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Form 990

SCANNED OCT 2 4 2011

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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)

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning 2010, and ending 20 11 July 1 June 30 D Employer identification number C Name of organization Maharishi Purusha Program Check if applicable Doing Business As 56-1824160 Address change Room/suite E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change 641-209-1430 Initial return 1901 Guild Drive City or town, state or country, and ZIP + 4 Terminated G Gross receipts \$ 2.988.131 Fairfield, Iowa 52556 Amended return F Name and address of principal officer Howard Chandler Application pending H(a) Is this a group return for affiliates? Yes No 1900 Capital Blvd, Maharishi Vedic City, Iowa 52556 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) √ 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ www.purusha.org/ H(c) Group exemption number ▶ ☐ Association ☐ Other ▶ M State of legal domicile Form of organization Corporation Trust L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities. We held our program for the development of consciousness with an average of 160 participants during the year. This large group focused on creating coherence and gaining Activities & Governance a deeper understanding of the principals and programs of Maharishi's Vedic Science. We also helped to support world peace professionals in other parts of the world to participate in creating coherence programs. Check this box Fig. 1 fthe organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 56 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 7b Current Year Prior Year Contributions and grants (Part VIII, line 1h) . 2,119,572 2.876.175 Ω 9 Program service revenue (Part VIII, line 2g) 22,500 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 54.744 38,163 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 22.510 -18.337 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,196,826 2,918,501 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,785,709 2,188,945 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 205,581 171,924 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 0 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>52,261</u> 665,702 681,637 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f Total expenses. Add lines 13-17 (must equal Part IX, colum ,656,992 3,042,506 18 Revenue less expenses. Subtract line 18 from line 12 460,166 -124,005 19 **Beginning** rrent Year End of Year ធ 20 Total assets (Part X, line 16) 124,205 1,980,064 21 Total liabilities (Part X, line 26) . 37,047 16,911 22 .087.158 Net assets or fund balances. Subtract line 21 from line 20 1,963,153 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration based on all information of which preparer has any knowledge Sign Signature of officer Treasurcr Here STEUEN Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check I if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only**

May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🗹 No Form **990** (2010) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

2 C	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	e MVS cing : Mo
2 [p	the TM & TM-Sidhi programs to help create world peace & harmony. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	i Who
p Ii	prior Form 990 or 990-EZ?	; I ≱No
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	_
		Section
4 [501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocothers, the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 1,949,476 including grants of \$ 0) (Revenue \$ 22,50 We averaged over 85 participants in the Purusha program in the USA focusing on the development of full human potential be enlivening the entire brain through the practice of the TM and TM-Sidhi programs. The group experienced more and clearer experiences of higher states of consciousness through this practice of Maharishi's Vedic Science. Located on the campus of Maharishi University of Management and in Maharishi Vedic City these participants contributed to the coherence creating grassembled there for the Invincible America Course, thus adding to the coherence created for both the United States and the By enlivening collective consciousness the coherence creating groups help the unfoldment of world peace and harmony. MPP also donated \$1,250,500 to the Global Capital to help with the construction of a new home for MPP in West Virginia. This donation is listed above as part of Expenses.	f oup
 	(Code:) (Expenses \$ 629,489 including grants of \$ 0) (Revenue \$ We averaged 70 participants in the Purusha program in Uttar Kashi in the mountains of India. These participants focused on unfolding full human potential through the practice of Maharishi's Vedic Science and enjoyed deeper and more frequent exp of higher states of consciousness. Located in an ideal setting for focusing on the rapid development of consciousness thes participants dedicate themselves to becoming fully enlightened so they can inspire others to unfold full human potential and totally stress free, blissful and productive lives supported by all the laws of nature.	eriences e
	(Code:) (Expenses \$ 220,780 including grants of \$ 0) (Revenue \$	0)
	We were very pleased to be able to support our affliated Indian organization in India which focuses on training Maharishi Ver Pundits as Purusha who practice the techniques and programs of His Holiness Maharishi Mahesh Yogi to unfold their full hupotential through the rapid development of consciousness. These Vedic Pundits are trained to perform traditional Vedic cere to enliven the total support of Natural Law in individuals, and the environment. Our Indian affiliate is creating a home in India thousands of these Pundits who, through their collective practice of Maharishi's TM and TM-Sidhi programs, will generate a tremendous influence of coherence and peace in the collective consciousness of the entire world. The goal is to generate a enough influence in collective consciousness to ensure world peace and harmony for all countries of the world.	man monies for
(I	Other program services. (Describe in Schedule O.) (Expenses \$ 175,801 including grants of \$ 90,000) (Revenue \$ 0) Total program service expenses \$ 2,975,546	

Part	V Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		∀
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		V
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		77 - j	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	±1.5€	ایت ، ۱
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	•	1
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	1	
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a	✓	
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	✓	
16	organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15	√	
17	to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A) lines 5 and 1163 if "Yes," approved Schedule Q. Part I (see approximately services).	16		✓
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	<u>-</u> -	√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		√
20 я	If "Yes," complete Schedule G, Part III	19 20a		√
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20a		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	~	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		V
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
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		,
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		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		¥ (i)	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		v v
С	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		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	V	v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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	v	
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		,
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	v	<u> </u>
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		V
a	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		
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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	v	
				(2010)

Check if Schedule O Contains a response to any question in this Part V 1a Enter the number of Forms W-2G included in line 1a. Enter-0-if not applicable	Part				
the Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Debt we organization comply with backup withholding interest for reportable payments to vendors and preparation comply with backup withholding interest for reportable payments to vendors and preparation of the provided grambing lyanings for preventing the prevention of the provided grambing lyanings to preventing the prevention of		Check if Schedule O contains a response to any question in this Part V		٠.	
b Enter the number of Forms W-26 included in line 1s. Enter -0- If not applicable. De old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return? Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to e-file. (see Instructions) 3b Old the organization have unrelated business gross income of \$1,000 or more dump file year? 1d If Yes, Files it filed a Form 990-1 for this year? If Y'No, Provide an explanation in Schedule 0 3c Old the organization have unrelated business gross income of \$1,000 or more dump file year? 3c Old the organization have unrelated business gross income of \$1,000 or more dump file year? 3d Old the organization have unrelated business gross income of \$1,000 or more dump file year? 3d A any time duming the calendar year, did the organization have an interest in, or a signature or other fundonty over, a franceal account in a foreign country (each as a bark account, securities account, or other fundonty over, a franceal account in a foreign country (each as a bark account, securities account, or other fundonty over, a franceal account in a foreign country (each as a bark account, securities account, or other fundonty over, a franceal account in a foreign country (each as a bark account, securities accountry). 1 If Yes, enter the name of the foreign country. In the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization self. 2 d If Yes, did the organization middle where not tax deductible? 2 of the fundon self that the part of the part of the part of the part o				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 5 It at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, fee instructions? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 5 Did file organization have unrelated business gross income of \$1,000 or more during the year? 5 Did file organization have unrelated business gross income of \$1,000 or more during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; and the file organization have an interest in, or a signature or other financial accounts. 5 Did and the during this calendary year, did the organization have an interest in, or a signature or other financial accounts. 5 Did and yatable party notify the organization that it was or is a party to a prohibited tax shelter transaction or the file organization have annual gross receipts that are normally greater than \$100,000, and did the organization share annual gross receipts that are normally greater than \$100,000, and did the organization share annual gross receipts that are normally greater than \$100,000, and did the organization share annual gross receipts that are normally greater than \$100,000, and did the organization share annual gross receipts that are normally greater than \$100,000, and did the organization share an example of the gross and services provided to the payor? 5 Did the organization share an example o	_				
a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. Statements, filed for the calendar year ending with or within the year covered by this return. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions). If Yes, The six filed a Form 1990-Tro this year? If 1/No, *provide an explanation in Schedule 0. If Yes, The six filed a Form 1990-Tro this year? If 1/No, *provide an explanation in Schedule 0. If Yes, The six filed a Form 1 or foreign country. If Yes, The six filed a Form 1 or foreign country. If Yes, The six filed a Form 1 or foreign country. If Yes, The six filed a Form 1 or foreign country. If Yes, The six filed a Form 1 or foreign 2.1 Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22.1 Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22.1 Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form 10 F 90-22.1 Report of Foreign Bank and Financial Accounts. See instructions of filing requirements for Form 10 F 90-22.1 Report of Foreign Bank and Financial Accounts. If Yes, The during the calendary year, to a prohibited tax shelter transaction? If Yes, The during the calendary year, to a prohibited tax shelter transaction and the calendary year is a party to a prohibited tax shelter transaction? If Yes, The during the calendary year, to a prohibited tax shelter transaction and year year. If Yes, The during the calendary year is a contribution and party for goods and services and year year. If Yes, The during the year is a party to a prohibited tax shelter transaction and year year. If Yes, The during the year is a party to a prohibited tax shelter transaction			1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field of the calendar year endering with or within the year covered by this return. 2	C				نــ ــا
Statements, filed for the calendar year ending with or within the year covered by this return. 2	22		16	<u> </u>	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b 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 accounts.) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If "Yes," did 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? 7c Dess 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? 7c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shall are contributed or the section \$170(c). 8c Did the organization that may receive deductible contributions under section \$170(c). 8c Did the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8898? 9c Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8898 are required? 9c Did the organization shall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8898 are required? 9c Did the organization shall exchange, or otherwise divided fund maintained by a sponsoring organization, ha	La	·			1
Note. If the sum of lines 1 a and 2 as greater than 250, you may be required to e-ribe. (see instructions) 3	h		2h		ال ا
3a		· · · · · · · · · · · · · · · · · · ·	-20	•	
b if "Ves," has it filed a Form 990-7 for this year? if "No," provide an explanation in Schedule O. A it any time during the calendar year, dot the origination 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account). If "Yes," enter the name of the foreign country. ► no. Was the organization filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," do the organization here organization file Form 8886-17 Doss the organization sold and the organization file Form 8886-17 Organizations that may receive deductible and the every solicitation an express statement that such contributions or grifts were not tax deductible? If "Yes," 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? If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization receive any funds, directly or indirectly, on a personal benefit contract? If the organization in	3a		3a		
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)? b If "Yes," enter the name of the foreign country. the security of the financial foreign of the security of the security of the organization that it was no is a party to a prohibited tax shelter transaction? the security of the security. the security of the organization and in the security of the value of the goods or services provided? the security of the organization notify the donor of the value of the goods or services provided? the security of the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? the security of the organization of the security of the organization foreign and services provided of the payor? If "Yes," did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If the organization received a contribution of qualified intellectual property, did the organization foreign and services of the security, or a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization foreign and services of the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Enter: Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against	_				-
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b If "Yes," enter the name of the foreign country. It is a country is a large in the foreign country. It is a see instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c I a 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? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 1 If "Yes," did the organization notify the donor of the value of the goods or services provided? 2 If "Yes," did the organization notify the donor of the value of the goods or services provided? 3 If "Yes," did the organization notify the donor of the value of the goods or services provided? 4 If "Yes," indicate the number of Forms 8282 filed during the year 5 If "Yes," indicate the number of Forms 8282 filed during the year 1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requir					
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Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	_	· · · · · · · · · · · · · · · · · · ·			į
a 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? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b In/a 13c In/a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	· · · · · · · · · · · · · · · · · · ·			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources			
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. 14 Is the organization licensed to issue qualified health plans in more than one state? 15 Note. See the instructions for additional information the organization must report on Schedule O. 16 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 17 Enter the amount of reserves on hand 18 Did the organization receive any payments for indoor tanning services during the tax year? 19 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 10 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 11 In India		against amounts due or received from them.)	. 1		۱,
Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 13a 13a 13a 13a 14a 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ĺ .
a 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. 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	b	<u> </u>			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13				
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	а		13a		<u> </u>
the organization is licensed to issue qualified health plans	L		, [:
c Enter the amount of reserves on hand	Ø	the argonyation is been ad to increase qualified beauth along	, [,
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b	_	100			1
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		100	44-		
	_				-
		1 100, That it filed a 1 offit 120 to report these payments: If two, provide an explanation in schedule O.		990	(2010)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.	6 2 III	SCHE	uule
	Check if Schedule O contains a response to any question in this Part VI			[7]
Section	on 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 1a 7			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			A STATE OF THE STA
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5	_	√
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7 () () () () () () () () () (
а	The governing body?	8a	✓	
ь	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		√
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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	✓	
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		经数
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1.24	_	
	rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c	✓	
13	Does the organization have a written whistleblower policy?	13	√	
14	Does the organization have a written document retention and destruction policy?	14	✓	
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?	1		
а	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b	√	Market Section and
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a	1.00 mg/s	∀
b	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	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	***
Secti	on C. Disclosure	1		<u> </u>
17 18	List the states with which a copy of this Form 990 is required to be filed ► see Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3))	l)e onl		Jabla
.0	for public inspection. Indicate how you make these available. Check all that apply.	ys VIII	,, ava	maDIC
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict and financial statements available to the public.	of Inte	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	,	
	organization: ► Maharishi Purusha Program, 1901 Guild Drive, Fairfield, Iowa 52556 641-209-1430		, 	

orm	990	(2010)	

Page .

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. 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 organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
(A)	(B)	, , ,						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Dr. Howard Chandler, President, Trustee	3.5	,		,				0	0	0
(2) Dr. Benjamin Feldman, Treasurer, Trustee	.25	v		v				0	0	0
(3) Dr. Bevan Morris, Trustee	.25	v						0	0	0
(4) Dr. J ohn Hagelin, Trustee	.25	,						0	0	0
(5) Dr. J ose Louis-Alvarez, Trustee	.25	v						0	0	0
(6) Rafael David, Trustee	.75	,						0	0	0
(7) J ames Egan, Trustee	.25	,						0	0	0
(8) Rick Larsen, Secretary	12			,		-		0	0	0
(9) Steven Souza, Assistant Treasurer	12			,				2,300	0	0
(10)		_								
(11)										
(12)										
(13)		-								
(14)										
(15)										
(16)					-					

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) (B) (C)								(D)	(E)	(F)
	Name and title	Average hours per week (describe			Officer	-	hat ap Highes emplo	Ply) Former	Reportable compensation from the	Reportable compensation fror related organizations	Estimated n amount of other compensation
		hours for related organizations in Schedule O)		Institutional trustee		Key employee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	
(17)											
(18)					_						
(19)											
(20)		-						-	_		
(21)											
(22)											
(23)				. <u>.</u>				-			
(24)					<u> </u>						
(25)											
(26)											
(27)							i				
(28)					-						
-46	Cub setal	<u> </u>	<u> </u>	L	<u></u>				2 200		
1b c	Sub-total . Total from continuation sheets to Part		n A	•	•		•		2,300		0 0
d	Total (add lines 1b and 1c)	•						•	2,300		0 0
2	Total number of individuals (including but reportable compensation from the organi	not limited	to th	ose			above	e) w	ho received m	ore than \$100,0	000 in
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8							emp	oloyee, or high	est compensa	
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	porta	ble	con	прег	nsatic				
5	Individual									 zation or individ	
Cooti	for services rendered to the organization on B. Independent Contractors	en res, c	compi	ete	Scr	neau	ile J 1	or s	sucn person	· · · · · ·	. 5
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	ent	contr	acto	ors that receive	ed more than \$	100,000 of
	(A) Name and business add	ress	-						(B) Description of s	ervices	(C) Compensation
None									_		<u>`</u>
						•					
								_			
2	Total number of independent contractor received more than \$100,000 in compens								ose listed ab	ove) who	

Par	t VIII	Statement of Revenue					- rage U
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1a	Federated campaigns	1a 0				
Contributions, gifts, grants and other similar amounts	b	·	1b 0				
is, ç	С		1c 0				ŧ
gift Iar	d		1d 0				-
ns, imi	е	, , <u>,</u> ,	1e 0				-
utio er s	f	All other contributions, gifts, grants,					1
ë f		<u></u>	1f 2,876,175				r
ᅙ	9	Noncash contributions included in lines 1a-1		-			
	h	Total. Add lines 1a-1f		2,876,175			· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	0-	COMPLintered and Market	Business Code			-	
ě	2a	GCWP,I interest on Notes	523000	22,500	22,500		
9	b						<u> </u>
Š	d						_
Š	e						
graı	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		22,500			-
	3	Investment income (including d		,			
			•	37,862	0	o	37,862
	4	Income from investment of tax-exemp	ot bond proceeds ►	0	0	0	0
	5	Royalties	▶	0	0	0	0
		(ı) Real	(ii) Personal				
	6a	Gross Rents 11,	688 0				ί
	b	Less: rental expenses 33,	388 0				I
	С	` '	700 0			<u></u>	
	d		▶	-21,700	0	0	-21,700
	7a	Gross amount from sales of (i) Securities	 '				•
	_		359 184				Í
	b	Less: cost or other basis and sales expenses 36.					1
	_		242 0 117 184				ì
	d	Net gain or (loss)		301	0	o	301
enne	8a	Gross income from fundraising events (not including \$ 0		301			301
Other Rev		of contributions reported on line 1c). See Part IV, line 18		:			
Ě	ь	Less: direct expenses	b 0				į
J		Net income or (loss) from fundrais		o		o	0
		Gross income from gaming activities See Part IV, line 19	s.				,
	b	Less: direct expenses				_	
	С	Net income or (loss) from gaming		0	0	0	0
		Gross sales of inventory, learner and allowances	a 0				
		Less: cost of goods sold					
	С	Net income or (loss) from sales of		0	0	0	0
	44.	Miscellaneous Revenue	Business Code				_ 1
	11a	Credit Card Rewards	9900099	3,363			3,363
	b						
	d	All other revenue					
	d	Total. Add lines 11a–11d		0	0	0	0
	е 12	Total revenue. See instructions.	L.	3,363	22 500		40.000
		. J.u. 10701146. Occ ilistractions.	· · · · · ·	2,918,501	22,500	0	19,826

Part IX Statement of Functional Expenses

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

other organizations must complete columns (B), (C), and (C), and

	All other organizations must complete col	lumn (A) but are not	required to complet	te columns (B), (C), a	ınd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,098,945	2,098,945		, (
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	90,000	90,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	2,300	0	2,300	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	154,460	147,260		7,200
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	3,172	2,827	0	345
10	Payroll taxes	11,992	11,265	176	551
11 a	Fees for services (non-employees): Management	0	0	0	0
b	Legal		-		
С	Accounting	7,500	7,500	0	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	46,801	1,591	5,217	39,993
14	Information technology	1,635	628	705	302
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	34,162	34,162	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	_			
40	├	. 0	0	0	0
19 20	Conferences, conventions, and meetings .	0	0	0	0
21	Interest	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	3,865 7,763	3,865 6,352	1,411	0
24	Other expenses. Itemize expenses not covered	7,703	0,352	1,411	U
47	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.)				
а	Room and Board	558,670	558,670	0	0
b	PK Program Expense	13,316	13,316	0	0
С	Storage Expenses	-928	-928	0	0
d	State Registrations and Fees	3,870	0	0	3,870
е		0	0	0	0
f	All other expenses	4,983	93	4,890	0
25	Total functional expenses. Add lines 1 through 24f	3,042,506	2,975,546	14,699	52,261
26	Joint costs. Check here ▶ ☐ if following 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	0,	0	0	0

Pa	irt X	Balance Sheet	-		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	72,361	1	155,155
	2	Savings and temporary cash investments	1,230,879	2	744,019
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	4,207	4	8,179
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
S	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	5	0
Assets	7	Notes and loans receivable, net	754,000		254,000
₽	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	11,452		10,895
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 76,987			1
	b	Less: accumulated depreciation 10b 61,685	8,792	10c	15,302
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	$\overline{}$	0
	13	Investments—program-related. See Part IV, line 11	0		750,000
	14	Intangible assets	0	14	0
ł	15	Other assets. See Part IV, line 11	42,514	15	42,514
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,124,205		1,980,064
	17	Accounts payable and accrued expenses	37,047	17	16,911
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
မ္မ	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
≔		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
1	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
- 1	25	Other liabilities. Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	37,047	26	16,911
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			,
ᇤ	27	Unrestricted net assets	0	27	0
Ba	28	Temporarily restricted net assets	0	28	0
밀	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			,
Š	30	Capital stock or trust principal, or current funds	0	30	0
še	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
۲		Retained earnings, endowment, accumulated income, or other funds	2,087,158	32	1,963,153
Net	33	Total net assets or fund balances	2,087,158		1,963,153
-	34	Total liabilities and net assets/fund balances	2,124,205	34	1,980,064

Form **990** (2010)

Form 99	90 (2010)			Pa	ige 12
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,91	8,501
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,04	2,506
3	Revenue less expenses. Subtract line 2 from line 1	3		-12	4,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,08	7,158
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
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		1,96	3,153
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ir	ī		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	oplaın ır	י ד	-	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both:	ar were	•		-
	Separate basis			-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth ir	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				•

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

Employer identification number

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

		Purusha Prog	ıram							56-18	24160		
Pai	t I	Reason f	or Public Chai	rity Status (All orga	nization	s must c	omplete	this par	rt.) See ı	nstructio	ns.		
The o	organiz	zation is not	a private founda	ition because it is: (Fo	r lines 1 t	through 1	1, check	only one	box.)				
1	□ A	church, con-	vention of churcl	hes, or association of	churches	s describe	ed in sec	tion 170((b)(1)(A)(i).			
2	\square A	school desc	ribed in section	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)							
3	\square A	hospital or a	cooperative hos	spital service organiza	ation desc	cribed in s	section 1	70(b)(1)	(A)(iii).				
4				on operated in conjun						D(b)(1)(A)	(iii). En	ter the	
	ho	ospital's nam	ne, city, and state	e:									
5			on operated for to (1)(1)(A)(iv). (Comp	the benefit of a collegorate place of the collegorate place of the college of the	ge or uni	versity ov	wned or	operated	l by a go	vernment	al unit	describ	ed in
6	□ A	federal, state	e, or local govern	nment or government	al unit de	scribed ir	n section	170(b)(1	I)(A)(v).				
7				receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	governr	mental ur	nit or fron	n the g	eneral p	oublic
8	□ A	community 1	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art II.)						
9	_			receives: (1) more that				om contri	ibutions.	members	ship fee	s. and	aross
				to its exempt funct									
	su	ipport from	gross investme	nt income and unrel	lated bus	siness ta	xable inc	ome (les	ss sectio	n 511 ta	x) from	n busin	esses
	ac	equired by th	ne organization a	fter June 30, 1975. Se	ee sectio	n 509(a)(2). (Com	olete Par	t III.)				
10	☐ Ar	n organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(4).			
11	☐ Ar	n organizatio	on organized an	d operated exclusive	ely for th	e benefit	t of, to	perform 1	the funct	ions of,	or to d	arry ou	ut the
	рι	urposes of o	ne or more pub	licly supported organ	nizations	described	d in secti	ion 509(a	a)(1) or se	ection 50	9(a)(2).	See se	ction
	50	09(a)(3) . Che	ck the box that o	describes the type of	supportir	ng organiz	zation and	d comple	ete lines 1	1e throug	gh 11h.		
	а	☐ Type	l b □	Type II c	□ Тур	e III–Fun	ctionally	integrate	d	d [☐ Tyr	e III-O	ther
е	☐ By	y checking th	his box, I certify	that the organization	is not co	ntrolled d	lirectly or	indirectl	y by one				
	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)												
	or section 509(a)(2).												
f	lf	the organiza	ation received a	written determination	on from t	the IRS t	that it is	a Type	I, Type	ll, or Typ	e III s	upportii	ng
	or	ganization, d	check this box .										
g		nce August Ilowing pers		ne organization accep	oted any	gift or co	ontributio	n from a	iny of the)			
	(i)	A person v	who directly or it	ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d ın (ii) ar	nd	Yes	No
		(III) below,	the governing bo	ody of the supported of	organızat	ion?					119	ı(i)	
	(ii)	A family m	ember of a perso	on described in (i) abo	ve?						11g	(ii)	
	(iii	i) A 35% cor	ntrolled entity of	a person described in	ı (i) or (ıı) a	above? .					11g	(in)	
h	Pr	ovide the fol	llowing informati	on about the support	ed organı	zation(s).						•	
(i)		of supported	(ii) EIN	(iii) Type of organization		rganization		ou notify	(vi)	s the	(vii)	Amount	of
	organ	nization		(described on lines 1-9 above or IRC section	in col (i) listed in your the organization in governing document?					support			
				(see instructions))	3			oort?	1	\$?			
					Yes	No	Yes	No	Yes	No]		
(A)													•
(B)													
(C)									•				
									ļ		L		
(D)									1				
									 		<u> </u>		
(E)													
							_		-				
					1	1	1	I	1	1 ~	ł		

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(vi)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support			() 222			
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	n/a					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	a w 5 w. w. w. w. d* 1 v		W/70.0.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	12.00	\$ 140°	1 to 1 to 2			
	on B. Total Support	L (-) 0000	4.) 0007	(.) 0000	4.0.000	() 0040	
_	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	n/a					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.			<i>77,</i>		12	
13	First five years. If the Form 990 is for the	-			_		
<u>C4:</u>	organization, check this box and stop he				· · · · ·	<u></u>	· · ▶ 📋
	on C. Computation of Public Suppo			14 1 (6)			
14 15 16a	Public support percentage for 2010 (line Public support percentage from 2009 Sc 331/3% support test—2010. If the organibox and stop here. The organization qua	hedule A, Part ization did not	II, line 14 . check the box	on line 13, and	 d line 14 is 33¹		
b	331/3% support test—2009. If the organ check this box and stop here. The organ	nization did no	ot check a box	x on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts- facts-and-circu	and-circumsta umstances" tes	ınces" test, ch	eck this box ar ation qualifies	nd stop here. E as a publicly s	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization in the control organization in the control organization is a support or organization in the control organization is a support or organization in the control organization is a support or organization in the control organization is a support or organization in the control organization in t	tion meets the neets the "fact	e "facts-and-c s-and-circums	rcumstances"	test, check the he organization	nis box and st	op here.
18	Private foundation. If the organization d					k this box and	see

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,151,309	3,315,761	2,213,025	2,119,572	2,876,175	12,675,842
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	o	0	o	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	2,151,309	3,315,761	2,213,025	2,119,572	2,876,175	12,675,842
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	147,879	1,279,471	251,776	139,560	268,041	2,086,727
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	o	0
С	Add lines 7a and 7b	147,879	1,279,471	251,776	139,560	268,041	2,086,727
8	Public support (Subtract line 7c from line 6)		**				10,589,115
	on B. Total Support	() 0000		() 0000	(0 0000	() 00 10 1	
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10a	Amounts from line 6	2,151,309 130,846	3,315,761 177,078	2,213,025 173,861	2,119,572	2,876,175 72,051	12,675,842
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	130,846	177,078	173,861	114,282	72,051	668,118
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	o	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2,743,167	5,186	5,469	4,809	3,363	2,761,994
13	Total support. (Add lines 9, 10c, 11, and 12.)	5,025,322	3,498,025	2,392,355	2,238,663	2,951,589	16,105,954
14	First five years. If the Form 990 is for the organization, check this box and stop her					ear as a section	
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2010 (line 8			3, column (f))		15	65.75 %
16	Public support percentage from 2009 Sch				<u> </u>	16	51.36 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2010 (I			-		17	4.15 %
18	Investment income percentage from 2009 331/3% support tests—2010. If the organi					18	5.0 %
19a	17 is not more than 33½%, check this box						
b	331/3% support tests—2009. If the organiz line 18 is not more than 331/3%, check this t	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	Private foundation. If the organization die		_			•	

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
credit card	rebates represented the total amounts for years 2007, 2008, 2009 and 2010. In year 2006 credit card rebates totalled \$ 7,004 with
	ing \$ 2,736,163 being the settlement of a legal dispute

••	······································
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2010

Open to Public Inspection

► 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.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Mahar	ishi Purusha Program		Ī		56-182416	60	
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	or Advised Funds or Other Similar Fu	ınds or	Acco	unts. Cor	mplete	f the
	Organization answered Tes to 10	(a) Donor advised funds		(b) Euro	ls and other a		 -
4	Total number at and of year	n/a		(D) Func	- and other a		
1	Total number at end of year	100					
2	Aggregate contributions to (during year) .	-					
3	Aggregate grants from (during year)						
4 5	Aggregate value at end of year Did the organization inform all donors and	donor advisors in writing that the accets	hold in	donor			
J	funds are the organization's property, subject			donor		□Yes	
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?	nors, and donor advisors in writing that g	rant fund for any	other	be used purpose	☐ Yes	□ No
Par	Conservation Easements. Comp	lete if the organization answered "Yes	" to For	m 990	, Part IV,	line 7.	
1	Purpose(s) of conservation easements held I Preservation of land for public use (e.g., I Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	recreation or education)	of a cert	ified hi	storic stru	icture	rea
				[]	Held at the E	nd of the	Tax Year
а	Total number of conservation easements .			2a		n/a	
b	Total acreage restricted by conservation eas	sements		2b			
С	Number of conservation easements on a cer			2c			
d	Number of conservation easements includ historic structure listed in the National Regis	led in (c) acquired after 8/17/06, and no		2d			
3	Number of conservation easements modified tax year ▶		erminated		e organiza	ation duri	ng the
4 5	Number of states where property subject to Does the organization have a written pol violations, and enforcement of the conservations.	icy regarding the periodic monitoring, i	nspection		-	☐ Yes	☐ No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easem	nents c	luring the	year	
7	Amount of expenses incurred in monitoring, \$\blacktriangle\$\$	inspecting, and enforcing conservation ea	sements	during	the year		
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirement	s of secti	on 170)(h)(4)(B) ·	☐ Yes	□ No
9	In Part XIV, describe how the organization re balance sheet, and include, if applicable, the organization's accounting for conservation e	e text of the footnote to the organization's easements	financıal	statem	nents that	describe	s the
	Complete if the organization answ	ections of Art, Historical Treasures, vered "Yes" to Form 990, Part IV, line	3				
1a	If the organization elected, as permitted und works of art, historical treasures, or other public service, provide, in Part XIV, the text of	sımılar assets held for public exhibition,	educatio	n, or r	research ir	n further	
b	If the organization elected, as permitted unworks of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition, is relating to these items:	educatio				
	(i) Revenues included in Form 990, Part VIII			•	\$		n/a
2	(ii) Assets included in Form 990, Part X If the organization received or held works	of art, historical treasures, or other simi	lar asset		► \$ inancial g	ain, prov	/ide the
а	following amounts required to be reported u Revenues included in Form 990, Part VIII, lin	· -		. •	- \$		
h	Assets included in Form 990, Part X				• ¢		

Part									
3	Using the organization's acquisition, a	accession, and oth	ner records,	checl	any of the follo	wing that are a si	gnıfıcant	use o	fits
	collection items (check all that apply):								
а	☐ Public exhibition		d 🗀	Loa	n or exchange pi	rograms			
b	☐ Scholarly research		е 🗌	Oth	er				
C	☐ Preservation for future generation								
4	Provide a description of the organizat	ion's collections a	ınd explaın h	ow th	ey further the or	rganızation's exem	pt purpo	se ın	Part
	XIV.								
5	During the year, did the organization								
	assets to be sold to raise funds rather							<u> </u>	
Part					anization answ	ered "Yes" to Fo	rm 990,	Part	IV,
	line 9, or reported an amoun				., , .	=			
1a	.			-			t		
	included on Form 990, Part X?						☐ Ye	s 🗌	No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	ete the follow	ring ta	ıble.				
						Ar	nount		
C	Beginning balance					С			
d	Additions during the year				_1	d			
е	Distributions during the year					е			
f	Ending balance				_	lf			
2a	Did the organization include an amoun		art X, line 213	? .			☐ Ye	s 🔲	No
	If "Yes," explain the arrangement in Pa								
Par	V Endowment Funds. Comple								
		(a) Current year	(b) Prior yea		(c) Two years back		(e) Four	years b	ack
1a	Beginning of year balance	754,382	75	4,382	754,38	-			
b	Contributions	0		0		0		`	<u>i</u>
С	Net investment earnings, gains, and								• 1
_	losses	40,320	3:	9,689	60,35		 		
d	Grants or scholarships	0		0		0	-		
е	Other expenditures for facilities and								
	programs	40,320	3	9,689	60,35	+	 		!
f	Administrative expenses	0		0		0			
g	End of year balance	754,382		4,382	754,38	2			- 1
2	Provide the estimated percentage of t								
a	Board designated or quasi-endowmen		<u>0</u> %						
b	Permanent endowment ►	<u> </u>							
C	Term endowment ▶ 0 % Are there endowment funds not in the			+b	t are held and a	dministered for th	_		
3a	organization by:	e possession or tr	ie organizatii) L 6	at are nelu and a	idifilifistered for th		Yes	No
							-	163	140
	(i) unrelated organizations			•			3a(i)		
	(.,						3a(ii)		
b	If "Yes" to 3a(II), are the related organ Describe in Part XIV the intended use						3b		
4									
Par	· · · · · · · · · · · · · · · · · · ·	T				A Accumulated	(d) Boo	k value	
	Description of investment	(a) Cost or of			or other basis (co) Accumulated depreciation	(u) 600	k value	
4-	Land	,		•	· ·				
1a	Land	•							
b	Buildings	•							
C	Leasehold improvements	.			7,705	3,391			,314
d	Equipment	•			69,282	58,294			,988
E Total	Other	nust equal Form 0	90 Part Y C	olumr		50,294			,302
TOTAL.	Add lifes to tillough te. [Column (a) f	- Cyuai i Oilli 9	JU, I all A, U	Julil	(2), 1110 10(0).)				,,,,,,,,

Part VII	Investments - Other Securitie	s. See Form 990, Part X, I	line 12.	
(6	Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation d-of-year market value
(1) Financia	derivatives	0		
	held equity interests			
(3) Other		0		
(A)			<u> </u>	
(B) (C)		-		
(D)	•			
(E)				
(F)		-		
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Relate	Τ	T	
	(a) Description of investment type	(b) Book value	Cost or end	ethod of valuation d-of-year market value
	to Global Capital of World Peace, Inc.	750,000	750,000	
(2)				
(3)			ļ- -	
(4)				
(5) (6)				···
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13)	_ <u> </u>		
Part IX	Other Assets. See Form 990, F	(a) Description		(b) Book value
(1) Metals,	gems	(-)		42,514
(2)				
(3)				
(4)		·		
_(5)				
_(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				
(8)		·····		
<u>(9)</u> (10)				
Total. (Colu	ımn (b) must equal Form 990, Part X,			. ▶ 42,514
Part X	Other Liabilities. See Form 990 (a) Description of liability	D, Part X, line 25. (b) Amount	T	
1.	income taxes	(b) Amount	-	
(2) n/a	illicome taxes		-	
(3)			1	
(4)				
(5)			1	
(6)]	
(7)]	
(8)				
(9)			1	
(10)			<u> </u>	
(11)	(b) must equal Form 990, Part X, col. (B) line 25)		-	
	ASC 740) Footnote. In Part XIV, provid		the organization's financi	ial statements that reports the
	n's liability for uncertain tax positions		and organization o infallol	a satomonio marreports me

	le D (Form 990) 2010		Page 4
Par		nents	
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments	→	
b	Donated services and use of facilities	→ *	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	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:	193	
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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	oer Return	
4		· · - · - · - · - · - · · · · · · · ·	
1	Total expenses and losses per audited financial statements	1	
2	Total expenses and losses per audited financial statements	· · - · - · - · - · - · · · · · · · ·	
2 a	Total expenses and losses per audited financial statements	· · - · - · - · - · - · · · · · · · ·	
2 a b	Total expenses and losses per audited financial statements	· · - · - · - · - · - · · · · · · · ·	
a b c	Total expenses and losses per audited financial statements	· · - · - · - · - · - · · · · · · · ·	
a b c d	Total expenses and losses per audited financial statements	1 ***	
a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d	2e	
a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	1 ***	
2 a b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e	
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a	2e	
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV.)	2e 3	_
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b	2e 3	
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	2e 3	
2 a b c d e 3 4 a b c 5 Part	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information	2e 3 4c 5	2b:
a b c d a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Subtract III lines 1a and 4; Part III, lines 3, 5, and 9; Part III, lines 1a and 4;	2e 3 4c 5 Part IV, lines 1b and	
2 a b c d e 3 4 a b c 5 Part	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information	2e 3 4c 5 Part IV, lines 1b and	
2 a b c d e 3 4 a b c 5 Part Vo	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Set this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Inine 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also conditional information.	2e 3 4c 5 Part IV, lines 1b and mplete this part to pro	
2 a b c d e 3 4 a b c 5 Part Vo	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Set this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 1, line 4, Part X, line 2; Part XI, line 8; Part XIII, lines 2d and 4b Also cores.	2e 3 4c 5 Part IV, lines 1b and mplete this part to pro	
2 a b c d e 3 4 a b c 5 Part t Part Vany any and The e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Deter this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also conditional information. Indowment was created by the Board of Directors to help achieve the program goals and the Board has conditional information.	2e 3 4c 5 Part IV, lines 1b and implete this part to proper the property of	ovide
2 a b c d e 3 4 a b c 5 Part t Part Vany any and The e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Set this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Inine 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also conditional information.	2e 3 4c 5 Part IV, lines 1b and implete this part to proper the property of	ovide
a b c d e 3 4 a b c 5 Part V Component V arry arry arry arry arry arry arry ar	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Deter this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also conditional information. Indowment was created by the Board of Directors to help achieve the program goals and the Board has conditional information.	2e 3 Part IV, lines 1b and mplete this part to proper the part to part to proper the part to	come
a b c d e 3 4 a b c 5 Part V Component V arry arry arry arry arry arry arry ar	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Detet this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also conditional information. Indowment was created by the Board of Directors to help achieve the program goals and the Board has countring how the funds raised or accrued are used to achieve its program goals. The endowment may be inverting how the funds raised or accrued are used to achieve its program goals. The endowment may be inverting how the funds raised or accrued are used to achieve its program goals.	2e 3 Part IV, lines 1b and mplete this part to proper the part to part to proper the part to	come
2 a b c d e 3 4 a b c 5 Part Vonany ac	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Detet this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also conditional information. Indowment was created by the Board of Directors to help achieve the program goals and the Board has countring how the funds raised or accrued are used to achieve its program goals. The endowment may be inverting how the funds raised or accrued are used to achieve its program goals. The endowment may be inverting how the funds raised or accrued are used to achieve its program goals.	2e 3 Part IV, lines 1b and mplete this part to proper the property of the pro	come
2 a b c d e 3 4 a b c 5 Part Comp Part V any ac	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIV Supplemental Information Detect his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also conditional information. Indowment was created by the Board of Directors to help achieve the program goals and the Board has containing how the funds raised or accrued are used to achieve its program goals. The endowment may be investing vehicle, including loans, bonds, equities, saving accounts, or other income producing vehicles over	2e 3 Part IV, lines 1b and mplete this part to proper the property of the pro	come

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

Maha	rishi Purusha Program					56-1824160
Par	General Information of Form 990, Part IV, line 14		Outside the Un	ited States. Comple	ete if the organization	answered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligil	bility for the gra				the
	grants or assistance?					· Ves No
2	For grantmakers. Describe in United States.	n Part V the or	ganization's prod	cedures for monitorin	g the use of grant fu	nds outside the
3	Activities per Region. (The follo	owing Part I, line	e 3 table can be	duplicated if addıtiona	Il space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1)	South Asia	0	70	program services	deep meditation	850,269
(2)	North America	0	6	program services	deep meditation	90,000
(3)	Europe	0	5	program services	deep meditation	85,801
(4)						
(5)						
(6)						
(7)						
(8)						· · · · · · · · · · · · · · · · · · ·
(9)						
(10)						
(11)	<u> </u>					<u> </u>
(12)						
(13)			 			
(14)						
(15)						
(16)			-			
(17)						
3a b	Sub-total	0	81			1,026,070
	sheets to Part I	0	0	,	• •	0
C	Totals (add lines 3a and 3b)	0	81			1,026,070

Page 2

Schedule F (F	Schedule F (Form 990) 2010
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Part II can be duplicated if additional space is needed.

								•
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	*	North America	gen support	90,000 wire	wire	0	0 n/a	book
(2)	, c							
(6)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)	•							
(10)						,		
(11)								
(12)								
(13)	*							į
(14)								
(15)								
(16)								

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

Enter total number of other organizations or entiti⊳s က

N

Schedule F (Form 990) 2010

Page 3

Schedule F (Form 990) 2010

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. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2010 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (1) n/a (10 Ξ <u>8</u> ල <u>4</u> (5) 9 3 (12) (13) (14) (15) 8 6) (17) (18) (16)

Part I	V 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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ 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)	☐ Yes	☑ No
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)	☐ Yes	☑ No
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)	☐ Yes	☑ No
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)	☐ Yes	☑ No

Part V

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

SCHEDULEI (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection 2010

% □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II **Employer identification number** support purposes support purposes support purposes support purposes support purposes sapport purposes 9 0 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to ✓ Yes 56-1824160 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance n/a n/a n/a n/a <u>~</u> n/a Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. book book book book 0 book 0 book 800 0 (e) Amount of non-cash assistance ► Attach to Form 990. 25,000 100 170,625 (d) Amount of cash grant 641,921 10,800 1,250,000 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? 501 (c) (3) 501 (c) (3) 501 (c) (3) General Information on Grants and Assistance can be duplicated if additional space is needed. 501 (c) (3) 501 (c) (3) 501 (c) (3) 36-4519393 27-1003036 04-3351250 04-3196447 83-0436453 26-2986750 Enter total number of other organizations (b) EIN (2) (5) Global Capital of World Peace, In (2) Maharishi Vedic Education (3) Global Country of World Peace 1 (a) Name and address of organization Brahmananda Saraswati Trust (1) Maharishi Vedic Foundation (4) David Lynch Foundation Maharishi Purusha Program Department of the Treasury Internal Revenue Service Name of the organization Development Corp Partl Part II 9 5 2 0 <u></u>

Schedule I (Form 990) (2010)

Cat. No. 50055P

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

Schedule I (F	Schedule I (Form 990) (2010)					Page 2
Part III	Grants and Other Assistance to Individuals in the Ul Part III can be duplicated if additional space is needed.	ividuals in the U space is needed	nited States. Con	nplete if the organiz	ation answered "Yes" to	e United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. ded.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 n/a						
8						:
က						
4						
5						
9						
7			•			
Part IV	Supplemental Information. Complete this part to	e this part to prov	vide the informatio	n required in Part I,	provide the information required in Part I, line 2, and any other additional information.	Itional information.
Board of T	Board of Trustees is assigned to confirm the use of the funds with the donee organization and report back to the Board.	unds with the donee	organization and rep	ort back to the Board.		
						Schedule I (Form 990) (2010)

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

2010

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Maharishi Purusha Brogram

Employer identification number

Maharishi Purusha Program 56-1824160 **Types of Property** ୷ (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . 1 2 Art-Historical treasures . . . 3 Art-Fractional interests . . . 4 Books and publications . . 5 Clothing and household goods 6 Cars and other vehicles . . . Boats and planes 7 8 Intellectual property 9 Securities-Publicly traded . . 36,242 FMV 9 10 Securities-Closely held stock . 11 Securities—Partnership, LLC, or trust interests Securities-Miscellaneous . 12 13 Qualified conservation contribution -- Historic structures 14 Qualified conservation contribution - Other . . 15 Real estate-Residential . . . 16 Real estate - Commercial . . 17 Real estate-Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . Other ► (HD TV 25 1,300 estimate 26 Other ► (Other ► (27 28 Other ▶ (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a **b** If "Yes," describe in Part II.

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

	Form 990) (2010)	age 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32 and 33. Also complete this part for any additional information.	
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••		

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

Department of the Treasury Internal Revenue Service Name of the organization

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

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

► Attach to Form 990 or 990-EZ.

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OMB No 1545-0047

Open to Public Inspection

Employer identification number

Maharis	Maharishi Purusha Program						56-1	56-1824160
Part I	Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36.	Dissolution.	Somplete this part if	the organization an	swered "Yes" to For	rm 990, Part IV, line 31,	, or Form	1 990-EZ, line 36.
	rari i cari de duplicated il additional space is needed.	morial space is	s needed.				•	
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	pient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
None								
								•
								!
								Yes No
7	Did or will any officer, director, trustee, or key employee of the organization	ee, or key emplo	yee of the organization	·u				
	Become a director or trustee of a successor or transferee organization?	ccessor or trans	sferee organization?					2a
	secome an employee of, or indepen	ident contractor	tor, a successor or tra	ansteree organization?				07
	secome a direct or indirect owner o	t a successor or	transteree organizatio					27 70
	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	pensation or oth	ner sımılar payments a	s a result of the organ	ization's liquidation, te	ermination, or dissolution's	· ·	20
—	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. 🕨	o any of the que	stions in this line, prov	vide the name of the p	erson involved and ex	plain in Part III. 🕨		

Schedule N (Schedule N (Form 990 or 990-E2) (2010) Part I Liquidation. Termination. or Dissolution (continued)	or Dissolution	(continued)		:		Page 2
	to the construction destination	مؤموم من عم الم	7-3-4-5-4-7	X 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(C)		No.
3	Note: If the organization distributed all of its assets during the tax year, then Form seu, Part X, column (b) should equal -U Did the organization distribute its assets in accordance with its noverning instrument(s)? If "No " describe in Part III	all of its assets sets in accordan	during the tax year, the	nen Form 990, Part X, instrument(s)? If "No	column (b) snould ed " describe in Part III	juai -u	
	is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	the attorney ger	neral or other approp	riate state official of its	sintent to dissolve. In	uidate or terminate?	4a
p E	If "Yes," did the organization provide such notice?	such notice?					4p
5 Did	Did the organization discharge or pay all liabilities in accordance with state laws?	y all liabilities in	accordance with star	te laws?	· · ·		9
6a Did	Did the organization have any tax-exempt bonds outstanding during the year?	empt bonds out	tstanding dunng the	year?			- ea
p Did	Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?	fease tax-exem	pt bond liabilities in a	ccordance with the Int	ernal Revenue Code	and state laws?	Qp
u L	If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.	organization def	eased or otherwise s	ettled these liabilities.	If "No," explain in Pa	ત ∭.	
Part II	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete thi "Yes" to Form 990, Part IV, line 32, or Form 990-EZ. line 36. Part II can be duplicated if additional space is needed.	on, or Other Tolline 32, or Form	r ansfer of More Ti n 990-EZ, line 36, f	nan 25% of the Org Part II can be duplic	anization's Assets ated if additional sc	Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.	nization answered
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(a) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Cash		various	1,250,500	cash and cost	27-1003036	Global Capital of World Peace, Inc. HC 64 Box 1414 Romney, WV	501 (c) (3)
Cash		various	641,921	cash	36-4519393	Global Country of World Peace 2000 Capital Blvd Fairfield IA	501 (c) (3)
					3		
							1
2 Did	Did or will any officer, director, trustee, or key employee	e, or kev emplo	vee of the organization:	.uc			Yes No
a Bec	Become a director or trustee of a successor or transferee organization?	cessor or trans	feree organization?				2a /
b Bec	Become an employee of, or independent contractor for, a successor or transferee organization?	dent contractor	for, a successor or tr	ansferee organization?			2b /
	Become a direct or indirect owner of a successor or transferee organization?	a successor or	transferee organizati	on? 9no			2c ×
e Hed	Heceive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ■	pensation or oth pany of the ques	er similar payments a	as a result of the orgar	nzation's significant c person involved and e	lisposition of assets?	2d <
)					Schedule N (Form 990 or 990-EZ) (2010)

Part III	Supplemental Information. Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
Four of the	Seven members of the Board of Trustees of Maharishi Purusha Program are also members of the Board of Trustees of Global
Capital of	World Peace, Inc. They are Howard Chandler, Rafael David, Bevan Morris and John Hagelin.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Maharishi Purusha Program	56-1824160
Additional response to Form 990, Part III, 4d;	
We averaged about 5 participants in the Purusha Program in Vlodrop, Holland and 6 in Huntsville, Car	nada. We also supported numerous
other European Purusha located in Vlodrop, as well as in Udem and Oebisfelde, Germany. All of these	e participants practiced the TM and
TM-Sidhi techniques to unfold their full human potential through the development of their entire brain	. Many of these participants reported
more advanced experiences of higher states of consciousness and a greater sense of Nature operating	ng through them as they gained more
and more intimacy with the Laws of Nature that guide all of life. Many of these participants also helpe	d prepare materials for the
advancement of Maharishi's Vedic Science around the world.	
Additional response to Form 990, Part VI, 11 b;	
Once the preparer of the 990 has finished and reviewed the 990 with the appropriate finance office pe	rsonnel the 990 is sent to all members
of the Board for their review. Once all questions of the Board members have been adequately explain	ed an officer signs the signature page
and sends it back to the preparer to be included with the 990 package sent to the IRS.	
Additional response to Form 990, Part VI, 19;	
The Articles of Incorporation, and any Amendments to them, are available on the NC Secretary of States	te's site for review and downloading.
The essentials of the Profit and Loss Statement and Balance Sheet are available in the 990. We make	available a copy of our 990 for
inspection at the main office of the organization. No other corporate documents are available to the g	eneral public.
Additional response to Form 990, Part VI, 17;	
Alaska, Arizona, Arkansas, Connecticut, Georgia, Illinois, Kansas, Kentucky, Maine, Maryland, Michig	an, Minnesota, Mississippi, Misouri,
New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pe	nnsylvania, Rhode Island, South
Carolina, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin	
Additional response to Form 990, Part VI, 12 c;	
The Assistant Treasurer oversees the accounting and financial transactions of the company. The Ass	istant Treasurer and the Accounts
Payable supervisor both review all financial transactions looking for any transaction which could fall	under the Conflict of Interest Policy.
Any transactions which could potentially fall under the Conflict of Interest Policy are brought to the a	ttention of the President by the
Assistant Treasurer.	
Additional response to Form 990, Part VI, 15;	
None of the Trustees of the organization receive any compensation. Only one officer receives compensation.	isation and his compensation was

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2010)

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

ne of the organization harishi Purusha Program	Employer identification number 56-1824160
ermined by a review of the Finance Committee in light of his duties and respo	onsibilities. The President reviews the decision of the
ance Committee and if there is any question about the compensation a full re	view by the Board of Trustees is done.
•••••••••••••••••••••••••••••••••••••••	
······	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Related Organizations and Unrelated Partnerships

▶ See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047

Employer identification number

(g) Section 512(b)(13) controlled entity? ž (f)
Direct controlling
entity 7 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes 56-1824160 (f)
Direct controlling entity (e) End-of-year assets n/a (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) West Virginia (b) Primary activity (b)
Primary activity world peace For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) Global Capital of World Peace, Inc. EIN: 27-1003036 HC 64 Box 1414, Romney, WV 26757 (a) Name, address, and EIN of disregarded entity (a) Name, address, and EIN of related organization Maharishi Purusha Program Part I Part II (1) n/a <u></u> **£** 8 9 9 2 3 €

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Schedule R (Form 990) 2010

Cat No 50135Y

e e je	90) 2010	In Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)
	Schedule R (Form 990) 2010	Part III Identification of because it had o

(k) Percentage ownership	:								۲ اکر با	(h) Percentage ownership								n 990) 2010
(J) General or managing partner?	Yes No								m 990, Pa	(g) Share of end-of-year assets								Schedule R (Form 990) 2010
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									ed "Yes" to For	ncome Sh.								Sch
(h) Disproportionate allocations?	Yes No								on answer ear.)	(f) Share of total income								:
(g) Share of end-of-year Di assets									Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(e) Type of entity (C corp. S corp, or trust)								
(f) Share of total income									Trust (Completer por trust	(d) Direct controlling entity								
Predominant income (related, unrelated, excluded from tax under sections 512-514)	-								orporation or reated as a co	(c) Legal domicile (state or foreign country)								
									able as a C anizations t	(b) Primary activity								
(d) Direct controlling entity									tions Taxe	ă.								
(c) Legal domicile (state or foreign									d Organiza	rganization								
(b) Primary activity									ation of Relate	(a) Name, address, and EIN of related organization								
(a) Name, address, and EIN of related organization									l	Name, addres:								
Name, a relate		(1) n/a	(2)	(6)	(4)	(5)	(9)	(7)	Part IV		(1) n/a	(2)	(3)	(4)	(5)	(9)	(2)	

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

Note. Complete line 1 if any entity is listed in Parts II III or IV of this schedule			Yes No	١.
	organizations listed	ın Parts II–IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	•		. 1a /	
b Gift, grant, or capital contribution to other organization(s)			. 1b /	l
c Gift, grant, or capital contribution from other organization(s)			1c /	. 1
d Loans or loan guarantees to or for other organization(s)			→ P1	1
e Loans or loan guarantees by other organization(s)			. 1e	1.
				1
f Sale of assets to other organization(s)			+	١
g Purchase of assets from other organization(s)			/ 1g /	1
h Exchange of assets			. 1h <	
i Lease of facilities, equipment, or other assets to other organization(s)			1i /	
				(ž.,
j Lease of facilities, equipment, or other assets from other organization(s)			- Ti	1
k Performance of services or membership or fundraising solicitations for other organization(s)			*	- 1
I Performance of services or membership or fundraising solicitations by other organization(s)			=	- 1
m Sharing of facilities, equipment, mailing lists, or other assets			- Ta	- 1
n Sharing of paid employees	•			
			The state of the s	ا تورد
			10 /	- 1
p Reimbursement paid by otner organization for expenses			RT S. S. W.	¥
			はない。	1
d Other transfer of cash or property to other organization(s)			, 1d	-1
Offier transfer of cash of property from other organization			\	- 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	e, including covered	relationships and tran	saction thresholds.	- 1
(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved	
Global Capital of World Peace, Inc.	q	1,250,500	1,250,500 cash and cost	1
Global Capital of World Peace, Inc.	q	250,000 cash	cash	1 1
Global Capital of World Peace, Inc.	k	2,500	2,500 cash	
Global Capital of World Peace, Inc.	0	20,142 cash	cash	- 1
(5)				1
(9)				
		Coho	dula D /Earm 000\ 2010	19

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

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.

	and a second sec		1	partition of impos.	9	1-7	-	
Name, address, and EIN of entity	Primary activity		Are all partn	ers Share of	Disproportionate		Ge	π) General or
		(state or foreign country)	section 501(c)(3)	ø.	allocations?	amount in box 20 of Schedule K-1	ma Da	managing partner?
			organization			(Form 1065)	-	
			Yes No	0	Yes No	:	Yes	N ₀
(1) n/a								
(2)								
(6)							<u> </u>	
(4)							1	
(5)						5 5 5 5 5		
(9)								
(1)								<u> </u>
(8)								
(6)						:		
(10)								
(11)								
(12)						!		
(13)								
(14)								
(15)								
(16)						:		
						Schedule R (Form 990) 2010	nu 99() 2010

Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
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