordance	with its governing ins	strument(s)? If "No," d	escribe in Part III		3
4a Did th	Did the organization request or receive a letter from the	a letter from the	IRS that the organiz	IRS that the organization's exempt status was terminated?	was terminated?		4a
	if "Yes," provide the date of the letter. ▶	•		of the letter and, if a	oplicable, the organiz	Attach a copy of the letter and, if applicable, the organization's request for the letter.	
	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	e attorney gener	al or other appropriat	te state official of its ir	tent to dissolve, liqu	ildate, or terminate?	5a
6 Did #	If Yes, ald the organization provide such notice? Did the organization discharge or pay all liabilities in accordance with state laws?	uch notice?	· · · · · · · · · · · · · · · · · · ·				9
_	Did the organization have any tax-exempt bonds outstanding during the year?	not bonds outsta	nding during the vea	الاستان			7a
b Did th	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," exclain in Part III	ase tax-exempt t	ond liabilities in acc	ordance with the Interred	ial Revenue Code and	nd state laws?	7b
Part II	Sale, Exchange, Disposition, or Other Tral "Yes" to Form 990, Part IV, line 32, or Form	n, or Other Traine 32, or Form	ansfer of More Th	nsfer of More Than 25% of the Organization's Assets. Comple 990-EZ, line 36. Use Schedule N-1 if additional space is needed	anization's Assets	nsfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered 990-EZ, line 36. Use Schedule N-1 if additional space is needed.	inization answered
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution		(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Cash		11/13/2009	700,000	Cash	27-1003036	Global Capital of World Peace, Inc. HC 64 Box 1414	501 (c)(3)
Furniture		6/12/2010	3,690	Cost of furniture and shipping	27-1003036	Global Capital of World Peace, Inc. HC 64 Box 1414	501 (c)(3)
;							
							Yes No
	Did or will any officer, director, trustee, or key employee	or key employe	e of the organization:				
	Become a director or trustee of a successor or transferee organization?	essor or transfer	ee organization?				2a 🗸
c Becor	become an employee of, or independent contractor for, a successor or transf Become a direct or indirect owner of a successor or transferse organization?	nt contractor for	, a successor or tran- insferee organization'	a successor or transferee organization?			2c <
	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	nsation or other	similar payments as	a result of the organiza	ation's significant dis	sposition of assets?	2d /
e If the	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.	ny of the questic	ons in this line, provic	de the name of the per	son involved and ex	plain in Part III.	
						Schedule N (Form 990)	Schedule N (Form 990 or Form 990-EZ) 2009

art III	Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c;
art II Line	Part II, line 2e; and any additional information. 2e
• • • • • • • • • • • • • • • • • • • •	
our of the	Seven members of the Board of Trustees of Maharishi Purusha Program are also members of the Board of
rustees o	f Global Capital of World Peace, Inc. They are Dr. Howard Chandler; Dr. Bevan Morris; Dr. John Hagelin; and
afael Dav	id.
••••••	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

1824160

56

Department of the Treasury Internal Revenue Service Name of the organization

Maharishi Purusha Program

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

► Attach to Form 990.

Inspection Employer identification number

Additional response to Form 990, Part III, 4d;
We averaged about 6 participants in the Purusha Program in Vlodrop, Holland and 6 in Huntsville, Canada. We also
supported numerous other European Purusha located in Vlodrop, as well as in Udem and Oebisfelde, Germany. All of
these participants practiced the TM and TM-Sidhi techniques to unfold their full human potential through the
development of their entire brain. Many of these participants reported more advanced experiences of higher states of
consciousness and a greater sense of Nature operating through them as they gained more and more intimacy with
the Laws of Nature that guide all of life. Many of these participants also helped prepare materials for the advancement
of Maharishi's Vedic Science around the world.
Additional response to Form 990, Part VI, 11 A;
Once the preparer of the 990 has finished and reviewed the 990 with the appropriate finance office personnel the 990 is
sent to all members of the Board for their review. Once all questions of the Board members have been
adequately explained an officer signs the signature page and sends it back to the preparer to be included with the 990
package sent to the IRS.
Additional response to Form 990, Part VI, 19;
The Articles of Incorporation, and any Amendments to them, are available on the NC Secretary of State's site for review
and downloading. The essentials of the Profit and Loss Statement and Balance Sheet are available in the 990. We make
available a copy of our 990 for inspection at the main office of the organization. No other corporate documents are
available to the general public.
Additional response to Form 990, Part VI, 4;
The Board of Trustees was expanded to have 7 voting members from the 3 voting members previously. A new Secretary
was appointed. Some language of clarification were added to the purpose in the Articles of Incorporation. Also, the
minimum number of Trustees was changed from 4 to 3. A new President was appointed. The powers of the Assistant
Secretary and Assistant Treasurer were expanded.
Additional response to Form 990, Part VI, 12 c;
The Assistant Treasurer oversees the accounting and financial transactions of the company. The Assistant Treasurer

Schedule O (Form 990) 2009	Page 4
Name of the organization Maharishi Purusha Program	Employer identification number 56 : 1824160
and the Accounts Payable supervisor both review all financial transa	ctions looking for any transaction which could fall
under the Conflict of Interest Policy. Any transactions which could p	otentially fall under the Conflict of Interest Policy are
brought to the attention of the President by the Assistant Treasurer.	
Additional response to Form 990, Part VI, 15;	
None of the Trustees of the organization receive any compensation.	Only one officer receives companyation and his
compensation was determined by a review of the Finance Committee	
President reviews the decision of the Finance Committee and if there	is any question about the compensation a full
review by the Board of Trustees is done.	
•	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Maharishi Purusha Program

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2009	Open to Public
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OMB No 1545-0047

Inspection Employer identification number

See separate instructions. ▶ Attach to Form 990.

1824160

26

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
n/a	n/a					
Part II	Identification of Related Tax-Exempt Organizations (Complete if the had one or more related tax-exempt organizations during the tax year.)	inizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ations during the tax year.)	zation answered "\	res" to Form 990), Part IV, line 34 I	ecause it

Had and in the change of the control	ig in a tan year.				
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity
Global Capital of World Peace, Inc. EIN: 27-1003036 HC 64 Box 1414	world peace	West Virginia	501 (c)(3)	7	A/A
Romney, WV 26757					

Schedule R (Form 990) 2009

Cat No. 50135Y

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

Schedule R (Form 990) 2009 Part III Identification of because it had	990) 2009 Identification of Related Organizations Tax because it had one or more related organizati	nizations ted orgar	Taxable as a Finitations treated	cable as a Partnership (Complete if the organizat constreated as a partnership during the tax year.)	omplete if the c	organization ax year.)	answered "Yes	" to Form	cable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 constreated as a partnership during the tax year.)	₽
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
n/a				512-514)				Yes No		Yes No
	:									
Part IV Identification of Ine 34 because	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	izations ore relate	Taxable as a C	Sorporation or treated as a co	Trust (Comple	ate if the organst ust during th	anization answee tax year.)	ered "Yes"	to Form 990, Pa	٦. اج\ اج\
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
n/a										
								:		
						:				
									Schedule R (Form 990) 2009	990) 2009

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II III or IV of this schadula		¥. 	Yes No	ı
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?	in Parts II-IV?		· .	ı –
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity		5	>	ı
Gift, grant, or capital contribution to other organization(s)		4 4		ı
c Giff grant or contribution from other conscientions		-	>	1
loans or loan distantees to or for other organization(s)		2 5		1
		4	>	1
			-	
f Sale of assets to other organization(s)		+	>	7
g Purchase of assets from other organization(s)		10	>	ı
		=	>	1
i Lease of facilities, equipment or other assets to other organization(s)		;=	>	1
				r
j Lease of facilities, equipment, or other assets from other organization(s)		-	>	
k Performance of services or membership or fundraising solicitations for other organization(s)	•	*		1
l Performance of services or membership or fundraising solicitations by other organization(s)		=	>	
m Sharing of facilities, equipment, mailing lists, or other assets		1	>	1 1
n Sharing of paid employees		Ę	>	1
			-	
o Reimbursement paid to other organization for expenses		2	>	1
p Reimbursement paid by other organization for expenses		1	>	- 1
		-	-	
q Other transfer of cash or property to other organization(s)		19 <		ı
r Other transfer of cash or property from other organization(s)		-	>	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	relationships and transaction thresholds.	saction thres	sholds.	ı
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	olved	
Global Capital of World Peace, Inc.	g.	7	200,000	1
Global Capital of World Peace, Inc.	Þ	S	500,000	l .
Global Capital of World Peace, Inc.	.		2,500	
Global Capital of World Peace, Inc.	ь		5,000	1
(5)				1
(9)				1
	Schodus	B (Form 9	0000 0000	1 0

Part VI Unre

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	1	Ð			£			Ξ
ואמווים, מטטופטט, מוט בווא טו פווווין	ביוווים א מכוועוו	(state or foreign country)	section 501(c)(3) organizations?		end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)		managing partner?
			Yes	Š		Yes No	-	Yes	8 N
n/a									
			_						
								_	
							Schedule R (Form 990) 2009	rm 990) 2009