

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For the 2	2015 cale	ndar year, or tax year beg	inning	July 1	, 2015, a	and ending	Jui	ne 30	, 20 16	
В	Check if a	pplicable	C Name of organization Maha	rishi Purush	na Program	·			D Employ	yer identificatio	n number
	Address cl	hange	Doing business as							56-182416	0
\Box	Name cha	nge	Number and street (or P O b	oox if mail is no	t delivered to st	reet address)	Room/suite	e	E Telepho	one number	
$\overline{\Box}$	Initial retur	-	1000 Purusha Place				1	08		304-358-069	96
$\vec{\Box}$	Final return		City or town, state or province	ce, country, and	ZIP or foreign	postal code					
П	Amended		Romney, WV 26757	-					G Gross r	receipts \$	2,052,788
H	Application		F Name and address of princip	al officer				H(a) is this a a		r subordinates?	
ш	Application	n pending	Traine and address of princip	ar omeer						es included?	_
_	-		[] south(s)	501(-) /	_ (\		□ coz			a list (see instru	
<u>:</u>	Tax-exem			501(c) () ◀ (insert no)	4947(a)(1) or	<u> </u>	=			•
K	Website:		w.purusha.org Corporation Trust	Association	Other ▶	I Va	ar of formation			n number ►	N/A
_	art I			Association _	Other	Lie	ar or iornianc	n 1993	IVI State	e of legal domic	ile NC
ы		Summ	escribe the organization's	- minaion or	most signifi	pont potivition:	Mo hold	OUT DECORE	m for the	dovoloomon	
d)	1	-	•								
č	,		sness with an average of								
r.			nderstanding of Maharishi					*			
Ş	1		is box ▶ ☐ if the organiz				sposed of	more mar	1	115 1161 2556	
Ğ	1		of voting members of the	-			· · ·		3	<u> </u>	
ŝ			of independent voting m						4	 	
Activities & Governance			nber of individuals emplo	•	-	no (Part V, line	e 2a) .		5		46
Ċţ;			nber of volunteers (estim						6		0
⋖			elated business revenue						7a		0
	b N	Net unrel	ated business taxable in	come from	orm 996		- : 	Prior Ye	7b	0	0
ě	١				00		ᄀ낋ᄂ			Curren	
	1		tions and grants (Part VII	-	AOT SEP	27 2016	- [8]		2,885,420		1,798,332
Revenue	1	-	service revenue (Part VII			· -	9		215,669		159,021
٩	1		nt income (Part VIII, colu				크힐 누		10,531		10,926
_			renue (Part VIII, column (-2,995		-1,854
			enue-add lines 8 through				ne-12)	;	3,108,69 <u>5</u>		1,966,425
	1		nd similar amounts paid				· · _		,828,302		1,210,264
			paid to or for members (· · · ·	· ·		0		0
es	1		other compensation, emp	•	-				172,976		175,494
Sus	1		onal fundraising fees (Par				• _		0		0
Expenses			draising expenses (Part I				46,168				
ш	1	•	penses (Part IX, column (•			725,053		691,608
		-	enses. Add lines 13-17						2,726,331		2,077,366
		Revenue	less expenses. Subtract	line 18 fron	n line 12 .				382,364	 	-110,941
Net Assets or Fund Balances							Be	eginning of Cu	irrent Year	End of	í Year
sets	20 T	Total ass	ets (Part X, line 16) .						2,971,400		2,893,007
A As	21 T	Total liab	ilities (Part X, line 26) .				· _		28,130		27,465
ž	22 N	Vet asse	ts or fund balances. Sub	tract line 21	from line 20) <u>.</u>		2	2,943,270	<u> </u>	2,865,542
	art II		ture Block								
Un	der penalti	es of perju	ry, I declare that have examine	ed this return, i	ncluding accon	panying schedules	s and statem	ents, and to t	he best of	my knowledge	and belief, it is
tru	e, correct,	and compl	ete Declaration of preparer (ot)	ner than officer	is based on all	information of which	cn preparer r	as any knowi	eage	1,~1	
			Mush		win	Ta			9	1/+//	Ъ
Sig		Sign	ature of officer		_	// /		$\int \frac{Da}{\sqrt{a}}$,,,,,	
He	re	\	Steven &	<u>. So</u>	12A-	U Ass	ISTUAN	17 11	eas.	vrev	
		Туре	or print name and title								
Pa	id	Print/Ty	pe preparer's name	Prepar	er's signature		Date)	Check	If PTIN	
	eparer		N/A						self-em		
	e Only		ame > /					Firm	n's EIN ▶		
_ 3	.e Only		ddress ▶						ne no		
Ma	y the IRS		s this return with the prej	oarer shown	above? (se	e instructions)					Yes 🗸 No
For	Paperwo	ork Redu	ction Act Notice, see the s	eparate inst	ructions.	-	Cat No	11282Y		*	m 990 (2015)

3

10/

Fart	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,"		Yes	No
•	complete Schedule A	1 2	1	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		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		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		√
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.		4	13.
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	√	
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
	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	✓	
	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	✓	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		√
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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		✓
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		✓
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		✓
			000	

Part	Checklist of Required Schedules (continued)			
	District and an area of a second for the second of the sec	-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	 	✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a	24a		✓
	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), 501(c)(4), and 501(c)(29) 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		√
Ь	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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):	THE STATE OF THE S		
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		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
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 "Yes," complete Schedule R</i> ,			
38	Part VI	37	√	✓
		Form	990	(2015)

Part	V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		, \sqsubset
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1	-	1	300
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) with backup withholding rules for reportable payments to veridors and	1c	7	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	"	<u> </u>	├
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	- ~
_	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		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶ N/A	•		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
J	gifts were not tax deductible?	6b		Ì
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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. Did a donor advised fund maintained by the	ــــــــــــــــــــــــــــــــــــــ		la-
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		`_	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10_	Section 501(c)(7) organizations. Enter:		}	
a	Initiation fees and capital contributions included on Part VIII, line 12		Ì	,
_ 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: Gross income from members or shareholders	İ	1	
a b	Gross income from other sources (Do not net amounts due or paid to other sources	ľ	ĺ	
_	against amounts due or received from them.)		1	i
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		—
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1317	2. j
b	Enter the amount of reserves the organization is required to maintain by the states in which	** -	7.	
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	I	
		Form	990	(2015)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O	See ins	struct	tions.
Secti	on A. Governing Body and Management		Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year 1a 7	,		- //
10	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 . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	**************************************	**
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
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:		. * -	di
а	The governing body?	8a	✓	ļ
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	<u> </u>	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		
		40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	THE OWNER OF THE OWNER OWNER OF THE OWNER OW		-¥*1 # 4
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	
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	1	
14 15	Did the organization have a written document retention and destruction policy?	14	₹ 37.	, de es a
_	The organization's CEO, Executive Director, or top management official	15a	1	j
a b	Other officers or key employees of the organization	15b	✓	<u>v</u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," 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	4		
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ see Schedule O			
17 18	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.	1 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest _l	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	: >	
	Maharishi Durusha Program 1000 Durusha Place Suite 108 Romney WV 26757 304.358-0696			

	•			
Part VII	Compensation of Officers, Directors, Tru	ustees, Key Employees,	Highest Compensated Employ	oyees, 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	atic	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.	
				(0	C)						
(A)	(B)	(B) Positi						(D)	(E)	(F)	
Name and Title	Average					ınan e ıs both		Reportable	Reportable	Estimated	
	hours per week (list any		er and	nd a director/trus		_ <u> </u>	compensation from	compensation from related	amount of other		
	hours for	Individual trustee or director	Ins	Officer	<u>@</u>	emg	Former	the	organizations	compensation	
	related	dred.	Institutional trustee	Cer	Key employee	bloy	=	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations below dotted	of all	ona		plo	88		(44-2/1099-14115C)		and related	
	line)	st	Ę		69	n per				organizations	
		8	stee			Highest compensated employee					
						- 4					
(1) Dr. Howard Chandler	3.5	,		١,							
Trustee, President	ļ. <u></u>	1	├	✓				0	0		0
(2) Dr. Bevan Morris	.25										
Trustee	<u> </u>	-					├—	0	0		0
(3) Dr. John Hagelin	.25	/	ĺ]		_			_
Trustee		'				ļ	-	0	0		0
(4) Dr. Jose Louis-Alveraz	.25	,									
Trustee	 	✓		-				0	0		0
(5) Rafael David	.75	1						1			_
Trustee	0.5	-	┼	-	-			0	0		_0
(6) Jeffrey Irvine	2.5	1		1				0	٥		0
Trustee, Assistant Secretary	10		ļ	<u> </u>		<u> </u>	┢	<u>_</u>	0		0
(7) Rick Larsen	12	1	:	/				۰ ا	o		0
Trustee, Secretary, Treasurer	12			<u> </u>		 	-	<u>-</u>			
(8) Steven Souza	12			1				۰ ا	o		0
Assistant Treasurer (9)	-			ا	-				<u>_</u>		
(9)	†										
(10)											
(11)		_								<u> </u>	
(12)					ļ. <u></u> -						—
(13)			-				ļ	· - · · · · · · · · · · · · · · · · · · ·			_
(14)						_					_

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (contin	ued)
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more that box, unless person is bo officer and a director/tru					n an tee)	(D) Reportable compensation from	(E) Reportable compensation fr		(F) Estimated amount of other
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compensation from the organization and related organizations
(15)			-									
(16)												
(17)												<u></u>
(18)												
(19)												
(20)												
(21)												
(22)							-					
(23)												
(24)												
(25)												
1b c	Sub-total							>	0		0	0
d								>	0		0	0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$10	00,00	O of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	ployee, or high	est comper	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg greater tha	portal an \$1	ole (150,	000	nper ? /i	nsatio f "Ye.	on a s,"	nd other comp	ensation from the second secon	om the	e h
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind		5 1
Section	on B. Independent Contractors						•					
1	Complete this table for your five highest of compensation from the organization. Repyear.											
	(A) Name and business address										(C) Compensation	
None			_									
				-							-	
2	Total number of independent contracto							th	ose listed abo	ove) who		**************************************
	received more than \$100,000 of compens	ation from t	he or	ganı	zat	ion l			0	,	``. *q	A Company

Part	VIII	Statement of Reve		anno or noto to	any lina in this	Part VIII		П
1		Check if Schedule O	contains a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
						revenue		under sections 512-514
nts	1a	Federated campaigns		0				
Gifts, Grants ilar Amounts	b	Membership dues .		0				
S, (С	Fundraising events .		0				
ia gi	d	Related organizations		0				
ns,	е	Government grants (con		0				
rti er s	f	All other contributions, gi		4 700 000				
ē ģ	_	Noncash contributions includ	<u> </u>	1,798,332 53,707				
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1		53,707	1,798,332			,
		Total. Add lines to 1	<u> </u>	Business Code	1,700,002	-		
enn	2a	Notes Receivable Non-	Profits	523000	41,955	41,955	0	0
Rev	b	WV Course Revenue		611600	117,066	117,066	0	. 0
Program Service Revenue	С							
Serv	d							
am (е							-
ogra	f	All other program sen		<u> </u>	0	0	0	<u> </u>
<u>~</u>	g	Total. Add lines 2a-2			159,021		·	!
1	3	Investment income and other similar amo			0.040		o	8,642
		Income from investmen			8,642	0	0	0,642
	4 5	Royalties			0	0	0	0
	5	noyalues	(i) Real	(ii) Personal				
	6a	Gross rents	0	0				
	b	Less: rental expenses	0	0				
	С	Rental income or (loss)	0	0				1
	d	Net rental income or			0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				!
		assets other than inventory	27,457	51,592				
	b	Less: cost or other basis						
		and sales expenses .	27,457	49,308	1			ļ
	C	Gain or (loss)	0		2,284	0	0	2,284
	d	Net gain or (loss) .		· · · · · ·	2,204		,	- 2,204
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported)	o ed on line 1c).				-	
her		See Part IV, line 18 .	-					,
ŏ	b	•		<u>-</u>			- ₀	
	C	Net income or (loss) f Gross income from ga		events . P	0		0	
	Ja	See Part IV, line 19 .		0				
	ь	Less: direct expenses			1			
		Net income or (loss) f			0	0	0	0
	10a		nventory, less					
	b	Less: cost of goods s			i -	•		4
	С_	Net income or (loss) f			-2,060	-2,060	0	0
		Miscellaneous F		Business Code		-	-	;
	11a			900099	206	0	0	206
	b				0	0		
	d	All other revenue .			0	0	t	0
	e	Total. Add lines 11a-		· ▶	206			
	12	Total revenue. See		<u>.</u> . ▶	1,966,425	156,961	_0	
								Form 990 (2015)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response			· · · · · · ·	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,150,264	1,150,264	,	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	o	-	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	60,000	60,000		
 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 	0	0	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)				
	159,758	152,061	0	7,697
 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 	159,758	152,061	0	7,097
9 Other employee benefits	3,514	3,362	0	152
10 Payroll taxes	12,222	11,633	0	589
11 Fees for services (non-employees):				
a Management	0	0	0	
b Legal	7,000	0	7,000	<u></u>
c Accounting	7,000	0	7,000	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0	0	0	Q
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	0	0	0	C
12 Advertising and promotion	5,601	0	0	5,601
13 Office expenses	29,352	88	1,656	27,608
14 Information technology	472	0	348	124
15 Royalties	0	0	0	0
16 Occupancy	0 24,144	24,144	0	0
18 Payments of travel or entertainment expenses	24,144	24,144		<u>.</u>
for any federal, state, or local public officials	o	o	0	0
19 Conferences, conventions, and meetings .	0	0	0	
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization .	14,785	14,785	0	0
23 Insurance	11,140	7,267	3,872	0
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Room and Board	537,159	537,159	0	0
b PK Program Expense	12,282	12,282	0	0
c Course Expenses	40,769	40,769	0	0
d Visa Application Fees	2,664	1 400	2,664	0
e All other expenses Total functional expenses. Add lines 1 through 24e	6,240 2,077,366	1,408 2,015,222	436 15,976	4,396 46,167
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				40,107
following ŠOP 98-2 (ASC 958-720)	0	0	0	Form 990 (2015)

Pa	art X	Balance Sheet	+ V		
		Check if Schedule O contains a response or note to any line in this Par	(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	206,872	1	160,737
	2	Savings and temporary cash investments	873,514	2	805,959
	3	Pledges and grants receivable, net	0	3	0
- 1	4	Accounts receivable, net	18,124	4	42,861
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
i	6	Loans and other receivables from other disqualified persons (as defined under section			
ts	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			,
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		. L	
		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	<u> </u>
ĕ	8	Inventories for sale or use	491,507	8	478,717
	9	Prepaid expenses and deferred charges	11,691	9	10,922
	10a	Land, buildings, and equipment: cost or			ŧ
		other basis. Complete Part VI of Schedule D 10a 145,968			
	b	Less: accumulated depreciation 10b 81,759	78,994		64,209
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	1	12	1
	13	Investments—program-related. See Part IV, line 11	1,004,000	13	1,059,000
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	286,697	15	270,601
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,971,400		2,893,007
	17	Accounts payable and accrued expenses	28,130		27,465
	18	Grants payable			0
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	. 0	21	0
ies	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			, ,
ĕ		disqualified persons. Complete Part II of Schedule L		22	
Liabilities		· · · · · · · · · · · · · · · · · · ·	0	23	0
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0	24	0
	24	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	o
	26	Total liabilities. Add lines 17 through 25	28,130		27,465
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	20,100		27,400
es		complete lines 27 through 29, and lines 33 and 34.	•		į ,
ũ	27	Unrestricted net assets	0	27	0
<u>a</u>	28	Temporarily restricted net assets	0		0
8	29	Permanently restricted net assets	0	29	0
Š		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and			15 1-4 5-79 F 3 6 2
F		complete lines 30 through 34.	4	3	
20	30	Capital stock or trust principal, or current funds	0	30	0
set	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds .	2,943,270		2,865,542
Net Assets or Fund Balances	33	Total net assets or fund balances	2,943,270		2,865,542
Z	34	Total liabilities and net assets/fund balances	2,971,400		2,893,007
					Form 990 (2015)

Form 9	90 (2013)				age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> </u>		🗸
1	Total revenue (must equal Part VIII, column (A), line 12)			1,90	66,425
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	77,366
3	Revenue less expenses. Subtract line 2 from line 1	3		-1	10,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1		2,9	43,270
5	Net unrealized gains (losses) on investments	5		;	33,213
6	Donated services and use of facilities	-			0
7	Investment expenses	<u>, </u>			0
8	Prior period adjustments	3			0
9	Other changes in net assets or fund balances (explain in Schedule O)	•			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0		2,8	65,542
Par	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other			,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain	וו מו	1	l. '	
	Schedule O.			ا الساعد	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	d or	1, %	10 m 5.4 0 m 22 m	1
	reviewed on a separate basis, consolidated basis, or both:			1 A	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1	题!	
b			2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	on a		-2	. !
	separate basis, consolidated basis, or both:			*** 4	1
	Separate basis Consolidated basis Both consolidated and separate basis		1		
С					İ
	of the audit, review, or compilation of its financial statements and selection of an independent accounta		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, expla-	ın ın	-3.7	100	\$ 14. 2 To
	Schedule O.		1	, 	
За		th in	'		1
	the Single Audit Act and OMB Circular A-133?		3a		✓
b					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit	ts.	3b		
	•		For	n 990	(2015)

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

lame	of the organization					Employer identification	number
/laha	rishi Purusha Program						24160
Par		_ 					ons.
	organization is not a private founda						
1	A church, convention of church						
2	A school described in section						
3 4	☐ A hospital or a cooperative ho☐ A medical research organization						(iii). Enter the
4	hospital's name, city, and stat	•	orijanotion with a noof	mai dooo			(III) Circor tino
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described ii
6	☐ A federal, state, or local gover		mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
	An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	n the general public
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete l	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization as	d to its exempt ent income and after June 30, 197	functions—subject to unrelated business f 75. See section 509(a	certain taxable ii i)(2). (Cor	exception ncome (l nplete Pa	ns, and (2) no more ess section 511 ta art III.)	than 331/3% of its
10 11	An organization organized and one or more publicly supported the box in lines 11a through 11	operated exclusi d organizations d	vely for the benefit of, escribed in section 5 0	to perfori 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	i on 509(a)(3). Checl
а	☐ Type I. A supporting organization(sorganization You must con	s) the power to re	egularly appoint or ele	led by its ct a majo	supporterity of the	ed organization(s), ty e directors or trustee	pically by giving es of the supporting
b	☐ Type II. A supporting organic control or management of the organization(s) You must control	ne supporting org	janization vested in th	nection w e same p	ith its su ersons th	oported organization nat control or manag	n(s), by having ge the supported
С	Type III functionally integrates supported organization(s)	ated. A supportir	ng organization operat				y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	ed organization(s) an attentiveness
е	Check this box if the organize functionally integrated, or Ty	zation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported						
g	Provide the following informatio		oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	(iv) Is the o listed in you docui	ır governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
A)	· · · · · · · · · · · · · · · · · · ·						
B)							
C)							
D)							
E)							
otal				5 (4) N > N .	75.		

Schedu	le A (Form 990 or 990-EZ) 2015						Page 2
Part	II Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1	l)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, p	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and					İ	
	membership fees received. (Do not						
	ınclude any "unusual grants.")	N/A					
2	Tax revenues levied for the						
	organization's benefit and either paid				1		
	to or expended on its behalf						
3	The value of services or facilities						
J	furnished by a governmental unit to the						,
	organization without charge					•	
4	Total. Add lines 1 through 3				-		
4	•						
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	مي زين ر	, e eg - eq "			:	
	shown on line 11, column (f)	4, ,	32 M 4		4	<u> </u>	
6	Public support. Subtract line 5 from line 4.	~ · · · ·			21,74	4	
	on B. Total Support		41.0040	() 0040	(1) 0044	() 0045	(0 T.) I
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	N/A					
8	Gross income from interest, dividends,						
	payments received on securities loans,			1			
	rents, royalties and income from similar						
	sources					_	
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10				_		
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	-
13	First five years. If the Form 990 is for the	ne organization	's first, secon		n, or fifth tax v		n 501(c)(3)
.0	organization, check this box and stop he						
Sacti	ion C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6			1 column (fl)		14	%
15	Public support percentage from 2014 Scl	hedule A Part	ll line 14	1, 00.0 (.,,		15	%
16a	331/3% support test—2015. If the organi	zation did not i	check the hox	on line 13, an	 d line 14 is 33¹		
IVa	box and stop here. The organization qua	lifies as a nubi	icly supported	organization			. ▶ □
L	331/3% support test—2014. If the organ						
b	check this box and stop here. The organ	ization qualific	e as a nublicly	supported or	i ioa, and ille ranization	, 10 13 00 /3/0	. >
17a	10%-facts-and-circumstances test —26	015. If the orga	ınızatıon dıd n	ot check a box	con line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	inces" test, ch	eck this box ar	na stop nere. E	explain in
	Part VI how the organization meets the "f	acts-and-circu				as a publicly s	upportea —
	organization						. 🟲
b	10%-facts-and-circumstances test —26	014. If the orga	anizatıon dıd n	ot check a box	x on line 13, 16	Sa, 16b, or 17a,	, and line
	15 is 10% or more, and if the organiza	tion meets the	facts-and-c	rcumstances"	test, check th	nis box and st	op here.
	Explain in Part VI how the organization m	neets the "facts	s-and-circums	tances" test. T	The organizatio	n qualifies as a	publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sacti	on A. Public Support					-/	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2011	(0) 2012	(6) 2013	(u) 2014	(e) 2013	(i) IOtal
•	received. (Do not include any "unusual grants.")	4 040 000	4 000 450	2 720 540	0.005.400	4 700 222	11 150 570
2	Gross receipts from admissions, merchandise	1,810,823	1,936,459	2,728,542	2,885,420	1,798,332	11,159,576
_	sold or services performed, or facilities					ŀ	
	furnished in any activity that is related to the				i		
_	organization's tax-exempt purpose	29,062	93,234	162,604	225,004	166,559	676,463
3	Gross receipts from activities that are not an				İ	ļ	
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	0	0	. 0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	. 0	0	0
6	Total. Add lines 1 through 5	1,839,885	2,029,693	2,891,146	3,110,424	1,964,891	11,836,039
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	171,910	280,943	258,325	440,489	181,596	1,333,263
b	Amounts included on lines 2 and 3						
	received from other than disqualified]	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	o	o	0	o	0
С	Add lines 7a and 7b	171,910	280,943	258,325	440,489	181,596	1,333,263
8	Public support. (Subtract line 7c from				* **	. T. C.	
	line 6.)				7		10,502,776
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	1,839,885	2,029,693	2,891,146	3,110,424	1,964,891	11,836,039
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources	33,618	28,818	30,794	9,679	8,642	111,551
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	o	0	0	0	. 0
C	Add lines 10a and 10b	33,618	28,818	30,794	9,679	8,642	111,551
11	Net income from unrelated business	-					
	activities not included in line 10b, whether						
	or not the business is regularly carried on	o	О	o	0	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	3,073	3,544	2,905	1,148	206	10,876
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,876,576	2,062,055	2,924,845	3,121,251	1,973,739	11,958,466
14	First five years. If the Form 990 is for the					ar as a section	
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2015 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	87.83 %
16	Public support percentage from 2014 Sch			<u></u>	<u> </u>	16	87.66 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2015 (17	0.93 %
18	Investment income percentage from 2014					18	1.17 %
19a	331/3% support tests-2015. If the organi						
	17 is not more than 331/3%, check this box					-	
b	331/3% support tests - 2014. If the organiz						
	line 18 is not more than 331/3%, check this b		-				
20	Private foundation. If the organization dis	d not check a b	oox on line 14.	19a, or 19b, c	heck this box a	and see instruc	tions > \psi

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	e e y s Figures	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	\$	\$ 4. ₂
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		÷ -
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		\$ 1.00 m
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		_
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	٠٠, ـ	994. JPA	-i
_	supporting organizations)? If "Yes," answer 10b below.	10a	7 . 3	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	-	

CONFOUN	Me A (1 01111 990 01 990 - 12) 2010			-900
Part	Supporting Organizations (continued)		Var	Na
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		, ,	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110	* : 3 5-	
	below, the governing body of a supported organization?	11a	 	
b	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110	<u></u>	
Secti	on B. Type I Supporting Organizations		Yes	No
	Did the directory to the company of one property of an arrangement of an arrangement of an arrangement of an arrangement of an arrangement of a second		168	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported		: 4 24	Ş,^`,
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	13	(,	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		-	, ,
	supervised, or controlled the supporting organization.	2		· ·- ·
Coot	ion C. Type II Supporting Organizations			
Secti	on C. Type if Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	*		
	or management of the supporting organization was vested in the same persons that controlled or managed	1	100	ر د در ا
	the supported organization(s).		<u> </u>	
Sooti	ion D. All Type III Supporting Organizations			i
Secti	on b. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		(1.60) (1.60)	3
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	17.63	7.7	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	7-2/		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 -		J
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		,
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	د
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			-
	supported organizations played in this regard.	3	-	
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	inatru	otion	
1		nsuu	Juons	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			,
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	truction	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 mg	ام وت
<u> </u>	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	AL ALA	X 6. 18	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	读		<u>.</u>
	how the organization was responsive to those supported organizations, and how the organization determined		****** X	. 1
	that these activities constituted substantially all of its activities.	2a		·
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			7
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			,
	reasons for the organization's position that its supported organization(s) would have engaged in these			ŧ
	activities but for the organization's involvement.	2b		
9	-	70		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	¥,		- }
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		لحصم
_		-	s, 65 a	~ 44 {
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	*	Ž.,
	- OF ITA BUDDOLLEG OLUMNIZATIONA ! IT TEST GESCHIDE IN F OLLY! THE TOIC DIGYEOUSY THE CIVATILATION IN THIS TEGALO.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	, tru	st on Nov. 20, 1970. See ii	nstructions. All			
other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3		<u> </u>			
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or						
maintenance of property held for production of income (see instructions)	6	=				
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see		-,,,,	77.43			
instructions for short tax year or assets held for part of year):			-			
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	10					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other			,			
factors (explain in detail in Part VI):			~ .			
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4	<u> </u>				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount		, , , , , , , , , , , , , , , , , , ,	Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	* *,				
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4	/ _ v * ×				
5 Income tax imposed in prior year	5	- · ·				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		4 4 4 4				
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functional	ly-ın	tegrated Type III supportin	g organization (see			
instructions).						

Part ') Supporting Organi	zations (continued)	
Secti	on D - Distributions	Current Year		
1_	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	<u> </u>		
_ 9	Distributable amount for 2015 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount		411	71113
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			<u></u>
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2015:			· · · · · · · · · · · · · · · · · · ·
a				
b	3			
С	The first terms of the first ter		· · · · · · · · · · · · · · · · · · ·	
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			·
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u>i</u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		, , , , , , , , , , , , , , , , , , , ,	
4	Distributions for 2015 from Section		,	-
	D, line 7:			,
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			· · · · · · · · · · · · · · · · · · ·
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			,
	Remaining underdistributions for 2015. Subtract lines 3h			
6	and 4b from line 1 (if amount greater than zero, see	,	·	
	instructions).	1	· -	
7	Excess distributions carryover to 2016. Add lines 3	<u> </u>		
•	and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>	· · · · · · · · · · · · · · · · · · ·			
	Excess from 2013		-	
d	Excess from 2014			
e	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)						
Credit Card	Credit Card rebates represented the total amounts in Part III line 12 for years 2011, 2012, 2013, 2014 and 2015						
	······································						
	·						
•							
	•						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of	the organization		Employer	ridentification number
Maharis	shi Purusha Program			56-1824160
Part				ccounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year	N/A		<u> </u>
	Aggregate value of contributions to (during year)	IWA		· · · · · · · · · · · · · · · · · · ·
	, , ,		<u> </u>	
	Aggregate value of grants from (during year)	**	 	
	Aggregate value at end of year		.l	
	Did the organization inform all donors and donor			
	funds are the organization's property, subject to the	-		
6	Did the organization inform all grantees, donors, as	nd donor advisors in writing that grai	nt funds	can be used
	only for charitable purposes and not for the benefit			
	conferring impermissible private benefit?			· · · · 🗌 Yes 🗌 N
Part				
	Complete if the organization answered "	Yes" on Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recreat		f a histori	ically important land area
	Protection of natural habitat	·		ed historic structure
		☐ Freservation o	i a cerum	ad historic structure
•	Preservation of open space	lal a accelebration - a management and a second control of the	41	f
2	Complete lines 2a through 2d if the organization he	id a qualified conservation contribution	on in the	
	easement on the last day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements		2	2a N/A
b	Total acreage restricted by conservation easements	s	🕍	2b
С	Number of conservation easements on a certified h	istoric structure included in (a)	2	2c
d	Number of conservation easements included in ((c) acquired after 8/17/06, and not	on a	
	historic structure listed in the National Register .			2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated b	by the organization during the
	tax year ▶			, ,
4	Number of states where property subject to conser	vation easement is located ▶		
5	Does the organization have a written policy reg		nection	handling of
Ū	violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, inspect			
6	Stan and volunteer nours devoted to monitoring, inspect	ing, handling of violations, and emorcing	conservati	on easements during the year
-	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conserva	tion easements during the year
_	\$			
8	Does each conservation easement reported on line			170(h)(4)(B)(ı)
				· · · · · 🔲 Yes 🗌 No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and exp	ense statement, and
	balance sheet, and include, if applicable, the text of	f the footnote to the organization's fin	ancial sta	atements that describes the
	organization's accounting for conservation easeme	nts.		
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "			
1a	If the organization elected, as permitted under SFA			statement and balance sher
	works of art, historical treasures, or other similar	•		
	public service, provide, in Part XIII, the text of the fo	•		
b	If the organization elected, as permitted under SI			
b	works of art, historical treasures, or other similar	•		
	•	_	iucation,	or research in furtherance (
	public service, provide the following amounts relating	-		
	(i) Revenue included on Form 990, Part VIII, line 1			. ► \$ N/
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art,			for financial gain, provide th
	following amounts required to be reported under SI			
а	Revenue included on Form 990, Part VIII, line 1 .			. ▶ \$
h	Assets included in Form 990, Part X			. • \$

Part	III Organizations Maintaining					
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the foll	owing that are a	significant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange pro	grams	
	☐ Scholarly research		e 🗌 Other			
С	□ Preservation for future generations					
4	Provide a description of the organizat XIII.	ion's collections a	ınd explaın how tl	hey further the o	organization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					
Part						· <u> </u>
	Complete if the organization 990, Part X, line 21.					
1a	Is the organization an agent, trustee, included on Form 990, Part X?					
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following to	able:	, A	Amount
С	Beginning balance				1c	
d	Additions during the year			🗀	1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amour					
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanation	n has been provi	ded on Part XIII .	<u> </u>
Par						
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years back		
1a	Beginning of year balance	754,382	754,382	754,38		
b	Contributions	_0	0		0	0 0
С	Net investment earnings, gains, and					
-1	losses	33,930	33,930	40,32		
d	Grants or scholarships Other expenditures for facilities and	0	0		0	0 _0
е	programs	22.020	22.020	40.00	40.00	40.000
f	Administrative expenses	33,930 0	33,930 0	40,32	0 40,32	
	End of year balance	754,382	754,382	754,38		
g 2	Provide the estimated percentage of t					734,302
a	Board designated or quasi-endowmer	-	0%	,, column (<i>a),</i> men	a as.	
b	Permanent endowment ►					
c	Temporarily restricted endowment ▶					
•	The percentages on lines 2a, 2b, and		00%.			
3a	Are there endowment funds not in the			at are held and	administered for the	he
	organization by:	•	•			Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	rganizatıons lısted	as required on So	chedule R?		3b
4	Describe in Part XIII the intended uses	of the organization	on's endowment fo	unds.		<u> </u>
Par	VI Land, Buildings, and Equip	ment.				
	Complete if the organization	answered "Yes	" on Form 990, f	Part IV, line 11a	a. See Form 990	, Part X, line 10.
	Description of property	(a) Cost or ot (investm		or other basis (d	depreciation	(d) Book value
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment			27,221	15,819	11,402
е	Other			118,747	65,940	52,807
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columr	n (B), line 10c.) .		64,209

Part VII	Investments—Other Securities Complete if the organization ans		m 000 Part IV lin	e 11h See Form	990 Part X line 12
	(a) Description of security or categor (including name of security)		(b) Book value	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives		0		
	neld equity interests		1		
			0		
(A)					
(B)		· 			
(C)					
(D)					
(E)					· · · · ·
(F)					
(G)					
(H)				ļ	
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨		1	<u> </u>	
Part VIII	Investments — Program Relate Complete if the organization and	e d. swered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		hod of valuation -of-year market value
(1) Loans t	o Global Capital of World Peace, Inc.		1,004,000	cost	
	nanda Saraswati Foundation		55,000	cost	
(3)					
(4)		-			
(5)					
(6)		·			
(7)					
(8)					
(9)				ļ	
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶	·	1,059,000)],	
Part IX	Other Assets. Complete if the organization an		orm 990, Part IV, Iir	e 11d. See Form	990, Part X, line 15.
		(a) Description		· · · · · ·	
(1) Metals					270,601
(2)		15.4.			
(3)					. .
(4)	•		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(5)					
(6)					
<u>(7)</u>					
(8) (9)		-			
Total. (Colu	ımn (b) must equal Form 990, Part X,	col. (B) line 15.)		.	270,601
Part X	Other Liabilities. Complete if the organization and line 25.		orm 990, Part IV, III	ne 11e or 11f. Se	
1.	(a) Description of liability	(b) Book value			*
	income taxes				
(2) N/A			٠		
(3)					•*
(4)					· *
(5)		 			
(6)					
(7)					
(8)					
(9)	•				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25)	>	0		
2. Liability for	or uncertain tax positions. In Part XIII, pro	ovide the text of the foot	note to the organization	on's financial stateme	ents that reports the
organization	's liability for uncertain tax positions unc	ier FIN 48 (ASC 740). Ch	neck here if the text of	the footnote has bee	en provided in Part XIII

Part			Return.	
	Complete if the organization answered "Yes" on Form 990,		T 4 T	
1	Total revenue, gains, and other support per audited financial statements		1	N/A
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b	_	
C	Recoveries of prior year grants		-	
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3 4	Subtract line 2e from line 1		3	
	Investment expenses not included on Form 990, Part VIII, line 7b	40		
a b	Other (Describe in Part XIII.)	4a 4b	-	
C	Add lines 4a and 4b		⊣	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c	
Part				
T GIV	Complete if the organization answered "Yes" on Form 990,		ei netuin.	
1	Total expenses and losses per audited financial statements		1	N/A
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		 	N/A
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
C	Other losses	2c	╡]	
d	Other (Describe in Part XIII.)	2d	-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		_ -
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	
Part	XIII Supplemental Information.			
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b, Part V, line	e 4; Part X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional is	nformation.	
The er	dowment was created by the Board of Directors to help achieve the program of	oals and the Board has con	nplete discret	ion in
				
structi	ring how the funds raised or accrued are used to achieve its program goals. T	he endowment may be inve	sted in any ty	pe of income
	•			E
produ	ing vehicle, including loans, bonds, equities, saving accounts, or other incom	e producing vehicles over w	vhatever term	s the Board
			•	
of Dire	ctors feels is appropriate. The endowment may also be invested in the constru	uction of permanent facilities	s for the use o	of the
organi	zation as a home for the programs offered by the organization.			
			·	
•				
	•			

Schedule D (Foi	m 990) 2015	Page :
Part XIII	Supplemental Information (continued)	
	•	
·		
	•	
·		
·		······
		·····

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2015

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Maha	rishi Purusha Program					56-1824160
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organiz	ation answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?		e grants or as			
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for mon	toring the use of	its grants and other
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	can be duplicated if additio	nal space is neede	ed.)
	(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 a program sen describe specific service(s) in re	vice, expenditures for type of and investments
(1)	South Asia	o	70	program services	deep meditation	605,298
(2)	North America	0	5	program services	deep meditation	60,000
(3)	Europe	0	2	program services	deep meditation	55,698
(4)						
(5)	•					
(6)			:			
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a		0	77			720,996
b	Total from continuation sheets to Part I	0	0	,		, ,

c Totals (add lines 3a and 3b)

720,996

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Part IV,	line 15, tor ar	ny recipient who re	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II car	n be duplicated if a	dditional space is r	needed.	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(£)	- 1 to 1	North America	general support	60,000 wire	WIFE	10	0 N/A	book
(2)								
(c)								
(4)	• .							:
(2)	* 1 .							
(9)	,							
(2)								
(8)	-							
(6)	* .					:		
(10)								
(11)	,							
(12)					_		,	
(13)	-							
(14)								
(15)					-			
(16)								

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

Schedule F (Form 990) 2015

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2015

Part III Grants ar

(a) Type of grant or assistance	of great or assistance (c) Number of	(c) Number of	(d) Amount of	(e) Manner of	(f) Amount of	cottonoso() (v)	(h) Method of
		recipients	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)
(1) N/A							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Scho	Schedule F (Form 990) 2015

Page	4

Part_	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 separately 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; do not file with Form 990)	n	☑ 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)	o Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or 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? "Yes," the organization may be required to separately file Form 5713, International Boycott Report (se Instructions for Form 5713; do not file with Form 990)		☑ No
		O - la - Julia E /E -	0001 0041

Part V

Supplemental Information

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 days after
expenditure and Annual Reports are required detailing use of the Granted Funds clearly segregated by Grant if more than one Grant was
received during the reporting period; any Secondary Grants made by the 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 the 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)

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

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

► Attach to Form 990.

General Information on Grants and Assistance

Jaharishi Purusha Program

Parti

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047 2015

Open to Public Inspection

Employer Identification number

56-1824160

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance support purposes support purposes ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of non-cash assistance ¥ ¥ (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 0 book 0 book 416,481 (d) Amount of cash 580,762 grant (c) IRC section if applicable the selection criteria used to award the grants or assistance? 501 (c) (3) 501 (c) (3) 27-1003036 36-4519393 (P) EIN (2) Global Capital of World Peace, I 1 (a) Name and address of organization (1) Gobal Country of World Peace 1000 Purusha Place, Romney, WV 2000 Capital Blvd, Fairfield, lowa Part II

support purposes

support purposes

Š

book

81,820

501 (c) (3)

47-2908845

(4) Brahmananda Saraswati Jyotish

Foundation, 500 N St, Fairfield, Iowa

3

9

 \mathbf{E}

(3) Brahmananda Saraswati Yagya

Foundation, Box 46, Fairfield, Iowa

۲

book

69,700

501 (c) (3)

46-3250017

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. 8 6 9 Ξ 12

Schedule I (Form 990) (2015)

Cat No 50055P

Schedule 1 (Fo	Schedule I (Form 990) (2015) Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.	omestic Individua al space is needed	is. Complete if the	organization answ	ndividuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s needed.	Page 2 Part IV, line 22.
	(a) Iype of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(a) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(I) Description of non-cast assistance
N/A						
7						
nitor of T	To monitor the use of the funds we confirm that the receiving organization is a 501 (c) (3) organization and that the organizations goals are consistent with ours. Also, a member of the Board of Trustees is assigned to confirm the use of the funds with the donee organization and report back to the Board.	eiving organization is funds with the donee	a 501 (c) (3) organiza organization and rep	nization is a 501 (c) (3) organization and that the organ the dones organization and report back to the Board.	izations goals are consistent	with ours. Also, a member of the
						Schedule I (Form 990) (2015)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

	Types of Droporty				00-10E4 IV		
Part	Types of Property	1		(c)			
		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determini tribution an	
1	Art-Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household		, , , , , , , , , , , , , , , , , , , ,				
	goods						
6	Cars and other vehicles						
7	Boats and planes				-		
8	Intellectual property				-		
9	Securities—Publicly traded	1	4	27.457	sales price		
10	Securities—Closely held stock .		-	27,407	Sales price		
11	Securities—Partnership, LLC,						
• •	or trust interests						
12	Securities-Miscellaneous	-					
13	Qualified conservation				-		
	contribution—Historic						
	structures						
14	Qualified conservation						
	contribution—Other		Į.	ļ	1		
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies		77.				
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► (Loan Guarantee)	✓	11	26,250	accounting		
26	Other ► ()						
27	Other ► ()						
28	Other ► (<u> </u>					
29	Number of Forms 8283 received						
	which the organization completed	1 FOIII1 828	3, Part IV, Donee Acknowle	agement	29	0	
						Yes	No
30a	During the year, did the organiza						- 4
	28, that it must hold for at least the						.
	to be used for exempt purposes		re notating period?		• • •	30a	
b	If "Yes," describe the arrangemen		topoo polioi that re-	on the review of any	n standard		
31	Does the organization have a contributions?		, , ,	•	n-standard		-
00-						31 🗸	1
32a	Does the organization hire or us	-	-	•			
						32a	/
	If "Yes," describe in Part II. If the organization did not report a	n amount :	a column (a) for a tuna of are	aparty for which column (a)	o obookad		
33	describe in Part II	ıı amount li	r column (c) for a type of pro	operty for which column (a)	s checked,		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2015

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

56-1824160 Maharishi Purusha Program Additional response to Form 990, Part III, 4D: We averaged about 4 participants in the Purusha Program in Huntsville, Canada. The funds transferred also helped support other Canadian Purusha located in other parts of the world. 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, 11b: 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, Arkansas, Connecticut, Georgia, Illinois, Kansas, Kentucky, Maryland, Michigan, Minnesota, Mississippi, Alabama, Florida, Maine, 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 DC, Colorado, Hawaii, North Dakota, Additional response to Form 990, Part VI, 12c: The Assistant Treasurer oversees the accounting and financial transactions of the organization. The Assistant Treasurer and the Accounts Payable supervisor both review all financial transactions looking for any transaction that could fall under the Conflict of Interest Policy. Any transactions that could possibly 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:

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization	Employer identification number
Maharishi Purusha Program	56-1824160
	
determined by a review of the Fınance Committee in light of his duties and responsibilities. The President	reviews the decision of the
Finance Committee and if there is any question about any compensation a full review by the Board of Trus	stees is done.
Additional response to Form 990, Part XI, 5:	
The unrealized gain/loss on investments is related to the current value of precious metals being held by the	e organization.
·	
•••••••••••••••••••••••••••••••••••••••	
	-