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Form 990

Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury

► The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service July 1 June 30 20 12 2011, and ending For the 2011 calendar year, or tax year beginning D Employer identification number C Name of organization Maharishi Purusha Program Check if applicable 56-1824160 Doing Business As 7 Address change Room/surte Number and street (or P O box if mail is not delivered to street address) E Telephone number \Box Name change 304-358-0696 **Suite 108** 1000 Purusha Place Initial return City or town, state or country, and ZIP + 4 \Box Terminated G Gross receipts \$ 1.901.563 Romney, WV 26757 Amended return Howard Chandler H(a) Is this a group return for affiliates? ☐ Yes ☑ No F Name and address of principal officer Application pending 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 N/A www.purusha.org Website: ▶ H(c) Group exemption number ▶ NC Form of organization 🗸 Corporation 🗌 Trust Association Other ▶ 1993 M State of legal domicile 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 150 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 ▶ ✓ If the 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 7 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 53 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part Will-committee for the factorial and the 7a 0 7a Net unrelated business taxable income from Form 990-T-line 34 7b 0 Current Year Pnor Year Contributions and grants (Part VIII, line 1h) 2,876,175 1,810,823 OCT 1 Revenue Program service revenue (Part VIII, line 2g) 22,500 29,092 g 38,163 35,460 10 Investment income (Part VIII, column (A), lines 3 Other revenue (Part VIII, column (A), lines 5, 6d, 8c GC -18,337 3,073 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,918,501 1,878,448 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,188,945 1,135,957 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 171.924 162.232 O 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 681.637 620,962 3,042,506 1,919,151 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 19 Revenue less expenses. Subtract line 18 from line 12 -124,005 -40,703 Beginning of Current Year End of Year 1,999,233 20 1.980.064 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 16,911 22,788 S S 22 Net assets or fund balances. Subtract line 21 from line 20 1,963,153 1,976,445 Part II Signature Block 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 of predarer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer HANT Treasurer Here STEVEN G. Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Paid Check I if self-employed N/A **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🗸 No



Form 990 (2011)

Form 991) (2011)				Page 2
Part I	Statement of Program Servi	ice Accomplishmer	nts		
	Check if Schedule O contains	a response to any	question in this Part	: III	🗸
1	Briefly describe the organization's m				
	Offer non-degree courses to the publi				
	and educational programs in developi				
	program around the world and put the			romoting world peace professiona	is practicing
	the TM & TM-Sidhi programs to help of Did the organization undertake any sides.			ear which were not listed on the	
-	prior Form 990 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe these new service:	s on Schedule O.			
	Did the organization cease condu-		ficant changes in h	now it conducts, any program	
	services?				☐ Yes ✓ No
	If "Yes," describe these changes on	Schedule O.			
4	Describe the organization's program				
	expenses. Section 501(c)(3) and 50				ort the amount of
	grants and allocations to others, the	total expenses, and i	evenue, it any, for ea	ach program service reported.	
	(Code:) (Expenses \$	996 210 includes) (Deveryor ft	29.092)
4a	(Code:) (Expenses \$ We averaged over 80 participants in the	886,210 including) (Revenue \$	
	enlivening the entire brain through the		·		
	experiences of higher states of consc				
	Maharishi University of Management a				
	contributed to both the coherence cre				
	thus adding to the coherence created				
	coherence creating groups help the u	nfoldment of world pea	ace and harmony. MP	P also donated \$275,000 to the Glo	obal Capital to
	help with the construction of a new ho	ome for MPP in West V	irginia. This donation	is listed above as part of Expense	es. MPP also
	relocated 55 Purusha from the Mahari	shi Vedic City and MU	M locations to our nev	w facility being completed in West	Virginia. Once
	the facility is finished this year all Pur		·		
	West Virginia a strong influence of co	herence will envelope	the Nations Capital in	Washington DC, which is only tw	o hours away.
	This influence of coherence will help			n tune with Natural Law.	
4b	(Code:) (Expenses \$	617,547 including) (Revenue \$)
	We averaged 70 participants in the Pu	• • • • • • • • • • • • • • • • • • •			
	unfolding full human potential through		·		
	of higher states of consciousness. Lo participants dedicate themselves to b	·			·
	totally stress free, blissful and produc		·		ential and live
	totally stress free, bassial and produc	cive iives supported b	y all the laws of flatal	G.	••
			•••••		
4c	(Code:) (Expenses \$	204,640 including	••••••) (Revenue \$)
	We were very pleased to be able to su				
	Pundits as Purusha who practice the				
	potential through the rapid developme				
	to enliven the total support of Natural				
	thousands of these Pundits who, thro		·		
	tremendous influence of coherence a				enerate a strong
	enough influence in collective consci	ousness to ensure wor	to peace and narmon	y for all countries of the world.	
				······	
4d	Other program services (Describe in	Schedule O.)		-	
	(Expenses \$ 146,283 including		90,000) (Revenue	•\$)	
4e	Total program service expenses			· · · · · · · · · · · · · · · · · · ·	

Part	Checklist of Required Schedules		-	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	-
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</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.		為	
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	
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		√
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	111 12a		√
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	, , , , , , , , , , , , , , , , , , , ,	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	/	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	,	/
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<u>,</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
2 0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	0 (2011)		1	Page 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
b c	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		V
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	1	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	1/2011

Part		•		
	Check if Schedule O contains a response to any question in this Part V	• •	Yes	. 🔲 No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		163	NO
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ł		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	İ		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 2a 53			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
20	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?	3a	ļ	/
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	-	
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶ n/a		1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	ļ
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua	-	<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		1	
	and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	 	V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		ļ <i>-</i>	ļ_
a b	Did the organization make any taxable distributions under section 4966?	9a 9b	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter:	90	!	-
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			}
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	
40-	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	<u> </u>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
u	Note. See the instructions for additional information the organization must report on Schedule O.	134		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schoolide O	1 4 A L	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	for a	ions.
Secti	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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
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
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.) Yes	No.
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		· · · ·	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14	✓	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- <u></u> -		
a b	The organization's CEO, Executive Director, or top management official	15a	,	1
16a	Other officers or key employees of the organization	15b	√	
100	with a taxable entity during the year?	16a		7
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	າ 501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f intei	rest p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Maharishi Purusha Program, 1000 Purusha Place, Suite 108, Romney, WV 26757 304-358-0696	of the	•	

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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	atıo	n c	ompe	nsa	ted any currer	it officer, director	, or trustee.
(A) Name and Title	(B) Average	box,	unles	Pos leck is pe	rson	than o	n an	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individua or directo		a Officer	rect Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Dr. Howard Chandler, President, Trustee	3.5	1		1				0	0	0
(2) Dr. Benjamin Feldman, Treasurer, Trustee	.25	1		1				0	0	0
(3) Dr. Bevan Morris, Trustee	.25	1						0	0	0
(4) Dr. John Hagelin, Trustee	.25	1						0	0	0
(5) Dr. Jose Louis-Alvarez, Trustee	.25	1						0	0	0
(6) Rafael David, Trustee	.75	1						0	0	0
(7) James Egan, Trustee	.25	1						0	o	0
(8) Rick Larsen, Secretary	12			1				0	0	0
(9) Steven Souza, Assistant Treasurer	12			1				2,750	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighe	st C	ompensated E	mployees	<u>continu</u>	ıed)
					•	C)					ļ	
	(A)	(B)	(do n	ot ch		more	than o	one	(D)	(E)	1	(F)
	Name and title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportat		Estimated
		hours per week		_	_	_	or/trust	·	compensation	compensatio related		amount of other
		(describe	Individual trustee or director	ng:	Officer	Key employee	꽃…	Former	the	organizati		compensation
		hours for related	ig de	로	ĕ	e a	Š Š	ner	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)	from the
		organizations	학교	Sa :		퉝	ြန်မ		(44-27 1099-10113C)			organization and related
		ın Schedule	rust	=		/66	ਜ਼ੁ					organizations
		O)	8	Institutional trustee			Highest compensated employee		1			
(15)			<u> </u>	 -			ä					
1.1.2/		i										
(16)			· · · · ·									
								L.				
(17)		ļ										
/10\					-	-		-			-	
119/		ł										
(19)			-		-	-			-			
3												
(20)												
					<u> </u>	_						
(21)			ŀ									
		ļ				<u> </u>		_				
1221								ŀ			-	
(23)		<u></u>	 	 				-			-+	
		1										
(24)												
(25)											ĺ	
1b	Sub-total	<u> </u>	L					_	2.750	-	_	
C	Sub-total		 п А	•	•	٠.	•		2,750		0	0
_	Total (add lines 1b and 1c)				•		•	•	2,750		0	0
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received me	ore than \$1	00.000) of
	reportable compensation from the organi	zation 🕨 N	lone							•		
_		_										Yes No
3	Did the organization list any former of	ficer, direc	tor, o	r tr	uste	е,	key e			est compe	ensated	
	employee on line 1a? If "Yes," complete s											3 /
4	For any individual listed on line 1a, is the organization and related organizations											7 阿拉斯克 医二氯甲基苯酚
	individual	greater th	מוו סו	150,	UUU	11	re	S,	complete Sch	eaule J 10	r sucr	4 /
5	Did any person listed on line 1a receive of		 Smnei	neat	hon	fror	· n anv	· ·	related organiz	· · · · ·	 Huudus	
•	for services rendered to the organization											5 /
Section	on B. Independent Contractors											
1	Complete this table for your five highest of	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	ed more tha	ın \$100	0,000 of
	compensation from the organization. Rep	ort compe	nsatic	on fo	or th	ne c	alend	ar y	ear ending wit	h or within	the org	ganızatıon's tax
	year.											
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation
None									-		_	
								-				
									·		-	
2	Total number of independent contracto	rs (includir	ng bu	t ne	ot l	ımit	ed to	th	ose listed abo	ove) who		**************************************
	received more than \$100,000 of compens	sation from	the or	rgan	nzai	lion	<u> </u>		0		- Sales	

	990 (201	<u> </u>			 			Page 9
Par	t VIII	Statement of Revo	enue		(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	1a	Federated campaign	s 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues .	1b	0				
s, G	С	Fundraising events .	1c	O				
Sift lar,	d	Related organizations	s 1di	0				
ii,	е	Government grants (cor		0				
tion r. S	f	All other contributions, g	lifts, grants,					
₫ ₹		and similar amounts not in	cluded above 1f	1,810,823				
a t	g	Noncash contributions inclu	ded in lines 1a-1f [.] \$	23,115				
<u>ਨੂੰ ਵ</u>	h	Total. Add lines 1a-1	lf <u>.</u>	<u></u> . >	1,810,823			
Program Service Revenue				Business Code	<u></u>			
¥e.	2a	GCWP,I interest on No	otes	523000	25,055	25,055	0	0
8	b	Course Revenue		611600	4,037	4,037	0	0
<u>Ş</u> .	С							
ઝ્ર	d						-	11,-1
퍫	е							
j j	f	All other program ser						
<u>~</u>	g	Total. Add lines 2a-2			29,092			
	3	Investment income	•					
		and other similar amo	•	▶	33,619	0	0.	33,619
	4	Income from investmen	it of tax-exempt be	ond proceeds ►	0	0	0	0
	5	Royalties	· · · · ·		0	0	0	0
	ľ		(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses	_					
	C	Rental income or (loss)		0				
	d	Net rental income or		▶	0	0	0	0
	7a	Gross amount from sales of assets other than inventory	(i) Securities 23,115	(ii) Other 1,841				
	b	Less: cost or other basis and sales expenses .	23,115	0				;
	С	Gain or (loss)	23,113					9 1: 2:
	ď	Net gain or (loss)		1,511	1,841	0		1,841
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18 .	o ed on line 1c).	0				
됐	b	Less: direct expenses						1
•	С	Net income or (loss) f	rom fundraising		0		0	O
	9a	Gross income from gas See Part IV, line 19	aming activities.					
	١.			0				
	b	Less: direct expenses		0				
	100	Net income or (loss) f		vities ►	0	0	0	0
	10a	Gross sales of in returns and allowance		0				
	b	Less: cost of goods s	old b	0				ĺ
	_ c	Net income or (loss) f	rom sales of inve	entory ►	_	0	o	0
		Miscellaneous R	evenue	Business Code				
	11a	Credit Card Rewards		900099	3,073	0	0	3,073
	b							
	C	All ather and						
	d	All other revenue .			0	0	0	0
	12	Total. Add lines 11a- Total revenue. See in		· · · · • • • •	3,073			
		. J.u. 13 venue. Oce II	iotractions. ,		1,878,448	29,092	0	38,533

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

requir	ed to complete columns (B), (C), and (D).				
	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, o, 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 United States See Part IV, line 21	1,045,957	1,045,957		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	90,000	90,000		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
_	trustees, and key employees	3,000	0	3,000	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	144,066	136,382	0	7,684
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	3,915	3,596	0	319
10	Payroll taxes	11,251	10,524	176	551
11	Fees for services (non-employees):				_
a	Management	0	0	0	0
b	Legal	0	0	0	0
C	Accounting	6,500	6,500	0	0
d	Lobbying	0	0	0	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	0	0	0	0
-	Other	0	0	0	0
g 12	Advertising and promotion	0	0	0	0
13	- · ·	41,279	1,662	4,213	35,404
14	Office expenses	2,347	917	1,001	429
15	Royalties	2,347	0	0	0
16	Occupancy	0	0	0	
17	Travel	25,207	25,207	0	0
18	Payments of travel or entertainment expenses	23,207	25,207		<u>_</u>
	for any federal, state, or local public officials	0	o	o	^
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest		0	0	0
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization	4,926	4,926	0	0
23	Insurance	11,449	10,038	1,411	0
24	Other expenses. Itemize expenses not covered		,0,000	.,	
	above. (List miscellaneous expenses in line 24e. If				Ì
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Room and Board	491,992	491,992	0	0
b	PK Program Expense	12,046	12,046	0	0
C	Storage Expenses	3,277	3,277	0	0
d	State Registrations and Fees	6,292	0	0	6,292
e	All other expenses	15,647	11,656	3,991	0
25	Total functional expenses. Add lines 1 through 24e	1,919,151	1,854,680	13,792	50,679
26	Joint costs. Complete this line only if the	, , , , , , ,	.,,	,	00,010
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	o	o	o	0
			4		

Part X	Balance Sheet	(A)	1	(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	155,155	1	108,841
2	Savings and temporary cash investments	744,019	2	755,749
3	Pledges and grants receivable, net	0	3	(
4	Accounts receivable, net	8,179	4	7,228
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section			
- 1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets	employees' beneficiary organizations (see instructions)	0	6	0
88 7	Notes and loans receivable, net	254,000	7	254,000
7 0	Inventories for sale or use	0	8	0
9	Prepaid expenses and deferred charges	10,895	9	10,239
10a				
	other basis. Complete Part VI of Schedule D 10a 81,433			
b		15,302	-	14,822
11	Investments—publicly traded securities	0	11	0
12	Investments—other securities. See Part IV, line 11	0	12	0
13	Investments—program-related. See Part IV, line 11	750,000		750,000
14	Intangible assets	0	14	0
15	Other assets. See Part IV, line 11	42,514		98,354
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,980,064		1,999,233
17	Accounts payable and accrued expenses	16,911	17	22,788
18	Grants payable	0	18	0
19	Deferred revenue	. 0	19	0
20	Tax-exempt bond liabilities	0	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
<u>ဗ</u> 22	Payables to current and former officers, directors, trustees, key			
Liabilities	employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
<u> </u>		0	22	0
_ 20	Secured mortgages and notes payable to unrelated third parties	0	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities (including federal income tax, payables to related third			_
ļ	parties, and other liabilities not included on lines 17-24). Complete Part X	0		0
-	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	16,911	26	22,788
Ses	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets	0	27	0
<u>R</u> 28	Temporarily restricted net assets	0	28	0
<u>명</u> 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.			
ള 30	Capital stock or trust principal, or current funds	0	30	0
8 31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds .	1,963,153	32	1,976,445
₹ 33	Total net assets or fund balances	1,963,153		1,976,445
2 34	Total liabilities and net assets/fund balances	1,980,064	34	1,999,233
		1,000,004	<u> </u>	Form 990 (2011

Par	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	<u>.</u>	√
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,87	8,448
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,91	9,151
3	Revenue less expenses. Subtract line 2 from line 1	3		-4	0,703
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	-	1,96	3,153
5	Other changes in net assets or fund balances (explain in Schedule O)	5			3,995
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		1,97	6,445
Part	XII 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," expl	ain ın			
	Schedule O.		<u> </u>		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
b	Were the organization's financial statements audited by an independent accountant?				✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove	_	:		
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explision Schedule O.	lain ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	no the			 •
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3ь		
			Form	990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Maharishi Purusha Program 56-1824160 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated e 🗆 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (i) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in col (i) of your organization in col support governing document? above or IRC section (I) organized in the US? support? (see instructions)) Yes Nο Yes No Yes (A) (B) (C) (D) (E)

Total

Part		ations Descri	bed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
C1	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	lease comple	ete Part III.)	
	on A. Public Support	() 0007	<u> </u>				
Caler 1	dar year (or fiscal year beginning in) Figure Gifts, grants, contributions, and	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	n/a					
2	Tax revenues levied for the	144				-	
	organization's benefit and either paid						
	to or expended on its behalf					Ì	}
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					i	
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	n/a					
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources			-			
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part IV.)						
12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ne)			40	
13	First five years. If the Form 990 is for the					12	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor						
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	iedule A, Part I	l, line 14 .			15	%
16a	331/3% support test—2011. If the organiz	ation did not o	heck the box	on line 13, and	l line 14 is 331	3% or more, c	heck this
L	box and stop here. The organization qual						
b	331/3% support test—2010. If the organic check this box and stop here. The organi	ization did not	check a box	on line 13 or	16a, and line	15 is 331/3%	
170				• •			. ▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee	its the "facts-a	nization did no	of check a box	on line 13, 16	a, or 16b, and	line 14 is
	Part IV how the organization meets the "fa	acts-and-circur	mstances" tes	t. The organiza	ation qualifies :	iu stop nere. t as a publicly s	explain in
	organization				· · · · ·		. >
ь	10%-facts-and-circumstances test - 20	10. If the organ	nization did no	ot check a hox	on line 13 16	a. 16b. or 17a	
	15 is 10% or more, and if the organizat	ion meets the	"facts-and-cii	cumstances"	test, check th	is box and st	op here.
	Explain in Part IV how the organization me	eets the "facts	-and-circumst	ances" test. TI	ne organization	n qualifies as a	publicly
46	supported organization						. ▶ □
18	Private foundation. If the organization did	d not check a b	ox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	see
	ınstructions	· · · · ·	<u> </u>	<u></u>	<u></u> .	<u> </u>	. ▶ 🗆

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.)

Scat!	on A. Dublic Support	anaor trio tot	AG IIGICA DOIO	TT, picase co	inploto i arti	<u>''/</u>	
	on A. Public Support	() 000=	# \ 0000 T	() 0000	100000	4.55	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees			-			
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	3,315,761	2,213,025	2,119,572	2,876,175	1,810,823	12,335,356
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose	0	. 0	8,237	23,516	25,055	56,808
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	. 0	0		0
4	Tax revenues levied for the						
	organization's benefit and either paid	_	_	. i			
_	to or expended on its behalf	0	0	0	0		0
5	The value of services or facilities			j			
	furnished by a governmental unit to the organization without charge			_	_	_	_
6	-	0	0	0	0		
6	Total. Add lines 1 through 5	3,315,761	2,213,025	2,127,809	2,899,691	1,835,878	12,392,164
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	4 070 474	054 770	100 500	222 244	484 644	
	· · · · ·	1,279,471	251,776	139,560	268,041	171,910	2,110,758
b	Amounts included on lines 2 and 3		-	ļ			
	received from other than disqualified persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year	o	اء			_	
_		1,279,471	0 251,776	120.500	268,041	171.010	
8	Add lines 7a and 7b	1,275,471	231,776	139,560	208,041	171,910	2,110,758
	line 6.)	~		ļ		-	10 201 400
Secti	on B. Total Support					 	10,281,406
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	3,315,761	2,213,025	2,127,809	2,899,691	1,835,878	
10a	Gross income from interest, dividends,	0,010,701	2,210,020	2,127,000	2,000,001	1,033,070	12,332,104
	payments received on securities loans, rents,		1				
	royalties and income from similar sources .	177,078	173,861	106,045	48,535	33,618	539,137
b	Unrelated business taxable income (less				15,555		
	section 511 taxes) from businesses						
	acquired after June 30, 1975	О	o	o	o	C	0
С	Add lines 10a and 10b	177,078	173,861	106,045	48,535	33,618	539,137
11	Net income from unrelated business	-					
	activities not included in line 10b, whether				İ		
	or not the business is regularly carried on	o	o	o	o	C	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets			ŀ			
	(Explain in Part IV.)	5,186	5,469	4,809	3,363	3,073	21,900
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	3,498,025	2,392,355	2,238,663	2,951,589	1,872,569	
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a secti	on 501(c)(3)
	organization, check this box and stop he			<u></u>			▶ □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8					15	79.37 %
16	Public support percentage from 2010 Sch			<u></u>	<u></u>	16	65.75 %
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (17	4.16 %
18	Investment income percentage from 2010					18	4.15 %
19a	331/3% support tests - 2011. If the organ	zation did not	check the box	on line 14, an	d line 15 is me	ore than 331/3	%, and line
	17 is not more than 331/8%, check this box					-	
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	a not check a l	oox on line 14	19a or 19b cl	heck this boy :	and see instri	ictions

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).	Page 4
redit car	d rebates represented the total amounts in Part III line 12 for years 2007,2008,2009, 2010 and 2011.	····
·•••		
		
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	······································	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 20**11**

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number Maharishi Purusha Program 56-1824160 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 1 nla Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .

Page	2
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Schedule D	(Form	990	2011
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Part						
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	er records, chec	k any of the foll	lowing that are a si	gnificant use of its
а	Public exhibition		d □ Loan	or exchange pro	ograms	
b	☐ Scholarly research				·····	
C	☐ Preservation for future generations	;				••••••
4	Provide a description of the organizat XIV.		nd explain how th	ney further the o	organization's exem	npt purpose in Part
5	During the year, did the organization	solicit or receive of	donations of art.	historical treasu	res, or other simila	ır
	assets to be sold to raise funds rather					
Part						
	line 9, or reported an amount is the organization an agent, trustee,	t on Form 990, P	art X, line 21.			
1a	included on Form 990, Part X?					T Yes No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	te the following to	able: _		
					Aı	mount
С	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year			ļ	1e	
f	Ending balance				1f	
2a	Did the organization include an amoun	nt on Form 990, Pa	rt X, line 21? .			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa					
Par	V Endowment Funds. Comple	ete if the organiza	ation answered			10.
		(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four years back
1a	Beginning of year balance	754,382	754,382	754,38	754,382	2
b	Contributions	0	0		0 () ,
С	Net investment earnings, gains, and					!
	losses	40,320	40,320	39,68	60,35°	1
d	Grants or scholarships	0	0			.,
е	Other expenditures for facilities and					, , , , , , , , , , , , , , , , , , ,
	programs	40,320	40,320	39,61	60,35	d '
f	Administrative expenses	0	0)
g	End of year balance	754,382	754,382	754,38		
2	Provide the estimated percentage of t	···				<u>-1</u>
a	Board designated or quasi-endowmer			, 00,011,11 (0,) 110,	a uo.	
b	Permanent endowment >	0 %	- ′ °			
c	Temporarily restricted endowment ▶	0 %				
•	The percentages in lines 2a, 2b, and 2		1%			
За	Are there endowment funds not in the			at are held and :	administered for the	Δ.
	organization by:	, p	· ga	ar are more and		Yes No
	(i) unrelated organizations					3a(i)
	fresh to the second sec					
b	If "Yes" to 3a(ii), are the related organi					3a(ii)
4	Describe in Part XIV the intended uses					3b
Part						
	Description of property	(a) Cost or oth (investme		r other basis (o	c) Accumulated depreciation	(d) Book value
1a	Land	,				
b	Buildings					
С	Leasehold improvements					
d	Equipment			12,152	5,182	6,970
е	Other			69,281	61,429	7,852
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, column	(B), line 10(c).)		14,822
						

Pac	•	3

Part VII Investments - Other Securities.	See Form 990, Part X, I	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other	0		
(A)		<u> </u>	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	.		
(H)	 .		
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	L Can Farm 000 Dart V	line 10	
Part VIII Investments—Program Related			
(a) Description of investment type	(b) Book value	(c) Method of vali Cost or end-of-year m	
(1) Loans to Global Capital of World Peace,I	750,000	cost	
(2)			
_(3)			.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			·····
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	rt V. lino 15	<u> </u>	
· · · · · · · · · · · · · · · · · · ·) Description		(b) Book value
(1) Metals	7 D00011 P1011		98,354
(2)		· · · · · · · · · · · · · · · · · · ·	30,004
(3)			
(4)			
(5)			
(6)			
(7)	······································		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 15.)	.	98,354
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) n/a			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)]	
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶			

Schedul	e D (Form 990) 2011				Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udite	d Financial Staten	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			10	
Part					
			<u>-</u>		
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:	ا م	1		
а	Net unrealized gains on investments			4	
b	Donated services and use of facilities	_		_	
C	Recoveries of prior year grants			400	-
d	Other (Describe in Part XIV.)			`	4
е	Add lines 2a through 2d				
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		╝	
b	Other (Describe in Part XIV.)	4b			
C	Add lines 4a and 4b			40	,
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 Staten	nents	With Expenses	oer R	eturn
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	l		
b	Prior year adjustments		·	-	
c	Other losses			\dashv	
d	Other (Describe in Part XIV.)			┪	
e	Add lines 2a through 2d		L	26	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i ·	 I	<u> </u>	
-	Investment expenses not included on Form 990, Part VIII, line 7b	40		1:	
a	·			-1	
b	Other (Describe in Part XIV.)				
_c	Add lines 4a and 4b			40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)	1e 18.)	<u> </u>	5	
Part					
Part V any ac	ete this part to provide the descriptions required for Part II, lines 3, 5, and line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII ditional information. Idowment was created by the Board of Directors to help achieve the program	l, lines	2d and 4b. Also coi	nplet	e this part to provide
struct	uring how the funds raised or accrued are used to achieve its program goals.	The er	dowment may be inv	ested	in any type of income
produ	cing vehicle, including loans, bonds, equities, saving accounts, or other incor	me pro	ducing vehicles over	what	ever terms the Board
of Dire	ctors feels is appropriate. The endowment may also be invested in the constr	ruction	of permanent faciliti	es for	the use of the
organ	zation as a home for the programs offered by the organization.				
				·	

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.

► Attach to Form 990. ► See separate instructions.

20**11**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Maharishi Purusha Program

Employer identification number 56-1824160

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization ans	swered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization				e
	grants or assistance:					
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of its gran	its and other
3	Activities per Region. (The fo	ollowing Part	I, line 3 table	can be duplicated if additio	nal 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	822,187
(2)	North America	0	6	program services	deep meditation	90,000
(3)	Europe	0	5	program services	deep meditation	56,283
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
За		0	81			968,470
b			_			
_	Totals (add lines 3a and 3b)	0	0 81			0 000 470
	i viais (auu iiiles sa anu sb)	, ,	01	I	1	968,470

Page 2

Page 2	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.	ose of (e) Amount of (f) Manner of (g) Amount of (h) Description (l) Method of valuation (valuation cash grant disbursement assistance disbursement of (h) Description (l) Method of valuation (l) Met	רו 90,000 wire 0 ח/a book														
	Complete il recipient re	(g) Au nor assi															
	United States. (is box if no one	(f) Manner of cash disbursement	wire														
	es Outside the 35,000. Check th	(e) Amount of cash grant	90,000														
	anizations or Entiti eceived more than \$ pace is needed.	(d) Purpose of grant	gen support														
	Grants and Other Assistance to Organizations or Er Part IV, line 15, for any recipient who received more that Part II can be duplicated if additional space is needed.	(c) Region	North America														
	and Other A : line 15, for ar an be duplica	(b) IRS code section and EIN (if applicable)															
P.	Part Grants Part IV, Part II G	1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)

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 entities

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Schedule F (Form 990) 2011

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) 2011

Part III Grants au

Part III can be oublic	Part III can be duplicated II additional space is freeden.	is needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(r) Melliod of valuation (book, FMV, appraisal,
							(in in)
(1) n/a		,					
(6)							
(3)							
(4)							
(5)							
(9)							
(5)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2011

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Page	- 6

art	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)	 ✓ 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)	 ✓ 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)	☑ 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☑ 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)	☑ 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)	☑ 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; amounts of investments vs. expenditures per region); 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 Granted Funds 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 purposes for which the recipient used the Grant
Funds; Grantee agrees Grantor at its discretion may send representatives who shall have complete access to Grantee's files and books and
records for the purpose of making a financial audit; Grantor has the right to, in its absolute discretion, withdraw its approval of any Grant
Request at any time and refuse to make any Fund Grants pursuant to any Grants Request or otherwise render financial assistance to or for
any or all of the purposes for which the Grantee has Requested Grant Funds, and in the case of any unapproved use of the Grant Funds by
the Grantee, demand return of, and receive in return, all then un-expended Grant Funds and reimbursement for all Grant Funds expended
for any unapproved purpose.
Part II, Question 1 asks us to mention the method we use to account for these grants on our financial records. You will find each of these
grants listed for each of the organizations receiving them under the expense category "Contributions to other non-profit". Each
organization receiving a grant has its own chart of account number in this section.

SCHEDULE (Form 990)

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Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection 20

Employer identification number

OMB No. 1545-0047

► Attach to Form 990.

Maharishi Purusha Program							56-1824160
Part General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subs	stantiate the amount	int of the grants or	assistance, the g	rantees' eligibility i	for the grants or assistan	ice, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring	the use of grant fur	nds in the United	States.	•	
Part I Grants and Other As	ssistance to Go	vernments and	Organizations i	n the United St	tates. Complete	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	swered "Yes"
to Form 990, Part IV, line 21, for any recipient Part II can be duplicated if additional space is	line 21, for any r ted if additional	ecipient that reconspace is needed	eived more than	\$5,000. Check	this box if no one	to 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 can be duplicated if additional space is needed	ore than \$5,000. ▶ □
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Maharishi Vedic Foundation	0104700	67 73 702					
(2) Global Country of World Peace	04-3331230	301 (C) (3)	06,7801		D DOOK	TV a	support purposes
	36-451939	501 (c) (3)	595,282	0	0 book	n/a	support purposes
(3) Global Capital of World Peace,In	27-1003036	501 (c) (3)	275,000	4,082	4,082 book	n/a	support purposes
(4) Brahmananda Saraswati Trust							
	26-298675	501 (c) (3)	2,843	0	0 book	r√a	support purposes
(9)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)						Ē	
(12)							
	501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			4
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	in the line 1 table		•			0
For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instructions	s for Form 990.		Ca	Cat. No. 50055P		Schedule I (Form 990) (2011)

	1 ris 2 3 4 4 5 2 4 5 7 2 2 2 4 5 7 2 2 2 3 4 5 5 6 6 6 6 7 7 7 7 7 7 7 7 7	(a) Type of grant of assistance	(a) Type of grant or assistance	(c) Amount of	non-cash assistance	EMV appraisal other	(f) Description of non-cash assistance
ital Information, Complete this part to provide the information required in Part I, line 2, and any other additional information. Index we confirm that the receiving organization is 501 (e) (3) organization and that the organizations goals are consistent with ours. Also, a member of the providence organization and report back to the Board.	Intal Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Funds we confirm that the receiving organization is a 501 (c) (3) organization and that the organizations goals are consistent with ours. Also, a member of tigned to confirm the use of the funds with the dones organization and report back to the Board. Schools I Form?		recipients	cash grant	non-cash assistance	rwv, appraisa, orner)	
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		funds we confirm that the rece ned to confirm the use of the f	iving organization is funds with the done	s a 501 (c) (3) organiz. e organization and rep	ation and that the orgar port back to the Board.	izations goals are consistent	with ours. Also, a member of the
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SCHEDULE N

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Partl

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.

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OMB No 1545-0047

Open to Publi Inspect

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. Employer identification number 56-1824160 ► Attach to Form 990 or 990-EZ. Part I can be duplicated if additional space is needed. Maharishi Purusha Program Name of the organization

(g) IRC section of recipient(s) (if tax-exempt) or type of entity	:			į			V N.
(f) Name and address of recipient							
(a) EIN of recipient							
(d) Method of determining FMV for asset(s) distributed or transaction expenses							
(c) Far market value of asset(s) distributed or amount of transaction expenses							
(b) Date of distribution							
1 (a) Description of asset(s) distributed or transaction expenses paid	None						

Ë	
Did or will any officer, director, trustee, or key employee of the organizati	a Become a director or trustee of a successor or transferee organization?

æ

- Become an employee of, or independent contractor for, a successor or transferee organization? . . . Ω
 - Become a direct or indirect owner of a successor or transferee organization? O
- Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? 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. σ

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Schedule N (Form 990 or 990-EZ) (2011)

2a 8

	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total labilities) should could be a second or the second could be a second coul	ed all of its as	sets during the tax	year, then Form 990	Part X, column (B)	, line 16 (Total assets), and line 2	26 Yes No
ď	(town manning) control of the control of the property of the p	chroce ai ataa	Saintenance of Him occ	olv. H C/a/toomintani	" describe in Day !!!		6
. 4	Did the organization distribute its assets in accordance with its governing insumiterity? It into, describe in raid in	the attorney de	neral or other appropri	institution (3)? It ind, riate state official of its	describe III rail III.	inidate or terminate?	43
٩	If "Yes," did the organization provide such notice?	e such notice?					4 0
IJ	Did the organization discharge or pay all of its liabilities in accordance with state laws?	ay all of its fiabili	ties in accordance wit	h state laws?			S
6a	Did the organization have any tax-exempt bonds outstanding during the year?	xempt bonds ou	tstanding during the y	•			е9
Ω	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	ease all of its tax	-exempt bond liabilities	s during the tax year in	accordance with the I	nternal Revenue Code and state laws'	d9 2
ပ	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III,	Il how the organ	ization defeased or ot	herwise settled these	labilities. If "No," exp	lain in Part III.	
Part II	_	on, or Other T line 32. or For	ransfer of More The 990-EZ. line 36. F	nsfer of More Than 25% of the Organization's Assets. Complete thi 990-EZ. line 36. Part II can be duplicated if additional space is needed.	anization's Assets ated if additional sp	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.	ization answered
-	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution		(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Cash		various	279,082	cash and cost	27-1003036	Global Capital of World Peace, Inc. HC 64 Box 1414 Romney, WV	501 (c) (3)
Cash		various	595,282	cash	36-4519393	Global Country of World Peace 2000 Capital Blvd Fairfield IA	501 (c) (3)
Cash		various	168,750 cash	cash	04-3351250	Maharishi Vedic Foundation P.O. Box 670, Fairfield IA	501 (c) (3)
Cash		various	2,843	2,843 cash	26-2986750	Brahmananda Saraswati Trust P.O. Box 2316, Faırfield, IA	501 (c) (3)
							!
8 '	Did or will any officer, director, trustee, or key employee of the organization:	ee, or key emplo	yee of the organization	:uc			Yes No
م د	Become an employee of, or independent contractor for, a successor or transferee organization?	ident contractor	for, a successor or tra	ansferee organization			2b /
O	Become a direct or indirect owner of a successor or transferee organization?	f a successor or	transferee organizatı	on? onc			2c /
B	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	pensation or otl	her similar payments a	as a result of the orgar	ıızation's significant c	isposition of assets?	/ PZ
۰	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, pro	vide the name of the p	erson involved and e	xplain in Part III. 🕨 see part III	

Schedule N (Form 990 or 990-EZ) (2011)

	Form 990 or 990-EZ) (2011) Page 3
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 th	e 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 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Maharishi Purusha Program Employer identification number 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, Canada. We also supported numerous
other European Purusha located in Vlodrop, as well as in Udem and Oebisfelde, Germany. All of these participants practiced the TM and
TM-Sidhi techniques to unfold their full human potential through the development of their entire brain. Many of these participants reported
more advanced experiences of higher states of consciousness and a greater sense of Nature operating through them as they gained more
and more intimacy with the Laws of Nature that guide all of life. Many of these participants also helped prepare materials for the
advancement of Maharishi's Vedic Science around the world.
Additional response to Form 990, Part VI, 11 b;
Once the preparer of the 990 has finished and reviewed the 990 with the appropriate finance office personnel the 990 is sent to all members
of the Board for their review. Once all questions of the Board members have been adequately explained an officer signs the signature page
and sends it back to the preparer to be included with the 990 package sent to the IRS.
Additional response to Form 990, Part VI, 19;
The Articles of Incorporation, and any Amendments to them, are available on the NC Secretary of State's site for review and downloading.
The essentials of the Profit and Loss Statement and Balance Sheet are available in the 990. We make available a copy of our 990 for
inspection at the main office of the organization. No other corporate documents are available to the general public.
Additional response to Form 990, Part VI, 17;
Alaska, Arizona, Arkansas, Connecticut, Georgia, Illinois, Kansas, Kentucky, Maryland, Michigan, Minnesota, Mississippi, Alabama, Florida
New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina,
Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin, California, Oklahoma, Massachusetts, Washington D. C.
Additional response to Form 990, Part VI, 12 c;
The Assistant Treasurer oversees the accounting and financial transactions of the company. The Assistant 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 attention of the President by the
Assistant Treasurer.
Additional response to Form 990, Part VI, 15;

chedule O (Form 990 or 990-EZ) (2011) ame of the organization	Pag Employer identification number
Maharishi Purusha Program	56-1824160
determined by a review of the Finance Committee in light of his duties and responsibilities.	The President reviews the decision of the
Finance Committee and if there is any question about the compensation a full review by the	
Additional response to Form 990, Part XI, 5;	
This is the adjustment our auditor made to the investment holdings to reflect year end value	ations. The adjustment was to "unrealized
gains" as of 6/30/2011 and was made after the 2010 Form 990 was filed with the IRS.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Maharishi Purusha Program

Partl

Partnerships
Unrelated
and
Organizations
elated

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

➤ See separate Instructions. ▶ Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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OMB No. 1545-0047

Inspection

Employer identification number

56-1824160

(f)
Direct controlling
entity (g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 Yes No 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.) (f)
Direct controlling entity (e) End-of-year assets n/a (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) (c) Legal domicile (state or foreign country) Cat. No 50135Y (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. (a) Name, address, and EIN of disregarded entity (1) Global Capital of World Peace, Inc. EIN 27-1003036 1000 Purusha Place, Suite 105 Romney, WV 26757 (a) (ame, address, and EIN of related organization Part II (1) n/a 8 ල € 2 9 € <u>Q</u> Ø ପ୍ର 9 E

(k) Percentage ownership (h) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 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.) General or managing partner? end-of-year assets ŝ (g) Share of Yes (i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (f) Share of total Income (e)
Type of entity
(C corp. S corp,
or trust) (h)
Disproportionate
allocations? ŝ Yes (g) Share of end-of- Dyear assets (d) Direct controlling entity (f) Share of total (income (c) Legal domicile foreign country) (state or Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity (d)
(Direct controlling entity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN (2) related organization Part III Part IV (1) n/a (1) n/a ල € 9 9 5 8 ල 9 E € 2

Schedule R (Form 990) 2011

Schedule R (Form 990) 2011

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	oN s
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d organizations listed	ın Parts II-IV?		
		•	1a	>
b Gift, grant, or capital contribution to related organization(s)	•		- 1b ·	
c Gift, grant, or capital contribution from related organization(s)			10	>
d Loans or loan guarantees to or for related organization(s)	•		19	
e Loans or loan guarantees by related organization(s)			- -	>
f Sale of assets to related organization(s)			=	>
g Purchase of assets from related organization(s)			- 1g	>
h Exchange of assets with related organization(s)			+	>
i Lease of facılıties, equipment, or other assets to related organization(s)			;=	>
i lease of facilities equinoment or other accets from related organization(s)			-	
Feeded of inclinates, equipment, or other assets from related organization (s)			- ; - ;	>
Reformance of services or membership or fundraising solicitations for felated organization(s)			> = =	
		· · · · · · · · · · · · · · · · · · ·	E	>
n Sharing of paid employees with related organization(s)			- Th	^
				1
			10 <	
p Reimbursement paid by related organization(s) for expenses			- 1	>
]·
4 Other transfer of cash or property to related organization(s)			b	>
			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.	ne, including covered	relationships and tran	saction thresho	olds.
(a) Name of other organization	(b) Transaction type (a⊣)	(c) Amount involved	(d) Method of determining amount involved	mining Ived
Global Capital of World Peace, Inc.	q	279,082	279,082 cash and cost	
Global Capital of World Peace, Inc.	P	1,500,000	1,500,000 documents	
Global Capital of World Peace, Inc.	P	750,000	750,000 documents	
(4)				
(5)				
(9)				
		Sche	Schedule R (Form 990) 2011	90) 2011

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.

or gloss revenue) mar was not a related organization. See instructions regarding exclusion for certain investment partitles inpo-	gailleathoir. Se		syal dii iy excidsi	01 101 CEITAI	I IVESUITETIC PA	unerstilbs.				
(а) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of	(g) Share of	(h) Disproportionate		(i) General or	(k) Percentage
•		(state or foreign country)		section 501(c)(3)	total income		allocations?	æ ∪	managing partner?	ownership
			from tax under	organizations?				(Form 1065)		
		-	Section 312-314)	Yes No			Yes No		Yes No	
(1) n/a										
(2)										
(3)										
(4)										
(5)										
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(n)										
(8)										
(6)										
(10)										
(11)										
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(16)									_	
								Sche	Schedule R (Form 990) 2011	n 990) 2011

rchedule n (r	0111 330) 2011	Page -
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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