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DLN: 93493136067272

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2010

OMB No 1545-0047

Open to Public

Interna	l Revenu	e Service I he organization may have to use a copy of this return to satisfy st	ate reporting	requirement	s 	Inspection
A F	or the	2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		D Employe	u idau	ntification number
		applicable C Name of organization GLOBAL COUNTRY OF WORLD PEACE				
	ldress c	Doing Business As		36-451	9393	3
∏ Na	ame cha	ange		E Telephor	e nur	nber
	ıtıal retu	Number and street (or FO box it main is not delivered to street address)	Room/suite	(641)2	09-7	501
Te	erminate	ed 1900 CAPITAL BLVD				
☐ An	nended	return City or town, state or country, and ZIP + 4 MAHARISHI VEDIC CITY, IA 52556		G Gross rece	eipts \$	37,406,556
Г Ap	plicatio	on pending				
		F Name and address of principal officer	H(a) Is this a	group return for a	ffiliates	7 Yes No
		DR BEVAN MORRIS 1900 CAPITAL BLVD				
		MAHARISHI VEDIC CITY,IA 52556	H(b) Are all a			Yes No
				exemption		
I 1	ax-exer	mpt status				
J W	/ebsit	e: ► http://globalcountryofworldpeace.org/				
K For	rm of or	rganization 🔽 Corporation ┌─ Trust ┌─ Association ┌─ Other ►	L Year of for	nation 2002	M S	tate of legal domicile IA
Pa	art I	Summary				
		Briefly describe the organization's mission or most significant activities				
œ.		See "Exempt Activities" in statement #1				
a B						
Ē						
¥0.		Check this box 🔭 if the organization discontinued its operations or disposed o		1	- 1	
×6		Number of voting members of the governing body (Part VI, line 1a)		3	-	8
Activities & Governance		Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	_	6
Ĭ		Total number of individuals employed in calendar year 2010 (Part V, line 2a) .	• •	5	+	67 12
Ş	1	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7	+	0
		Net unrelated business taxable income from Form 990-T, line 34		7	-	
	1	·	Prior	Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		21,534,759		16,079,995
Revenue	9	Program service revenue (Part VIII, line 2g)		111,339		70,602
946	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-821,916		3,103,192
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-424,978		-245,079
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		20,399,204		19,008,710
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		7,251,602	+-	7,310,297
	14	Benefits paid to or for members (Part IX, column (A), line 4)		C	_	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines				
Expenses		5-10)		1,176,653	+-	906,332
Ð.	16a			C		0
ă	b	Total randralsing expenses (Fait B), column (B), mic 23, F		15,220,663	,	14 430 637
	17 18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		23,648,918	+-	14,430,637
	19	Revenue less expenses Subtract line 18 from line 12		-3,249,714	+	-3,638,556
<u>₩</u>	+		Beginning			
Net Assets or Fund Balances			Ye	ar		End of Year
25.00 10.00	20	Total assets (Part X, line 16)		15,296,399	+	91,376,710
# P	21	Total liabilities (Part X, line 26)		76,428,439	+-	63,691,356
	22 [1] 1	Net assets or fund balances Subtract line 21 from line 20		38,867,960		27,685,354
Unde know	er pena vledge vledge.	alties of perjury, I declare that I have examined this return, including accompanying so and belief, it is true, correct, and complete. Declaration of preparer (other than officer ****** ****** Signature of officer) is based on a	2-05-15		
	_	WILLIAM L KOPPEL CFO Type or print name and title				
		Print/Type Preparer's signature Da		heck if self-	_ PT	IN
Paid		MADVADCUTDALD CDA I - MADVADCUTDALD CDA I	12-05-15 e	mployed 🕨	_	
	arer	Firm's address 6355 TOPANGA CANYON BLVDSUITE 400				m's EIN 🕨
		, or			i DL	one no 🕨 (818) 774-

WOODLAND HILLS, CA 91367

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

Use Only

Phone no 🕨 (818) 774-

Par	Check if Sche	_		o lishments uestion in this Part III		
1	Briefly describe the	organization's missio	n			
scier expe	itific purposes specifi	cally including the fol s precious tradition o	lowing Toprov of Vedicknowled	ıde educatıon, housın <u>c</u> İge of Indıa whıch ıs th	rated exclusively for chari i, facilities and support foi ne basis of creating perma	r the Vedic Pandits and Vedic
2	Did the organization the prior Form 990 o		cant program s	ervices during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe the	ese new services on S	Schedule O			
3	Did the organization services?	cease conducting, or	make significai	nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe the	ese changes on Sche	dule O			
4	Section 501(c)(3) ar	nd 501(c)(4) organiza	itions and secti		elargest program services are required to report the service reported	
4a	(Code) (Expenses \$	3,387,324	including grants of \$	3,361,055) (Revenue	: \$)
	Meditation and TM-Sidh programs for which grai	i program The Organizations of the Theorem The Organization of the Theorem 1 programmer of the Theorem 1 programme	on evaluates eligibi cial need The Orga	lity to receive grants based anization monitors program	on a standard application inclu participation, and grants may b	ip practice of the Transcendental ding commitment to participate in the be discontinued for any grant recipient or key employees were awarded
	(Code) (Expenses \$	5,409,991	including grants of \$	428,242) (Revenue	· \$
שר	•	ed in activities to establish			, , ,	endental Meditation program and its
	(Code) (Expenses \$	3,521,000	including grants of \$	3,521,000) (Revenue	· \$
40	The Organization provide	, , , ,	ucational organizat	ions in India to provide hou	, , , ,	he Vedic Pandits and Vedic experts of
	Other program core	icas (Dascriba in Sc	hadula () \ Soo	also Additional Data f	or Description	
Tu	(Expenses \$	•	cluding grants () (Revenue \$)
	Total program servi	ce expenses►\$	22,239,31	.0		

2:1144 Checkinst of Required Schedule	Checklist of Required	Schedule ⁴
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		
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 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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.	11b		No
С	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.	11c		No
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.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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 U S? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		N o
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-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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		No
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		No
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		No
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		No
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)			_
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 \Box Yes $\overline{\ \ \ \ \ \ \ \ \ \ }$ No			
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		No
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		No
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	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 55						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c					
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						
b	return						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
За	Did the organization have unrelated business gross income of \$1,000 or more during the						
_	year?	3a		N o			
	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		No			
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						
F-	Was the organization a party to a push-hited tay shellow two as a few times discuss the few times.	E-		NI ~			
5a ե	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
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		N o			
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).						
	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		N o			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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 organization, have excess business holdings at any time during the year?	8		No			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?	9a		Νo			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No			
10	Section 501(c)(7) organizations. Enter						
а	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						
11							
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)						
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						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a					
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						
c	Enter the amount of reserves on hand 13c						
14=	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a					
	2						

Form 990 (2010) Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

36	ection A. Governing body and management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	165	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		140
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
Ь	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 the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AZ , AR , CA , CO , CT , DC , F KY , LA , ME , MD , MA , MI , MN , MS , I NY , NC , ND , OH , OK , OR , PA , RI , S WA , WV , WI	MO,N	H,NJ,	NM,
18	Section 6104 requires an organization to make its Form 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 Own website. Another's website. 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 WILLIAM L KOPPEL 2100 MANSION DR MAHARISHI VEDIC CITY, IA 52556 (641) 209-7501

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

Check this box if neither the organiza		ated org	janız	atıor	n cor	npens	atec	l any current office	r, director, or trust	ee
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) DR PRAKASH SHRIVASTAVA DIRECTOR	3 0	Х								
(2) DR ROBERT G WYNNE DIRECTOR	28 0	х						30,000	0	0
(3) DR BENJAMIN FELDMAN TREASURER/ DIRECTOR	3 0	Х		Х						
(4) DR MAUREEN WYNNE SECRETARY/DIRECTOR	28 0	Х		Х				20,000	0	0
(5) DR BEVAN MORRIS PRESIDENT/DIRECTOR	5 0	Х		Х						
(6) DR JOHN HAGELIN DIRECTOR	3 0	Х								
(7) DR LARRY CHROMAN DIRECTOR	3 0	х								
(8) DR STEVEN RUBIN DIRECTOR	3 0	Х								

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title Average hours per (B) (C) (C) Reportable Reportable compensation compensation from the from related											(F) Estima amount o compens	ited fother	
		week (describe hours for related organizations in Schedule O) Week (describe hours for related organizations (W- 2/1099-MISC) Office												
											_			_
											+			-
											\top			-
														_
														_
														-
														-
												_		
												7		
1b	Sub-Total					•	· ·	_			+			┨
d d	Total (add lines 1b and 1c) .					•		 	50,000	C)		0	1
2	Total number of individuals (incl \$100,000 in reportable compen	udıng but not lın	nıted to	thos	e lıs) who	received more tha	n				L
,	Did the organization list any for	man officer direc	tor or t	ructo	k	ov 0	mnlov		ur highaet compans	atad ampleyee		Yes	No	-
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci				• •	- -	•	•		· · ·	3		No	
4	For any individual listed on line organization and related organiz													
5	Did any person listed on line 1a									r individual for	4		No	
	services rendered to the organiz	ation? <i>If "Yes,"</i>	complet	e Sch	edul	e J f	or such	per:	son	. [5		No	
	ection B. Independent Con													<u>-</u>
1	Complete this table for your five \$100,000 of compensation from	the organizatio		ndep	ende	ent o	contrac	tors	that received more					_
	Nar	(A) ne and business ad	dress						Descr	(B) Iption of services		(C) Compensation		
											\exists			- -
											_			-
	Total number of independent cont \$100,000 in compensation from			ot lır	nited	to	those I	ıste	d above) who receiv	ed more than				-

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do no	ot include amounts reported on lines 6b, p, 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		·		· ·					
2	Grants and other assistance to individuals in the	428,242	428,242							
3	U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See	3,361,055	3,361,055							
	Part IV, lines 15 and 16	3,521,000	3,521,000							
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	50,000	30,000	20,000						
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								
7	Other salaries and wages	752,897	602,318	120,463	30,116					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	103,435	82,748	16,550	4,137					
а	Fees for services (non-employees) Management	0								
b	Legal	41,415	14,495	26,920						
c	Accounting	33,897	10,272	20,475	3,150					
d	Lobbying	0								
e	Professional fundraising services See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	61,708	15,427	46,281						
12	Advertising and promotion	284	284							
13	Office expenses	35,254	8,673	19,913	6,668					
14	Information technology	42,699	9,024	30,307	3,368					
15	Royalties	0								
16	Occupancy	604,776	597,142	7,634						
17	Travel	34,664	15,255	16,174	3,235					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	3,463	3,463		-					
20	Interest	4,185,396	4,185,396							
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	1,529,490	1,529,490							
23	Insurance	235,929	223,716	11,397	816					
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
a	PANDIT STIPENDS	2,137,176	2,137,176							
ь	PANDIT CAMPUS FOODSERVICE	1,768,955	1,768,955		-					
c	PANDIT OTHER EXPENSES	1,434,914	1,434,914							
d	PANDIT OCCUPANCY	1,418,998	1,418,998							
e	PANDIT SUPPLIES	724,582	724,582		_					
f	All other expenses	137,037	116,685	4,855	15,497					
25	Total functional expenses. Add lines 1 through 24f	22,647,266	22,239,310	340,969	66,987					
26	Joint costs. Check here ► ☐ if following	,,	,,	11,112	.,					
	SOP 98-2 (ASC 958-720) Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
		•	•							

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			100,560	1	610,774			
	2	Savings and temporary cash investments			930,621	2	3,049,302			
	3	Pledges and grants receivable, net	s receivable, net							
	4	Accounts receivable, net			910,748	4	215,493			
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and						
		Schedule L		5						
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	ers, and							
\$		Schedule L				6	_			
Assets	7	Notes and loans receivable, net		200,000	7	0				
	8	Inventories for sale or use			8					
	9	Prepaid expenses and deferred charges			111,153	9	34,612			
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	51,750,110						
	b	Less accumulated depreciation	10b	4,912,793	63,721,801	10c	46,837,317			
	11	Investments—publicly traded securities	146	11	138					
	12	Investments—other securities See Part IV, line 11	330,000	12	0					
	13	Investments—program-related See Part IV, line 11								
	14	Intangible assets								
	15	Other assets See Part IV, line 11			48,991,370	15	40,629,074			
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			115,296,399	16	91,376,710			
	17	Accounts payable and accrued expenses .			612,060	17	1,094,875			
	18	Grants payable				18				
	19	Deferred revenue			10,858	19	0			
	20	Tax-exempt bond liabilities			44,451,773	20	38,825,402			
- S	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D .	•		21				
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
Lia		persons Complete Part II of Schedule L		•	1,000,000	22	0			
	23	Secured mortgages and notes payable to unrelated third parties			28,883,412	23	22,441,937			
	24	Unsecured notes and loans payable to unrelated third parties				24	_			
	25	Other liabilities Complete Part X of Schedule D			1,470,336	25	1,329,142			
	26	Total liabilities. Add lines 17 through 25			76,428,439	26	63,691,356			
		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olete l	ines 27						
5		through 29, and lines 33 and 34.					ı			
<u>8</u>	27	Unrestricted net assets			37,878,497	27	27,685,354			
Fund Balances	28	Temporarily restricted net assets			989,463	28				
Ξ	29	Permanently restricted net assets				29				
		Organizations that do not follow SFAS 117, check here ► a	nd com	plete						
ŏ	30	lines 30 through 34.				_,				
Assets	30	Capital stock or trust principal, or current funds				30				
Š	31	Paid-in or capital surplus, or land, building or equipment fund				31				
	32	Retained earnings, endowment, accumulated income, or other fu	ınas		20.007.000	32	27.605.05.1			
¥	33	Total net assets or fund balances			38,867,960		27,685,354			
	34	Total liabilities and net assets/fund balances			115,296,399	34	91,376,710			

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		19.0	008,71
2	Total expenses (must equal Part IX, column (A), line 25)	2			547,26
3	Revenue less expenses Subtract line 2 from line 1	3		-3,6	538,55
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		38,8	367,96
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-7,5	544,05
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		27,6	585,35
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493136067272

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2040

2010

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization GLOBAL COUNTRY OF WORLD PEACE

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Open to Public Inspection

36-4519393 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 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 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). 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) 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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 it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the 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) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) lise your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II the	e organización	ians to quality t	illuer the tests i	isted below, pr	ease com	piete P	art III.)
	ection A. Public Support endar year (or fiscal year beginning	() 2006	42222	() 2000	(1) 2000			(5) T
	ın) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	0	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	9,628,55	0 17,390,378	31,658,984	21,534,758	16.0	79,995	96,292,665
	not include any "unusual	3,020,33	1,,550,57	31,030,501	21,55 1,756	10,0	, ,,,,,,	30,232,000
2	grants ") Tax revenues levied for the							
2	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	9,628,55	0 17,390,378	31,658,984	21,534,758	16,0	79,995	96,292,665
5	The portion of total contributions							
	by each person (other than a governmental unit or publicly							
	supported organization) included							57,367,906
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public Support. Subtract line 5							
•	from line 4							38,924,759
	ection B. Total Support							
Cal	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	o	(f) Total
7	beginning in) • A mounts from line 4	9,628,550	17,390,378	31,658,984	21,534,758	16,07	9,995	96,292,665
8	Gross income from interest,	, ,	, ,	, ,	, ,	,		, ,
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources	529,833	771,748	331,255	111,931	7	0,462	1,815,229
9	Net income from unrelated							
	not the business is regularly							
10	carried on Other income Do not include							
10	gain or loss from the sale of	660,382	487,362	322,496	-313,639	-17	4,477	982,124
	capital assets (Explain in Part IV)	000,302	407,302	322,490	-313,039	-17	7,777	902,124
11	Total support (Add lines 7 through 10)							99,090,018
12	Gross receipts from related activiti	ies, etc (See ins	tructions)	<u>'</u>		12		1,638,515
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	l, thırd, fourth, or f	ifth tax year as a	501(c)(3)	organız	ation,
	check this box and stop here							▶┌
S	ection C. Computation of Pul	blic Support	Percentage					
14	Public Support Percentage for 201			11 column (f))		14		39 282 %
15	Public Support Percentage for 200	9 Schedule A , Pa	art II, line 14			15		50 138 %
16a	33 1/3% support test—2010. If the	organization did	not check the bo	x on line 13, and l	ıne 14 ıs 33 1/3%		heck th	
	and stop here. The organization qua	alıfıes as a publi	cly supported orga	anızatıon				▶▽
b	33 1/3% support test—2009. If the				a, and line 15 is	33 1/3% or	more,	
17a	box and stop here. The organizatio 10%-facts-and-circumstances test				e 13 16a or 16	b and line 1	4	▶ ┌
	is 10% or more, and if the organiza							
	in Part IV how the organization med							· —
h	organization 10%-facts-and-circumstances test	2009 If+ba are	ranization did not	chack a hov on lin	a 13 165 166	or 17a and	line	►
U	15 is 10% or more, and if the organ							
	Explain in Part IV how the organiza							
10	supported organization	والمسامل المساورة	k a hay sa l 4 a	165 165 17-	. 17h	hover 4 -	_	► □
18	Private Foundation If the organizations	lon ala not chec	ka box on line 13	, 10a, 10D, 1/a 0i	1/D, CHECK THIS	box and se	E	▶ □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. 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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493136067272

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.

Open to Public

l Revenue Service	► Attach to F	orm 990. ► See separate instructions.			Inspection
me of the organ	ization		Emp	loyer identificat	ion number
DBAL COUNTRY OF V	VORED PEACE		36-	4519393	
			unds	or Accounts.	Complete if the
organi	zation answered "Yes" to Form 99			(b) Funds and ot	her accounts
Total number a	at end of vear	(a) Bonor davised fands	'	(b) I unus unu oc	ner accounts
Aggregate gran	nts from (during year)				
Aggregate valu	ue at end of year				
			nor adv	ısed	┌ Yes ┌ No
used only for c	charitable purposes and not for the ben				┌ Yes ┌ No
rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	to Forn	n 990, Part IV,	line 7.
Preservat Protection Preservat Complete lines	on of land for public use (e g , recreating of natural habitat nof natural habitat non of open space s 2a–2d if the organization held a qual	on or pleasure) Preservation of ar Preservation of a	certifie	d historic struct	•
				Held at the I	nd of the Year
Total number o	of conservation easements		2a		
-	•		2b		
			2c		
Number of con	servation easements included in (c) a	cquired after 8/17/06	2d		
		erred, released, extinguished, or terminato	ed by th	ne organization d	uring
Number of stat	tes where property subject to conserv	ation easement is located ►			
			dling of	f violations, and	┌ Yes ┌ No
Staff and volur	nteer hours devoted to monitoring, insp	pecting and enforcing conservation easen	nents d	uring the year 🛌	
A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year 🟲 \$ _	
		2(d) above satisfy the requirements of sec	ction		┌ Yes ┌ No
balance sheet,	, and include, if applicable, the text of	the footnote to the organization's financia			
			or Ot	her Similar A	ssets.
art, historical t	treasures, or other similar assets held	for public exhibition, education or resear	ch in fu		
historical treas	sures, or other similar assets held for	public exhibition, education, or research i			
(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$	
(ii) Assets inc	luded in Form 990, Part X			► \$	
			or finan	· -	
Revenues incli	uded in Form 990, Part VIII, line 1			► \$	
	Total number a Aggregate con Aggregate gran Aggregate valu Did the organiz funds are the conferring imp rt II Conse Purpose(s) of a Preservat Protection Preservat Complete lines easement on t Total number of Conmulation of con Number of con Number of con Number of con Number of con Staff and volur A mount of exp Does the organization Staff and volur A mount of exp Does each cor 170 (h)(4)(B)(i In Part XIV, do balance sheet, the organization Total number of Complete lines easement on t	Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor adv funds are the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit TII Conservation Easements. Complete Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements modified, transfethe taxable year Number of conservation easements modified, transfethe taxable year Number of states where property subject to conserv Does the organization have a written policy regardin enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspection of the conservation easement reported on line: 170 (h)(4)(B)(i) and 170 (h)(4)(B)(ii) In Part XIV, describe how the organization reports conservation's accounting for conservation easement (Complete if the organization answered) If the organization's accounting for conservation easement (If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fit if the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its fit if the organization elected, as permitted under SFAS instorical treasures, or other similar assets held for provide the following amounts relating to these items (ii) Assets included in Form 990, Part X III, line 1 (iii) Assets included in Form 990, Part X III, line 1	PARTECT FORM 990. ► See separate instructions. The of the organization The of the organization services and the program of the organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate value at end of year Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in dor funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor, or for a conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for a conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for a conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for a conferring impermissible private benefit **FIT** Conservation Easements.** Complete if the organization answered "Yes" in Preservation of land for public use (e.g., recreation or pleasure) preservation of an Preservation of problems to the organization of pleasure preservation of an Preservation of poen space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminative taxable year ▶ Number of states where property subject to conservation easement is located ▶ Number of states where property subject to conservation easement is located ▶ Number of conservation easements modified, transferred, released, extinguished, or terminative taxable year ▶ Number of conservation easements modified, transferred, released, extinguished, or terminative the taxable year ▶ Number of conservat	Attach to Form 990. See separate instructions. Emg of the organization Seal COUNTRY OF WORLD PEACE 36. It Organizations Maintaining Donor Advised Funds or Other Similar Funds organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year (a) Donor advised funds Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate contributions to (during year) Aggregate value at end of year On the organization inform all donors and donor advisors in writing that the assets held in donor advisors are the organization inform all donors and donor advisors in writing that the assets held in donor advisors are the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other conferring impermissible private benefit Preservation of conferring impermissible private benefit Preservation of land for public use (e.g., recreation or pleasure) Preservation of an histor Preservation of pens space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a creasement on the last day of the tax year Total number of conservation easements 2a 2b Number of conservation easements modified, transferred, released, extinguished, or terminated by the taxable year Preservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the taxable year Preservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the taxable year Preservation easements modified, transferred, released, extinguished, or terminated by the taxable year Preservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released,	Management Attach to Form 990. See separate instructions. Employer identificat 36-4519393

b Assets included in Form 990, Part X

2611	Organizations maintaining Collections of Art,	HIS	TOF	Ca	HEAS	ures, or our	er Silli	Har ASS	ets (co	ntinuea)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fol	low	ing that a	re a sıgnıfıcant	use of it	s collectio	n	
a	Public exhibition	d	Γ	Lo	oan or exc	hange progran	ıs			
b	Scholarly research	e	Γ	0	ther					
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIV	n hov	w the	y fu	rther the	organization's	exempt p	urpose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as j						mılar	Г	Yes	┌ No
Pai	TEXT Escrow and Custodial Arrangements. Comple Part IV, line 9, or reported an amount on Form 99	te ıf	the	org	anızatıo		'Yes" to	Form 99	0,	
1a	Is the organization an agent, trustee, custodian or other interme included on Form 990, Part X?	dıary	ford	ont	ributions	or other assets	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete the f	ollow	ving t	able	е			Amo	unt	
c	Beginning balance					10		Allio	unc	
d	Additions during the year					10				
						1e	+			
e f	Distributions during the year					1f	+			
2.	Ending balance	242				_ 11			. W	
2a	Did the organization include an amount on Form 990, Part X, line	21?	•					I	Yes	No
	If "Yes," explain the arrangement in Part XIV			اء م	Va= +-	Form 000 D	S and TO 1	10		
Рa	rt V Endowment Funds. Complete if the organization (a)Current Year)Prior				art IV, li 1)Three Ye		e)Four Y	ears Back
1a	Beginning of year balance		<u>, </u>		<u> </u>	,	<u>, </u>		,	
ь	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year end balance held a	S								
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
За	Are there endowment funds not in the possession of the organiza	tion	that	are	held and	admınıstered fo	r the			
	organization by							- (n	Yes	No
	(i) unrelated organizations		• •	•				. 3a(i)		
b	(ii) related organizations						• •	. 3a(ii) . 3b	<u>' </u>	<u> </u>
4	Describe in Part XIV the intended uses of the organization's end						• •	36		<u> </u>
	t VI Investments—Land, Buildings, and Equipmen					Part X, line 10) <u>.</u>			
	Description of investment		(a)) Cos	st or other nvestment)	(b)Cost or other basis (other)	(c) Acc	cumulated eciation	(d) Bo	ok value
1a	Land		T			6,119,49	2			6,119,492
	Buildings					41,236,45		3,321,858		7,914,596
	Leasehold improvements					258,25	+	11,269		246,983
	Equipment					1,391,00	+	676,995		714,012
e	Other					2,744,90	5	902,671		1,842,234
	II. Add lines 1a-1e (Column (d) should equal Form 990, Part X, colum	nn (B). line	2 10	(c).) .		-	b -		6,837,317

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. Se	ee Form 990. Part X. line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X, I	ıne 15.		
(a) Descr	ıptıon		(b) Book value
(1) FINANCING COSTS, NET			1,477,436
(2) DEPOSITS ESCROW			93,810
(3) BOND DEBT SERVICE RESERVE			3,986,012
(4) LAND HELD FOR DEVELOPMENT			11,952,559
(5) CONSTRUCTION IN PROGRESS			7,871,448
(6) GUARANTEE FEES, NET			476,330
(7) LAND HELD FOR SALE			14,771,479
Tabal (Caluman (b) about a sual Farms 000 Part V and (B) line	45.)		40.620.074
Total. (Column (b) should equal Form 990, Part X, col.(B) line			40,629,074
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
ACCRUED INTEREST	1,256,119		
ACCRUED PAYROLL	73,023		
	0		
PREPAID RENT			
	 		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1 220 142		
1 ((-) Should equal to the soot tale N, cor (b) line 25)	1,329,142		

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its</u>	
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	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10		10	
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		turn
1	Total revenue, gains, and other support per audited financial statements	1	turri
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
2 a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	-	Return
1	Total expenses and losses per audited financial	F	
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities]	
b	Prior year adjustments]	
С	Other losses]	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		

Identifier Return Reference Explanation

additional information

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As Filed Data -

DLN: 93493136067272

OMB No 1545-0047

2010

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization GLOBAL COUNTRY OF WORLD PEACE **Employer identification number**

				36-4519393	
Part I General Information "Yes" to Form 990, Part			ne United States. C	omplete if the organiz	ation answered
1 For grantmakers. Does the	organization m	naıntaın record	s to substantiate the	amount of the grants	or
assistance, the grantees' elig	jibility for the	grants or assis	stance, and the select	ion criteria used to awa	ard
the grants or assistance?					✓ Yes
2 For grantmakers. Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outsıde tl	ne
3 Activites per Region (Use Part)	V ıf addıtıonal s	pace is needed])		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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/investments in region
South Asia	0	2	Grantmaking	Facilities and support	3,521,000
3a Sub-total	0	2			3,521,000
b Total from continuation sheets		_			= ,= = = ,

c Totals (add lines 3a and 3b)

3,521,000

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			South Asia	VEDIC PANDITS	3,368,000	WIRE	0		
			South Asia	VEDIC PANDITS	153,000	WIRE	0		
_		<u> </u>							
2	Enter total nur tax-exempt by	mber of recipion the IRS, or f	ent organizations l or which the grant	isted above that are r ee or counsel has pro	ecognized as chari ovided a section 50	ties by the foreign c 1(c)(3) equivalency	ountry, recognized letter	as . 🕨	
3	Enter total nur	mber of other	organizations or e	ntities				•	2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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			i				
			1				
			 I		,		
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,			 I		1		
-			 I		,		
			ı		,		

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	~	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Γ	Yes	V	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	▽	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	দ	No

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Schedule F	PART I, 1	1 If the organization makes grants to foreign entities or foreign individuals, please describe how the organization documents and maintains records of their grant activities. The Organization requires Grant Requests from each Grantee organization, as well as their charter, incorporation documents, including their By-Laws, and government registration documents. The Board of Directors reviews the Grant Request for its relationship to our Organizational goals and the Grantee's ability to fulfill the goals and likelihood of success. The Board reviews, discusses and resolves whether to support the Grant, and, if so, how much support, and what benchmarks are required for each step of support to be sent. Then, in addition to written receipts, the Grantee Organization is required to make financial reports. All such Grant Reports are kept by the Comptroller in secure storage at the Finance Office. 2 If the organization makes grants to foreign entities, please describe how the organization monitors the use of the granted funds outside of the United States. Grants to foreign entities are directly overseen by one or more senior representatives of the Organization. The Organization's representative works closely with the foreign entity to make the grant request in the form required by the Organization, to assure that the funded project is carried out and to make the required reports. The Organization is directly involved in structuring and implementing projects and working constantly with those in the country who are carrying the projects out. In major projects, representatives of the Organization are on-site in the country at least part of the time. In addition the Organization requires and carefully reviews financial reporting which in large projects such as in India includes audited financial statements.

Schedule F (Form 990) 2010

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Schedule I (Form 990)

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

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

► Attach to Form 990

OMB No 1545-0047

DLN: 93493136067272

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GLOBAL COUNTRY OF WORLD PEACE Employer identification number

36-4519393

the selection criteria used Describe in Part IV the org	anızatıon's procedur	es for monitoring the use	e of grant funds in the l	Inited States			✓ Yes ☐
Form 990, Part IV	, line 21 for any r	Governments and ecipient that received ded.	l more than \$5,000.	Check this box if no	o one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MAHARISHI UNIVERSITY OF ENLIGHTENMENT1770 BRAHMANAND SARASWATI BLVD MAHARISHI VEDIC CITY, IA 52556	56-2068614	501(C)(3)	400,021	0	CASH	NONE	EDUCATION
(2) SEEDS OF HEAVEN504 N 4TH ST 302 FAIRFIELD,IA 52556	26-1116889	501(C)(3)	26,971	0	CASH	NONE	FINANCIAL SUPPORT
2 Enter total number of section 3 Enter total number of other							<u> </u>

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SUPPORT FOR PEACE CREATING GROUPS	737	3,361,055	0	CASH	NONE

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SCHEDULE I	PART I, 2	1 If the organization makes grants to domestic entities or domestic individuals, please describe how the organization maintains records to substantiate the amount of grants, the eligibility criteria to receive grants, and how grantees are selected. The Organization make grants to individuals with financial need to participate in the Invincible America Assembly including group practice of the Transcendental Meditation and TM-Sidhi program. The Organization evaluates eligibility to receive grants based on a standard application including qualifications and commitment to participate in the programs for which these grants are awarded. The Organization also makes Grants to domestic non-profit 501(c)(3) organizations with which it shares common goals and such grants are reviewed and approved by the Board of Directors of the Organization taking into consideration the prior experience of the Organization with the grant recipients and their demonstrated ability to carry out projects in keeping with the goals of both the grantor and the grantee organization. 2 If the organization makes grants to domestic entities or individuals, please describe the organization's procedures for monitoring the use of the granted funds in the United States. For grants to domestic individuals for the Invincible America Assembly, the Organization monitors program participation through an electronic card swipe system, and program participation through its course liaisons. Grants are discontinued for any grant recipient who does not attend the program or fully participate. For grants to other domestic 501(c)(3) organizations, the Organization is generally directly involved with the projects and able to see first hand that results are being achieved. Where this is not the case, the Organization receives reports to the Board of Directors and conducts site visits.
SCHEDULE I	PART II	GRANTS AND OTHER ASSISTANCE TO GOVERNMENT AND ORGANIZATIONS IN THE UNITED STATES THERE IS AN ADDITIONAL RECIPIENT THAT RECEIVED GRANT ASSISTANCE THAT IS UNDER THE THRESHOLD THE FOLLOWING ORGANIZATION IS MAHARISHI FOUNDATION USA INC PO BOX 670 FAIRFIELD, IA 52556 EIN 04-3196447 AMOUNT OF CASH GRANT \$1,250

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493136067272

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GLOBAL COUNTRY OF WORLD PEACE

Employer identification number

36-4519393

Pa	art I Bond Issues								<u> </u>					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description (of Purpose	(g) De	feased	Beh	On alf of uer		Pool ncing
		 '	<u> </u>						Yes	No	Yes	No	Yes	No
A	CITY OF MAHARISHI VEDIC CITY IOWA	42-1523132		11-01-2007	4,550,00	o EDU	CATIONAL FA ENUE B	CILITY		×		X		Х
В_	COHFA BOND SERIES 2006	84-0752932		12-27-2005	21,945,00	0 Purc	hase of land an	nd construct		Х		Х		Х
c _	COHFA BOND SERIES 2007A	84-0752932		03-15-2007	18,360,00	0 Purc	hase of land an	nd construct		Х		Х		Х
_		!				-								
_		 	†											
Pa	art III Proceeds				1		Т							
	A mount of bonds retired				Α		Е	3		С		<u> </u>	D	
1	Amount of bonds retired Amount of bonds legally defea													
2	Total proceeds of issue													
3 4	Gross proceeds in reserve fun				_									
<u>4</u> 5	Capitalized interest from proce													
6	Proceeds in refunding escrow				+									
7	Issuance costs from proceeds													
8	Credit enhancement from proc													
9	Working capital expenditures f											+		
10	Capital expenditures from prod				_									
11	Other spent proceeds													
12	Other unspent proceeds											1		
13	Year of substantial completion	n						<u>'</u>				1		
			_		Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	t of a current refund	dıng ıssue?			Х		Х			Χ			
15	Were the bonds issued as part	t of an advance refu	unding issue?			Х		Х			Х			
16	16 Has the final allocation of proceeds been made?		Х		Х		Х							
17	Does the organization maintai	n adequate books a	and records to sup	port the final	х		х		Х					
Pa	Tt III Private Business U	Jse												
					A Van	N.	No.			C	N-		D I	N.
1	Was the organization a partner	r in a partnershin (ora member of an	LLC, which owned	Yes	No	Yes	No	Yes		No	Yes		No
1	was the organization a partner	, in a parenership, o	or a member or an	LLC, Willell OWIICG		Χ		X			Χ			

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Χ

Part III Private Business Use (Continued)

_	Tittate Basiness ese (continued)								
			4	1	В		С	ı)
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		×		х		×		
b	Are there any research agreements that may result in private business use of bond- financed property?		×		×		×		
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		х		x		x		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		х			
Da.	TIV Aubituage		,	,		,	,	,	

Part IV	Arbi	<u>trage</u>	<u> </u>

Yes No Yes No Yes No Yes 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	
Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	
X X X	
2 Is the bond issue a variable rate issue? χ	
3a Has the organization or the governmental issuer entered	
Into a hedge with respect to the bond issue?	
Name of annual and	
b Name of provider	
c Term of hedge	
d Was the hedge superintegrated?	
e Was a hedge terminated?	
e Was a nedge terminated?	
4a Were gross proceeds invested in a GIC?	
b Name of provider	
T (010	
c Term of GIC	
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	
value of the GIC satisfied.	
5 Were any gross proceeds invested beyond an available temporary	
period? X X X	
6 Did the bond issue qualify for an exception to rebate?	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136067272

OMB No 1545-0047

Inspection

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Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization GLOBAL COUNTRY OF WORLD PEACE **Employer identification number**

					36-4519393			
Pa	Tt I Types of Property	, ,		,	<u> </u>			
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		ontribut	ion
1	Art—Works of art			-9				
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications					,	,	
5	Clothing and household							
good								
	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
1.4	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	X	1	49,000	FMV			
	Real estate—Commercial			1.7				
17	Real estate—Other							
	Collectibles							
19	Food inventory							
	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	O ther ► ()							
26	Other ►()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received b	y the org	anızatıon durıng the tax ye	ar for contributions				
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackr	nowledgement	29			1
							Yes	No
30a	During the year, did the organization	on receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	period?			30a		No
	If "Yes," describe the arrangement							
31	Does the organization have a gift a	cceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use to contributions?	hırd partı	es or related organizations	to solicit, process, or sell	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report redescribe in Part II	evenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

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DLN: 93493136067272

2010

OMB No 1545-0047

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization GLOBAL COUNTRY OF WORLD PEACE Employer identification number

36-4519393

Identifier	Return Reference	Explanation
PART VI	SECTION B LINE 12C	PLEASE DESCRIBE HOW THE ORGANIZATION ANNUALLY MONITORS COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLICIES Under the Organization's Conflict of Interest Policy, each director, principal officer and member of a committee with governing board delegated powers is required to annually sign a Conflict of Interest Policy Statement and has the duty to disclose any actual or possible conflicts of interest

Identifier	Return Reference	Explanation
PART VI	SECTION B LINE 11	PLEASE DESCRIBE THE PROCEDURES WHICH YOU HAVE IN PLACE TO ENSURE THAT THE BOARD OF DIRECTORS (OR A PORTION THEREOF) REVIEWS THE ORGANIZATION'S FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. The IRS form 990 is sent to all Board members prior to filing. The Finance Committee of the Board of Directors has responsibility to review the IRS FORM 990 with the Controller and to approve the IRS FORM 990 prior to filing with the IRS.

Identifier	Return Reference	Explanation
PART VI	SECTION B LINE 15	OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES COMPENSATION DETERMINATION PROCEDURES The process had not been used in previous years since our compensation amounts are considerably below the national average. In light of best practices, however, the Organizations's Finance Committee did review the compensation of all employees in the context of the prevailing compensation in the state of low a for comparable job responsibilities, as well as all other relevant data, economic trends, local costs-of-living indexes, etc. and felt that the amounts paid to our officers, key and all other employees were very conservative, but fair, and far from excessive

Identifier	Return Reference	Explanation
PART VI	LINE2	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? Robert Wynne, director and Maureen Wynne, secretary and director are husband and wife

Identifier	Return Reference	Explanation
PART VI		PLEASE DESCRIBE HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC Provided Upon Request

Identifier	Return Reference	Explanation
PART VI		PLEASE DESCRIBE THE ROLES AND RESPONSIBILITIES OF THE ORGANIZATION'S AUDIT COMMITTEE. The Finance Committee of the Board of Directors serves as the Audit Committee of the Organization and reviews the draft of the audited financial statements and presents its recommendations to the Board

Identifier	Return Reference	Explanation
PART XI	LINE 5	IN THE PRIOR YEAR, THE BALANCE SHEET WAS ADJUSTED TO TAX BASIS WITH THE FOLLOWING ENTRIES WHICH ARE BEING REVERSED IN 2010 TO BRING THE BALANCE SHEET TO BOOK BASIS UNREALIZED GAINS AND LOSSES ON INVESTMENTS PRIOR YEAR \$8,297,409 (GAIN)/LOSS ON SALE OF ASSETS 2009 (1,083,359) ALLOWANCE FOR BOND RECEIVABLES 330,000

Identifier	Return Reference	Explanation
PART VIII	LINE 7	SALE OF ASSETS OTHER THAN INVENTORY THESE ASSETS SOLD ARE PROGRAM ASSETS AND THE PROCEEDS WERE USED TO SUPPORT THE OVERALL PROGRAMS

SCHEDULE R Related Ord

DLN: 93493136067272

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization GLOBAL COUNTRY OF WORLD PEACE				Employer iden 36-4519393	tification number		
Part I Identification of Disregarded Entities (Comple	ete if the organization	on answered "Yes"	' on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	zations (Complete ne tax year.)	ıf the organization	answered "Yes"	on Form 990, Part	IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 12(b)(13 rolled nization
						Yes	No
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 50)135Y	1	Schedule R (I	Form 990)	2010

Part III		_		able as a Partnei treated as a partn		 on answered	l "Yes" on Form 9	90, Part IV	, line 34
(-)	 (L)	(c)	(4)	(e)	(A)	(h)	(i)	(j)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana part	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
(1) MPR SAN DIEGO LLC												
4305 MANCHESTER AVE ENCINITAS, CA92024 37-1508646	PROP DEVELOP	CA	GLOBAL COUNTRY		100	100		No	0			99 600 %
				able as a Corpor					n answered "Yes"	on Fo	orm 9	90, Part IV,

line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN 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

Part V Transactions With Related Organiza	tions (Complete if the organization answered "Ye	s" on Form 990, Pa	t IV, line 34, 35, 3	5A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II,	, III or IV				Yes	No
$oldsymbol{1}$ During the tax year, did the orgranization engage in any o	f the following transactions with one or more related orga	nızatıons lısted ın Part	s II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv)	rent from a controlled entity			1 a		No
b Gift, grant, or capital contribution to other organization	n(s)			1b		No
$oldsymbol{c}$ Gift, grant, or capital contribution from other organizati	ion(s)			1c		No
d Loans or loan guarantees to or for other organization(s	;)			1d		No
e Loans or loan guarantees by other organization(s)				1e		No
f Sale of assets to other organization(s)				1f		No
g Purchase of assets from other organization(s)				1 g		No
h Exchange of assets				1h		No
i Lease of facilities, equipment, or other assets to other	organization(s)			1i		No
j Lease of facilities, equipment, or other assets from oth	ier organization(s)			1 <u>j</u>		No
k Performance of services or membership or fundraising	solicitations for other organization(s)			1k		No
I Performance of services or membership or fundraising	solicitations by other organization(s)			11		No
m Sharing of facilities, equipment, mailing lists, or other	assets			1m		No
n Sharing of paid employees				1n		No
• Reimbursement paid to other organization for expense	s			10		No
p Reimbursement paid by other organization for expense	?S			1 p		No
q Other transfer of cash or property to other organization	n(s)			1 q		No
r Other transfer of cash or property from other organizat	ion(s)			1r		No
2 If the answer to any of the above is "Yes," see the inst	ructions for information on who must complete this line, i	ncluding covered relat	onships and transact	ion thresholds		
(a) Name of other orga	nization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		unt
(1)						
(2)						
(3)						
(4)						
(5)						
(6)				-		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
			+						+	-
			-				\vdash		+	╁
									+	-
										+
										┢
			+							
			<u> </u>							

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 36-4519393

Name: GLOBAL COUNTRY OF WORLD PEACE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Codo)/Evr+		including grants of th) /Dover #	``
(Code The Organization im) (Expenses \$ plemented projects to		including grants of \$) (Revenue \$)
(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
make total knowledg			including grants of \$) (Revenue \$,
(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
available in agriculti	, , , ,		meraamy grants or q	, (Nevende 4	,
(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
and Maharıshı Vedic	Organic Agriculture				·
(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
ıncludıng expenses,	equipment and				
(Code) (Expenses \$	15,184	including grants of \$) (Revenue \$)
depreciation					
(Code) (Expenses \$		including grants of \$) (Revenue \$)
The Organization pro	ovided housing,				
(Code) (Expenses \$		including grants of \$) (Revenue \$)
facilities and suppor	t for Vedic Pandits				
(Code) (Expenses \$		including grants of \$) (Revenue \$)
from India to be gue	sts at our campus in				
(Code) (Expenses \$		including grants of \$) (Revenue \$)
Fairfield, Iowa in ord	er for them to				
(Code) (Expenses \$		including grants of \$) (Revenue \$)
engage in the group	practice of the				
(Code) (Expenses \$		including grants of \$) (Revenue \$)
	litation and TM-Sidhi				
(Code) (Expenses \$		including grants of \$) (Revenue \$)
program as well as V ————————————————————————————————————	edic techniques for				
(Code) (Expenses \$		including grants of \$) (Revenue \$)
removing societal st					
(Code) (Expenses \$		including grants of \$) (Revenue \$)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code consciousness Th) (Expenses \$	including grants of \$) (Revenue \$)
(Code element required to) (Expenses \$ o create world peace	9,905,811 including grants of \$) (Revenue \$)