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Form **990-E**Z

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

Α	For the	2011 calenda	ar year, or tax year beginning Jan 1, 2011, and ending	Dec 31	, 20 11		
В	Check if a	pplicable	C Name of organization D E	mployer ic	dentification number		
	Address (hange	AKHAND PARAM DHAM OF AMERICA	3	30-0043270		
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te	E Telephone number			
닏	Initial retu		19400 TURKEY ROAD	80	04-749-4679		
H	[erminate	-	City or town, state or country, and ZIP + 4	roup Exe	emption		
H	Amended Application	return on pending	`	lumber	•		
G		ting Method			if the organization is not		
	Websit	ū			tach Schedule B		
					0-EZ, or 990-PF)		
	Check		e organization is not a section 509(a)(3) supporting organization or a section 527 organization an				
			0 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	required	(see instructions) but it		
			ises to file a return, be sure to file a complete return b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Par	+ 11			
			w) are \$500,000 or more, file Form 990 instead of Form 990-EZ	· · · · · · · · · · · · · · · · · · ·			
				9	o for Dort I		
	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions	s for Part I.)		
			the organization used Schedule O to respond to any question in this Part I		· · · · · · · · · · · · · · · · · · ·		
	1		ons, gifts, grants, and similar amounts received	1	19632 79		
	2		ervice revenue including government fees and contracts	2	36459.80		
	3	Membershi	p dues and assessments	. 3	0		
	4	Investment	income	. 4	0		
	5a	Gross amo	unt from sale of assets other than inventory 5a	0			
	b	Less cost	or other basis and sales expenses	0	,		
	6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events	5c	0		
		_	-				
e	а	\$15,000)	ome from gaming (attach Schedule G if greater than	0			
Revenue	ь	Gross inco	me from fundraising events (not including \$ 0 of contributions	\dashv			
ě			aising events reported on line 1) (attach Schedule G if the				
1			h gross income and contributions exceeds \$15,000) .	0			
	С		t expenses from gaming and fundraising events	0			
	d	Net income	e or (loss) from gaming and fundraising events and of and subtrac	it			
	"	line 6c) .		6d	n		
	7a	•	s of inventory, less returns and allowances (APR 0 7a)	0			
	b		of inventory, less returns and allowances APR 7a 7a 77	0			
B	C		t or (loss) from sales of inventory (Subtract line to from (fre (a))	7c	O		
0	8			8	0		
5	9		nue (describe in Schedule O)	9	56092.59		
	10		similar amounts paid (list in Schedule O)	10	5990 95		
闡	11		· · · ·	11	0		
(A)	1	•	ad to or for members	12	0		
Expenses	12		her compensation, and employee benefits	<u> </u>	1200.00		
Üξ	13		al fees and other payments to independent contractors	13			
‰.	14		r, rent, utilities, and maintenance	14	32583 32		
	15		iblications, postage, and shipping	15	3163 36		
20	16		nses (describe in Schedule O)	16	11931 16		
2012	17		nses. Add lines 10 through 16	17	54868 81		
ţ	18	,	deficit) for the year (Subtract line 17 from line 9)	18	1223.78		
se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with	1 1			
As		•	r figure reported on prior year's return)	19	(8810 37		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)	20	0		
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	21	(7586 59)		

Pa	til Balance Sheets. (see the instructions	•				
	Check if the organization used Schedule	O to respond to a	ny question in this			
				(A) Beginning of year	ļ.,	(B) End of year
22	Cash, savings, and investments	• •		1102.91		691.11
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			1861 72	+	1861 72
25	Total assets			2964 63		2552.83
26	Total liabilities (describe in Schedule O)			11775 00	_	10139.42
27	Net assets or fund balances (line 27 of column	<u> </u>		(8810.37)	27	(7586 59)
Par		•		•		Expenses
S & / Is	Check if the organization used Schedule	O to respond to a	ny question in this	Part III . 📋		equired for section
whai	is the organization's primary exempt purpose?				1	1(c)(3) and 501(c)(4) panizations and section
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the			494	47(a)(1) trusts, optional others)
28	Conducted discourses, Yoga, Healing and Meditatio Francisco, CA, Richmond VA, New York NY, NJ, Wa		s, and Cities - at Day	ns CA, San		
	These programs benefited over 3000 people.				_	
		ıncludes foreign gra			28	a 23727 00
29	Conducted between Jan to April and again between	.	eat Lodges, Vision qu	est sessions,		
	Medicine and Healing sessions with groups of over	250 members				
		includes foreign gra		. •	298	a 7432.00
30	World Peace Chamber Gathering was conducted in					
	Over 500 people attended this gathering. Conducted					
	A group of 7 people visited the holy places and Ash		·	at Vatsalya gram		
		ıncludes foreign gra	ints, check here	▶	30	a 7211.00
31	Other program services (describe in Schedule O)					
20		includes foreign gra		<u> P 📙 </u>	318	
o∠ Pari	Total program service expenses (add lines 28a				32	_ _
Fair					nstru	actions for Part IV)
	Check if the organization used Schedule	O to respond to ar	(c) Reportable	(d) Health benefits,		
	(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ	`	e) Estimated amount of other compensation
1) Sv	ıamı Parmanandjı Maharaj	Chairman- AvHrs 1				
Akha	ndd Param Dham, Ranı Galı Hardwar, UP India		0		0	0
2) Sa	lly B Perry	President-AvHrs 30			- [
1940	Turkey Road, Rockville, VA 23146		0		0	0
3) Ka	y Bailey	Secretary AvHrs 8				
Rock	ville, VA 23146	,	0		0	0
4)Joo	lı Urban	Board Member				
1917	7 Taylor's Creek Road, Montteller VA 23192	2hrs	0		0	0
5) Ma	ry D Martino	Board member 1 hr				
4950	- 76th Street, Sacrmento, CA		0		0	0
6) Cıı	ndy Watts	Board Member 1 hr				
	7 Taylor's Creek Road, Monttellier VA 23182		0		0	0
7) Bo	b Keaton	Board Member 2			İ	
19400	Turkey Road, Rockville, VA 23146	hrs	0		0	0
					- 1	
- -						
		}		j	- J	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	Instructions for Part v) Check if the organization used Schedule O to respond to any question in this	ran	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		√
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b	ļ	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
100	section 4911 ► , section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
J	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		,	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
С	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		✓
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		l	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
4.4	Did the average to a secretary and described founds the user of "Yes" Form 000 must be		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		√
C	Did the organization receive any payments for indoor tanning services during the year?	44c		√
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	ا ا		,
	explanation in Schedule O	44d		-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	454		/^
	Form 990-EZ (see instructions)	45b	1	_√ ♦

								Yes	No
46		he organization engage, directly or in andidates for public office? If "Yes," of the contract			behalf of o	r in oppositio	on 46		1
Part \	VI	Section 501(c)(3) organizations							
		501(c)(3) organizations and sections			usts must a	answer que	stions 4	47–49	b
		and 52, and complete the tables			da				_
		Check if the organization used Sch	neaule O to respond	to any question in t	nis Part VI			Yes	No
47	Diq 1	the organization engage in lobbying	activities or have a	section 501(h) election	n in effect	during the ta	av [165	INO
71		? If 'Yes," complete Schedule C, Part		section 30 (ii) election	on in enect	during the te	^ ₄₇	,	1
48	-	e organization a school as described in			Schedule F	·	48		1
49a		he organization make any transfers to		•			498	 -	1
b		es," was the related organization a se	•	•			491		1
50		plete this table for the organization's			ner than offi	cers, directo	rs, trust	ees ar	nd key
	emp	loyees) who each received more than	\$100,000 of comper	sation from the orga	nization If t	here is none,	, enter "	None '	
	(a) N	lame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions benefit plans,	n benefits, s to employee , and deferred nsation	(e) Estima other co		
	NON	V E							
						İ			
					ļ				
									
			· · · · · · · · · · · · · · · · · · ·		 				
					1				
					 				
f	Total	number of other employees paid over	er \$100,000	>					
51		plete this table for the organization'		ensated independent	contractors	s who each	received	d more	e thar
	\$100	,000 of compensation from the orga	nization. If there is no	ne, enter "None."		ı			
(a) I	Vame a	and address of each independent contractor pai	d more than \$100,000	(b) Type of serv	/ICe	(c) C	Compensa	ition	
						 			
NOI	 N E								
14 0 1					· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·							
		·							
	·								
						:			
		·							
		number of other independent contra	-						
52		he organization complete Schedule A		, , , , ,	and 4947(a	i)(1)	·□Ye	<u>. </u>	No
		xempt charitable trusts must attach a				hast of anyloge			
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than					Medge at	na bellet	, It is
Sign		Signature of officer	2	<i></i>	Dat				
Here		SALLY B PERRY - PRESIDENT	Sally	Jerrey		3-28-	201	2	
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	Da	ite	Check if	f PTIN		
Prepa	arer				,	self-employe	d		
Use C		Firm's name ▶			Firr	n's EIN ▶			
		Firm's address ▶			Pho	one no			
May th	e IRS	discuss this return with the preparer	shown above? See ii	nstructions .		▶	☐ Ye	s 📖	No _

SCHEDULE A. (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Name of the organization

Employer identification number

			Turkey Road, Rockville		_					43270		
Pa	ti Reason	for Public Cha	arity Status (All orga	anızatıon	is must c	complete	e this pa	art.) See	instructio	ns		
The	organization is not	t a private found	lation because it is: (Fo	or lines 1	through 1	1, check	only one	e box.)				
1	☐ A church cor	nvention of chur	ches, or association of	f churche	s describ	ed in sec	ction 170	(b)(1)(A)(i).			
2	A school desc	cribed in sectio i	n 170(b)(1)(A)(ii). (Atta	ch Sched	lule E)							
3	A hospital or	a cooperative he	ospital service organiz	ation des	cribed in	section	170(b)(1)	(A)(iii).				
4	A medical res	earch organizat	ion operated in conjun	ction wit	h a hospit	tal descri	bed in s e	ection 17	O(b)(1)(A)((iii). Ente	er the	
	hospital's nar	ne, city, and sta	ite:									
5		on operated for b)(1)(A)(iv). (Con	the benefit of a colle	ge or un	iversity o	wned or	operated	d by a go	overnment	al unit d	lescri	bed in
6	☐ A federal, stat	te. or local gove	rnment or government	al unit de	escribed ii	n section	n 170(b)(1)(A)(v).				
7			y receives a substantia						nit or from	the ae	neral	oıldua
			1)(A)(vi). (Complete Pa				J - 1 - 1			3		•
8			in section 170(b)(1)(A	-	mplete Pa	art II)						
9	An organizati	on that normally	receives: (1) more th	an 331/39	% of its si	upport fr	om contr	ributions,	members	hip fees	, and	gross
	receipts from	activities relate	ed to its exempt funct	tions—su	bject to	certain e	xception	s, and (2) no more	than 3	31/3%	of its
			ent income and unre						on 511 tax	x) from	busir	esses
	acquired by the	ne organization	after June 30, 1975 S	ee sectic	on 509(a)(2). (Com	plete Par	t III)				
10	☐ An organization	on organized an	d operated exclusively	to test for	or public s	safety S	ee sect io	on 509(a)	(4).			
11	☐ An organizati	on organized a	and operated exclusiv	ely for th	ne benefi	t of, to	perform	the func	tions of, o	or to ca	arry o	ut the
	purposes of o	one or more pu	blicly supported orgai	nizations	describe	d in sect	tion 509(a	a)(1) or s	ection 509	9(a)(2). S	See s o	ection
	509(a)(3). Che	eck the box that	describes the type of	supporti	ng organi	zation an	d comple	ete lines 1	11e throug	gh 11h		
	a 🗌 Type I	b □	Type II c	□ Туре	III-Funct	ionally in	tegrated		d 🗌] Type I	II-Oth	er
е	By checking t	his box, I certify	that the organization	is not co	ntrolled o	directly or	r indirect	ly by one	or more o	disqualif	ied pe	ersons
			ers and other than on									
	or section 509	9(a)(2)										
f	If the organiz	ation received	a written determination	on from	the IRS t	that it is	a Type	I, Type	II, or Typ	e III su _l	pporti	ng
	organization,	check this box					-					
9	Since August tollowing pers		the organization acce	pted any	gift or co	ontributio	on from a	any of the	Э			
	(i) A person	who directly or	indirectly controls, eit	her alone	or toget	her with	persons	describe	d in (ii) an	nd	Yes	No
			ody of the supported				•			11g(ı)	
	(ii) A family m	nember of a pers	son described in (i) abo	ove?						11g(ıı		
		•	f a person described in				•			11g(III		
h	, ,	•	tion about the support	., .,			•	•	, ,		<u>*1</u>	J
	Name of supported	(ii) EIN	(III) Type of organization		organization	r	ou notify	(vı)	ls the	(vii) A	Amount	of .
177	organization	(, 2	(described on lines 1–9	in col (i) li	sted in your	the orgai	nization in	organiza	tion in col		upport	
			above or IRC section	governing	document?		of your port?	(i) organ	ized in the S?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
(A)												
		 			-			 				
(B)												
(C)												
					ļ			ļ		_		
(D)]								
/E\				-			 	 				
(E)												
				ľ	, ,							

instructions

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not include any "unusual grants")	55.470.04	70414 11	56163 50	E00E3 0E	56002 50	298,094 96
_	· ·	55470.81	70414.11	56163.50	59953.95	56092 59	296,094 90
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						
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	55470.81	70414.11	56163.50	59953.95	56092.59	298,094 96
5	The portion of total contributions by		المعالية الماسية	ren - ográdet	* ,		
	each person (other than a	` ′ ,′ 🚶	`£` .#!				
	governmental unit or publicly	*	٠٠ ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠٠ ، ١٠٠	A CONTRACTOR OF THE PARTY OF TH	1	,	
	supported organization) included on	*** 5			· ·		
	line 1 that exceeds 2% of the amount	. **			, e)	*	25054.01
•	shown on line 11, column (f)	***	· 4	* * * * * * * * * * * * * * * * * * *	<u>,</u>		35654 91 262,440.05
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	* \$	\	<u> </u>	*x *x		202,440.03
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	55470 81	70414.11	56163.50	59953.95	56092 59	298,094.96
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar					İ	
	sources	0	0	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business			_			
	is regularly carried on .	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)		0	o	0	o	0
11	Total support. Add lines 7 through 10		· , ,	*** :;			298,094 96
12	Gross receipts from related activities, etc	(see instructio				12	298,094.96
13	First five years. If the Form 990 is for the			d, third, fourth	, or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he		•		•		. ▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage)				
14	Public support percentage for 2011 (line 6	6, column (f) div	rided by line 1	1, column (f))		14	%
15	Public support percentage from 2010 Sch	nedule A, Part II	I, line 14 .			15	%
16a	33 ¹ / ₃ % support test—2011. If the organi				i line 14 is 331.	/3% or more, ch	
_	box and stop here. The organization qua						►
b	331/3% support test—2010. If the organ check this box and stop here. The organ	ızatıon qualıfıes	as a publicly	supported org	anızatıon	•	▶ ✓
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "f	ets the "facts-a	ind-circumsta	nces" test, che	ck this box ar	id stop here. E	xplain in
	organization	auto-anu-uncui		. The Organiza		a pabiloty of	▶ □
L	10%-facts-and-circumstances test—20	310 If the execu	nization did s	ot chack a hav	on line 13 16	ia 16h or 17a	_
b	15 is 10% or more, and if the organization	ion meets the	inzation did no "facts-and-ci	rcumstances"	test, check th	us box and ste	op here
	Explain in Part IV how the organization m	eets the "facts	-and-circumst	tances" test. T	he organizatio	n qualifies as a	publicly
	supported organization						>
18	Private foundation. If the organization di	d not check a b	oox on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

Attachment to Schedule A Line 5 Akhand Param Dham of America Tax ID 30-0043270

Tax Year

2011

Amount on line 11 of the Su Contribution whose total gift	• •	•			Total	\$298,094 96	\$5,961 90
(a)		- ,			(b)	(g)	(h) Excess contributions (col (g) less the 2%
Name	2011	2,010	2009	2008	2007	Total	lımıtatıon
	1000 00	500 00	500 00	1500 00	2500 00	\$6,000 00	\$38 10
	1500 00	1000 00	1000 00	1000 00	1500 00	\$6,000 00	\$38_10
	3393 00	700 00	800 00	850 00	500 00	\$6,243 00	\$281 10
	1000 00	1,000 00	850 00	2,000 00	1,500 00	\$6,350 00	\$388 10
	7000 00	2,000 00	2,000 00	2,500 00	3,500 00	\$17,000 00	\$11,038 10
	1096 00	1,500 00	1,000 00	1,200 00	1,350 00	\$6,146 00	\$184 10
	1000 00	1,500 00	5,579 00	1,500 00	2,000 00	\$11,579 00	\$5,617 10
	1300 00	2,500 00	1,000 00	5,838 00	2,500 00	\$13,138 00	\$7,176 10
	8856 00	5,000 00	2,500 00	250 00	250 00	\$16,856 00	\$10,894 10
Total (Carry the total of colu	mn (h) to line 12	2(b) of the Sup	port Schedu	е		\$71,069 00	\$35,654 91
Year	2011	2010	2009	2008	2007		
Line 11 (Total Support)	56092 59	59,953 95	56,163 50	70,414 11	55,470 81	\$298,094 96	
Public support (line 6 partII-	Sch-A)					\$262,440 05	
Public support percentage (I	ine 6 (numerato	or) divided by li	ne 11 (denor	minator)		88	%

Listed above are donars who contributed more than 2% of the total support in the preceding 5 years

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

2011

Open to Public Inspection

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.

Name of the organization Akhand Param Dham of America		10000	30-0043270
LINE-8 AMOUNT = 0			
LINE-10 GRANTS AND SIMILAR AMOUNTS PAID.			
ROMERO L	2928.00		
AKHAND PARAM DHAM, HARIDWAR, INDIA	900.00		
VATSALYA GRAM, VINDRABAN, INDIA	500.00		
BABA RAMSINGH, PUNJAB, INDIA	300.00		
UNITY CHURCH/SISTERS OF ST.JOSE/VARIOUS	1363.00		
TOTAL	5991.00		
LINE 16 SCHEDULE OF OTHER EXPENSES:			
AUTOMOBILE EXPENSES	1288 77		
DUES AND SUBSCRIPTIONS	43.11		
BANK FEES ETC	683 21		
INTERNET SERVICES	259.00		
OFFICE SUPPLIES	603.50		
PROGRAMS & SEMINARS RELATED EXPENSES	6009.36		
TELEPHONE	1620 14		
TRAVEL & LODGING	1424.07		
TOTAL LINE 16 OTHER EXPENSES	11931.16		
LINE 24 OTHER ASSETS			
WASHER & DRYER	882.72		
WEB DEVELOPMENT COST	979.00		
TOTAL OTHER ASSETS =	1861.72		
LINE 26: TOTAL LIABILITIES (SHOR-TERM LOAN T	AKEN FROM MEMBERS/	BANK \$10,139.42	