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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2016

Department of the Treasury

OGDEN, UT

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

_	THE PROVENU				III Speci	,01.
<u> </u>	For the	2016 calendar year, or tax year beginning January 1 , 2016, and ending	Dece	nber 31	, 20 16	
В	Check if a	pplicable. C Name of organization Brahmananda Saraswati Jyotish Foundation		D Employ	er Identification n	mber
	Address o	hange Doing business as			47-2908845	
	Name cha	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	ø	E Telepho	ne number	
ñ	Initial retu	- I			641-919-4503	
Ħ					0-1-313-4303	
믐						
님	Amended			G Gross re		503053
Ш	Application	n pending F Name and address of principal officer		-	subordinates? 🔲 Yes	
					s Included? 🔲 Yes	
1_	Tax-exem	pt status 🔽 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	H "N	lo," attach a	a list (see instructio	ns)
J	Website:	► http://www.maharishijyotishprogram.org	H(c) Group	exemption	number ▶	
K	Form of or	ganization Corporation Trust Association Other ► L Year of formati	on 2015	M State	of legal domicile.	DE
P	art I	Summary				
	_	Briefly describe the organization's mission or most significant activities: See pa	go 2 Part I	1 #1 for a	iotaile	
۵	· '	oreny describe the organization a mission of most significant activities — see pa	ge 2, Fait i	11, #1 101 C		
Ě	-			·		
Activities & Governance	1					
ş	1	Check this box $ ightharpoonup$ if the organization discontinued its operations or disposed o			its net assets.	
မ		Number of voting members of the governing body (Part VI, line 1a)		3		5
9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4		5
ē				5		8
ž	•	Total number of volunteers (estimate if necessary)		6		
ţ	1			7a		
_	1			<u> </u>		
	b	Net unrelated business taxable income from Form 990-T, line 34		7b		
		<u>, , , , , , </u>	Prior Y		Current Yo	
2		Contributions and grants (Part VIII, line 1h)		106820		245000
Ĕ	9	Program service revenue (Part VIII, line 2g)		146015		261053
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0		0
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	1	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		252835		506053
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0		94920
						34320
	4	Benefits paid to or for members (Part IX, column (A), line 4)				
Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		119872	·	231365
Ę	1	Professional fundraising fees (Part IX, column (A), line 11e)		0		0
₹	b .	Total fundraising expenses (Part IX, column (D), line 25) ► 13202				
w	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87726		100179
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		207597		426464
		Revenue less expenses. Subtract line 18 from line 12		45238		79590
× £			leginning of C		End of Ye	
Net Assets or Fund Belances	20	Total assets (Part X, line 16)				426262
38	20 .			56569		136263
E .	21	` ' ' ' ' <u> </u>		11331		11435
		Net assets or fund balances. Subtract line 21 from line 20		45238	t	124829
	art II	Signature Block			 	
		es of perjury, I declare that I have examined this return, including accompanying schedules and stater			my knowledge and	belief, it is
	e, correct,	and complete Declaration of preparer (other than officer) is based on all information of which preparer	nas any know	eoge.		
	- 1	MINIMA WILL		7/2	4/17	
Si	ן חק	Signature of officer	D	ate /		
He	ere	Christopher Crowell, President				
	1	Type or print name and title				
		Print/Type preparer's name Preparer's signature Da	te	7	PTIN	
Pa	aid			Check	□ # }	
Pr	eparer	<u> </u>		self-em	pioyeu	
Us	se Only		Fin	n's EIN ▶		
		Firm's address ▶	Ph	one no		
Ma	y the IR	discuss this return with the preparer shown above? (see Instructions)	<u> </u>		Ye:	
Foi	Raperw	brik Reduction Act Notice, see the separate instructions. Cet N	11282Y		Form 9	990 (2016)
		70				
n	1CT 4	4 2017				
U	ICT O.	& 7017 PI				2

orm 990	0 (2016)	Page Z
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
1	Briefly describe the organization's mission: Brahmananda Saraswati Jyotish Foundation's mission is a.) to educate the public through publications, seminars, confere and non-degree courses in Maharishi Vedic Science Technologies (MVST) generally and Jyotish knowledge in particular: b) provide individuals with Jyotish consultations to facilitate their participation in this cultural tradition.	nces
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	 ☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	∠ / No
	Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 408952 including grants of \$) (Revenue \$ Brahmananda Saraswati Jyotish Foundation's program service activities supported the expansion of Vedic knowledge and)
	supported the understanding and application of Vedic Science and Technologies to promote a fully developed individual, community, nation and world.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program convers (Decembe in Cabadida O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 100.53	

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\checkmark	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		/
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? If "Yes," complete Schedule C, Part II	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		/
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		/
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		\checkmark
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		✓
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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			J
	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		/
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		\checkmark
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		\checkmark
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
J.	Schedule D, Parts XI and XII	12a		✓_
a	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	40.		
42		12b		Y _
13	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		Y _
14 a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	148	-	
U	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		/
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? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		_	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		/
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		_
		For	n 990	(2016)

Form 99			ا	age 4
Part	V Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		V _
21	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		
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		./
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			_
24a	employees? If "Yes," complete Schedule J	23		√
	through 24d and complete Schedule K. If "No," go to line 25a	24a		V
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		✓ ✓
	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		✓ ✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		_
26	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 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	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		/
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		1
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	1	./
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	33		_
38	Part VI	37	4	✓
		For	n 99 0	(2016)

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-				uge				
Part								
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>	Yes	No.				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		163					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	3	Ì	1				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and							
•	reportable gaming (gambling) winnings to prize winners?	1c		t				
2a								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8							
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		1	ا ا				
	account)?	4a		V				
b	If "Yes," enter the name of the foreign country: ▶	İ						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1						
_	(FBAR).			-				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V ,				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-				
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	 				
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	60		1				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a_		Y _				
•	gifts were not tax deductible?	6b		ļ				
7	Organizations that may receive deductible contributions under section 170(c).	0.0		 				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1				
	and services provided to the payor?	7a						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	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	<u> </u>	1				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	ļ	1				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			۔ ر۔۔۔				
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	/				
9	Sponsoring organizations maintaining donor advised funds.			 -				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		V				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	V				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		1					
a b	Gross receipts, included on Form 990, Part VIII, line 12. for public use of club facilities	┨	l					
11	Section 501(c)(12) organizations. Enter:	1		1				
·· a	Gross income from members or shareholders			1				
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	}					
	against amounts due or received from them.)			1				
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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7	1	1				
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.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans	1						
С	Enter the amount of reserves on hand	<u> </u>	<u> </u>					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	L	/				
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	1	1				

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	tructi	ions.
Secti	on A. Governing Body and Management		<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	j		
	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	V	/
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		1
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		/
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		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_	L
b	Each committee with authority to act on behalf of the governing body?	8b	L	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		1 412
40-	Did the every instead have level about we have been an office to 20	40-	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		V _
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		V	
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	1	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	V	
13	Did the organization have a written whistleblower policy?	13	<u>×</u>	
14 15	Did the organization have a written document retention and destruction policy?	14	✓	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>		<u> </u> i
a	The organization's CEO, Executive Director, or top management official	15a	\	
b	Other officers or key employees of the organization	15b	/	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶			
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.	n 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 infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	.▶	

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Form	ggn	12016	à

	<u> </u>	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				(0	•					
(A)	(B)	(do n	ot ch	Pos		than o	ne	(D)	(E)	(F)
Name and Title	Average hours per week (list any	box, unless person is officer and a director				is both	s both an or/trustee)	Reportable compensation from	Reportable compensation from related	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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Christopher Crowell	20									
President/Director	 	✓		\checkmark	<u> </u>		<u>_</u>		0	
(2) Dale Steinback	1			را	İ	}	ļ	ļ		
Treasurer/Director	ļ	V		~			<u> </u>	c	0	· ········
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d All other revenue		-			-			-
e Total. Add lines 11a–11d ▶ 0		l -	All other revenue				 	
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Form 990 (2016) Page 10 Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) (D) Fundraising Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 94920 94920 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 18300 17385 915 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 196026 9801 Other salaries and wages 184264 1960 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 10 17039 16017 170 852 11 Fees for services (non-employees): Management а Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 5579 5567 13 1763 12 Advertising and promotion . 1763 13 Office expenses 35475 33701 1064 709 Information technology . 14 15 Royalties 0 16 Occupancy 32659 32659 17 Travel . . 8297 6638 1659 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0 20 0 Interest 21 0 Payments to affiliates 22 Depreciation, depletion, and amortization . 154 146 23 Insurance . 4134 4352 44 174 24 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) Bank Charges 2291 2291 Credit Card and Paypal fees b 9467 9467 Taxes and Licenses 141 141 C d All other expenses е Total functional expenses. Add lines 1 through 24e 25 426464 408952 4309 13202 Joint costs. Complete this line only if the

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 46774 1 132402 2 0 2 Savings and temporary cash investments 0 3 0 3 Pledges and grants receivable, net ol 4 0 Accounts receivable, net . . 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 0 6 0 **Assets** 7 0 0 Notes and loans receivable, net 7 8 0 0 8 Inventories for sale or use . . . 8413 9 2632 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis Complete Part VI of Schedule D 10a 10b 1382 10c 1229 b Less: accumulated depreciation 0 11 11 Investments—publicly traded securities 0 0 12 0 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11. 0 13 0 0 14 0 14 ol 15 0 15 Other assets. See Part IV, line 11 . . . 56569 16 136263 16 Total assets. Add lines 1 through 15 (must equal line 34) . 11331 17 11435 17 Accounts payable and accrued expenses 18 0 18 19 0 0 19 20 0 0 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 22 0 0 23 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . 0 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 25 11331 26 11435 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 45238 27 27 Unrestricted net assets . . 124829 28 0 28 0 ol 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Net Assets Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds. 45238 33 124829 33 34 Total liabilities and net assets/fund balances . . . 56569 136263

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Form 990 (2016)

Part XI **Reconciliation of Net Assets** Check of Schedule O contains a response or note to any line in this Part XI Total expenses (must equal Part IX, column (A), line 25) 2 2 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4 5 Net unrealized gains (losses) on investments . . . 5 6 Donated services and use of facilities 6 7 Investment expenses . . . 7 8 8 q Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:
Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?. За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b

Form 990 (2016)

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 chantable trust.

OMB No 1545-0047

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.

Open to Public

Inspection

Name of the organization

Brahmananda Saraswati Jyotish Foundation

Employer identification number 47-2908845

			,				0.0		
Par	t Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.		
The o	organization is not a private founda								
1	A church, convention of church	hes, or associati	on of churches descr	ibed in s e	ection 17	O(b)(1)(A)(i).			
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)			
3	A hospital or a cooperative ho								
4	A medical research organization						(iii). Enter the		
	hospital's name, city, and state.								
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	r operate	ed by a government	al unit described in		
6	A federal, state, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).			
7									
8	A community trust described i	n section 170(b	(1)(A)(vi), (Complete	Part II.)					
9	An agricultural research organ				erated in	conjunction with a l	and-grant college		
	or university or a non-land-gra university	int college of agr	nculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or		
10	An organization that normally	receives: (1) mor	e than 331/3% of its si	upport fro	om contri	butions, membershi	p fees, and gross		
	receipts from activities related support from gross investmen	t income and un	related business taxa	ble incon	ne (less si	ection 511 tax) from	n 331/3% of its businesses		
	acquired by the organization a	fter June 30, 19	75. See section 509(a	a)(2). (Co	nplete Pa	art III.)			
11	An organization organized and								
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to cal	rry out the purposes		
	of one or more publicly suppo								
	Check the box in lines 12a thro			_	_		_		
а	☐ Type I. A supporting organ								
	the supported organization					the directors or trust	ees of the		
_	supporting organization. Y	-	•						
b	☐ Type II. A supporting orga								
	control or management of				persons	that control or man	age the supported		
	organization(s). You must	=	•						
C	Type III functionally integ its supported organization						ally integrated with,		
-4	· · · · · · · · · · · · · · · · · · ·		· ·		•	• •			
d	☐ Type III non-functionally that is not functionally inte	i ntegrated. A su	pporting organization	operated	in conne	ection with its suppo	orted organization(s)		
	requirement (see instruction	grateu. The Orga ns) Vou must c	omniete Part IV Sec	si salisiy Hione A	a distribu	ution requirement an	id an attentiveness		
_		•	•		•				
е	Check this box if the organ functionally integrated, or	lization received	a written determination	on from ti	ne IRS th	atitis a Type I, Type	e II, Type III		
	Enter the number of supported		• •		•				
, f g	Provide the following information	•	orted organization(s)				· · L		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	find to the c	rganization	(s) Amount of manatan	(vi) Amount of		
	in hame of supported organization	(1) (1)	(described on lines 1–10	listed in you	ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			above (see instructions))	docu	ment?	instructions)	instructions)		
				Yes	No				
(A)									
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(B)									
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

	der veer (or final veer beginning in)	(-) 0010	(h) 0010	(=) 0014	(4) 0015	(-) 0010	40 Total
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	106820	245000	351820
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	0	o	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	0	0	0	106820	245000	351820
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						351820
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	0	0	0	106820	245000	351820
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						351820
12	Gross receipts from related activities, etc.					12	407068
13	First five years. If the Form 990 is for the						
0	organization, check this box and stop he						<u> </u> ► 🔽
	on C. Computation of Public Suppor			14 1 (5)			9/
14	Public support percentage for 2016 (line 6					14	<u>%</u>
15 162	Public support percentage from 2015 Sch 33 ¹ /3% support test—2016. If the organi					15	
iva	box and stop here. The organization qua						- -
h	331/3% support test—2015. If the organi	· · ·	•	•			لببا
U	this box and stop here. The organization						·
170	10%-facts-and-circumstances test – 20			_			السا
17a	10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, cl	heck this box	and stop he i	re. Explain in
	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ation meets the ets the ets the	ne "facts-and- ts-and-circum	circumstances stances" test.	" test, check The organizat	this box and ion qualifies	17a, and line d stop here. as a publicly
18	Private foundation. If the organization di instructions						

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

(Complete only if you checked the box on line 10 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.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise	-					
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an			· · · · · · · · · · · · · · · · · · ·			
Ū	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid					,	
	to or expended on its behalf						
5	The value of services or facilities	·					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
^	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
٠	line 6.)					-	
Coati	on B. Total Support						<u> </u>
	dar year (or fiscal year beginning in)	(=) 0040	(F) 0040	4-1.004.4	(4) 0045	() 0010	(0 T
Galen 9		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-							
10a	Gross income from interest, dividends,	ì					
	payments received on securities loans, rents,						
_	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .						
C	Add lines 10a and 10b						
11	Net income from unrelated business			·			
	activities not included in line 10b, whether	į					
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	i					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	's first secon	d third fourth	or fifth tay ve	ar as a section	n 501(c)(3)
• •	organization, check this box and stop her				•		, , , ,
Secti	on C. Computation of Public Suppor		<u> </u>	<u> </u>		· · · · ·	· - U
15	Public support percentage for 2016 (line 8			3 column (fi)		15	%
16	Public support percentage from 2015 Sch						
	on D. Computation of Investment Inc	come Porce	ntage	· · · · ·	· · · · ·	16	<u>%</u>
17				vilno 12	nn (fl)	147	
	Investment income percentage for 2016 (I					17	<u>%</u>
18	Investment income percentage from 2015					18	<u>%</u>
19a	331/3% support tests—2016. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/2%, check this b		_	•	•		
20	Private foundation. If the organization did	not check a l	box on line 14,	, 19a, or 19b, c	neck this box	and see instru	ctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art v.	.)	
Section	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	105	INO
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		
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 12a or 12b 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		
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		
5a	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		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
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 supporting organizations)? <i>If</i> "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	1	ł	1

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
	oupper unit of the same to the		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)			ĺ
	below, the governing body of a supported organization?	11a		i
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	on B. Type I Supporting Organizations			
			Yes	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			ļ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ł	}
	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.			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u></u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	1	}	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	!		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			<u> </u>
	supervised, or controlled the supporting organization.	2	<u> </u>	
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	'	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 the supported organization(s).			ļ
		1		<u> </u>
Secti	on D. All Type III Supporting Organizations		126	
	Doddie annual has annual to such as the constant areas in the last description of the second of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		├
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
J	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1	
	supported organizations played in this regard	3		ļ
Secti	on E. Type III Functionally Integrated Supporting Organizations		<u> </u>	
		inates	otion	<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	CUUII	S).
a	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 (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	ļ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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	L	ļ	<u></u>
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u></u>		ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ	
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h	1	1

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
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			
instructions for short tax year or assets held for part of year):	<u>_</u>	,	
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c	<u></u>	<u> </u>
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		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		<u> </u>
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		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	<u> </u>	1
7 Check here if the current year is the organization's first as a non-functional	v int	tearated Type III supportu	na organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
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.	******	·····	
7	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.			•
9	Distributable amount for 2016 from Section C, line 6			· <u>_</u>
10	Line 8 amount divided by Line 9 amount			
<u></u>	zino o amount civicou by zino o amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			1-11-11-11-11-11-11-11-11-11-11-11-11-1
а				
b	,			
C	From 2013	· · · · · · · · · · · · · · · · · · ·		
d	From 2014			
e	From 2015			
f	Total of lines 3a through e	***************************************		
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount		······································	
<u>;</u>	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from			
•	Section D, line 7.		!	ı
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			· · · · · · · · · · · · · · · · · · ·
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
3	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	1		
7	Excess distributions carryover to 2017. Add lines 3		~ · · · · · · · · · · · · · · · · · · ·	
•	and 4c.	j		
8	Breakdown of line 7:			
	DICTION AND OF HITE 1.			
<u>a</u> b	Excess from 2013			
C	Evenes from 2014			
d				·
	Excess from 2015			
е	EXCESS HORIZOTO .	I .		1

Page	8

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.)
	······································
	·

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 47-2908845 Brohmananda Saraswati, Ivotish Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements . b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII. line 1 . Assets included in Form 990. Part X

Page	2

Part	III Organizations Maintaining	Coll	ections of	Art, His	orical T	reasures,	or Ot	her Similar A	ssets	(cont	inued)
3	Using the organization's acquisition, a collection items (check all that apply):	acces	sion, and ot	her recor	ds, chec	k any of th	e follov	ving that are a	signif	cant us	se of its
а	☐ Public exhibition			d	☐ Loan	or exchang	e prog	rams			
b	☐ Scholarly research			e	Other	,					
C	☐ Preservation for future generations	\$									
4	Provide a description of the organizat XIII.	ion's	collections a	and expla	un how t	hey further	the org	janization's ex	empt p	ourpose	ın Part
5	During the year, did the organization										
	assets to be sold to raise funds rather			ained as p	part of the	e organizatı	on's co	ollection? .	·	Yes	☐ No
Par	IV Escrow and Custodial Arra						_			i	
	Complete if the organization	ansv	wered "Yes	" on For	m 990, F	Part IV, line	e 9, or	reported an a	mour	nt on F	orm
	990, Part X, line 21.				adiani fi			- athor assets			
1a	Is the organization an agent, trustee, included on Form 990, Part X?		odian or our							7 Van	□ No
h	If "Yes," explain the arrangement in Pa								L	_ res	☐ No
b	ii res, explain the attangement in Fa	ai i Aii	п ани соттри	ete the io	nowing to	abie.			Amou	nt	
С	Beginning balance						10				
d	Additions during the year						10				
e	Distributions during the year						16				
f	Ending balance						11				
2a	Did the organization include an amour	nt on	Form 990, P	art X, line	21, for e	scrow or cu	ustodia	l account liabili	ty? [Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Pa	art XII	ll. Check her	e if the ex	planatio	n has been	provide	ed on Part XIII	<u> </u>	. ,	
Par	t V Endowment Funds.					-					
	Complete if the organization										
		(a)	Current year	(b) Pn	or year	(c) Two year	rs back	(d) Three years ba	ack (e	Four ye	ars back
1a	Beginning of year balance			ļ							
b	Contributions			ļ <u>.</u>							
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and]							
	programs										
f	Administrative expenses		-								
g	End of year balance				- 0: 4 -		\\				
2	Provide the estimated percentage of t Board designated or quasi-endowmen		irrent year er	na balanc	e (iine 1g	, column (a	I)) neid	as:			
a b	Permanent endowment	™ >		70							
c	Temporarily restricted endowment ▶		%								
	The percentages on lines 2a, 2b, and			00%.							
3a	Are there endowment funds not in the				zation th	at are held	and ac	iministered for	the		
	organization by:	·								Y	s No
	(i) unrelated organizations								. [3a(i)	
	``								3	Ba(ii)	
b	If "Yes" on line 3a(ii), are the related o									3b	<u> l</u>
4	Describe in Part XIII the intended uses			on's endo	wment f	unds					
Part	VI Land, Buildings, and Equip										
	Complete if the organization	ans	wered "Yes	on For							
	Description of property		(a) Cost or o (investm			or other basis other)		Accumulated epreciation	(d) Book v	alue
1a	Land						1000				
b	Buildings										
C	Leasehold improvements										
d	Equipment				1536	· · · · · · · · · · · · · · · · · · ·	30)7	1229		
e	Other		L			<u> </u>	<u></u>				
Total.	Add lines 1a through 1e. (Column (d) r.	nust e	equal Form 9	90, Part 2	X, columi	n (B), line 10	Oc.) .	. <u></u> . > _	1229		

	Complete if the organization answered "Yes" on F			
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation of-year market value
) Financial	derivatives		 	
-	eld equity interests			<u> </u>
) Other				
(A)				
(B)				
(C)				
(D)			•	
(E)				
(F)	······································			
(G)				
(H)				
tal. (Column (b	n) must equal Form 990, Part X, col. (B) line 12.) ▶			
art VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11c. See Form	990, Part X, line 13
	(a) Description of investment	(b) Book value		hod of valuation of-year market value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
(8)				
(9)	o) must equal Form 990, Part X, col. (B) line 13) ▶			
(9) otal. (Column (t	o) must equal Form 990, Part X, col. (B) line 13) Other Assets.			
(9) otal. (Column (t		Form 990, Part IV, line	11d. See Form	990, Part X, line 15
(9) otal. (Column (t	Other Assets.	Form 990, Part IV, line	11d. See Form	990, Part X, line 15 (b) Book value
9) otal. (Column (t Part IX	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11d. See Form	
9) otal. (Column (t Part IX	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11d. See Form	
9) ptal. (Column (t Part IX 1) (2)	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11d. See Form	
9) ptal. (Column (t. Part IX 1) 2)	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11d. See Form	
9) ptal. (Column (L Part IX 11) 2) (3)	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11d. See Form	
9) htal. (Column (L Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11d. See Form	
9) htal. (Column (t Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11d. See Form	
9) htal. (Column (t) Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" on I	Form 990, Part IV, line	11d. See Form	
9) otal. (Column (t) Part IX 1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on I (a) Description	Form 990, Part IV, line	11d. See Form	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on I (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)	Form 990, Part IV, line		
9) otal. (Column (t Part IX 1) 2) (3) (4) 5) (6) (7) (8) 9) otal. (Column (t)	Other Assets. Complete if the organization answered "Yes" on I (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on I			(b) Book value
9) otal. (Column (t) Part IX 1) 2) 3) (4) (5) (6) (7) (8) (9) otal. (Column (t) Part X	Other Assets. Complete if the organization answered "Yes" on I (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on I line 25.	Form 990, Part IV, line		(b) Book value
9) otal. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on I (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on I line 25. (a) Description of liability (b) Book value.	Form 990, Part IV, line		(b) Book value
9) otal. (Column (t) Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Assets. Complete if the organization answered "Yes" on I (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on I line 25. (a) Description of liability (b) Book value.	Form 990, Part IV, line		(b) Book value
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(1) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal in (2) (3) (4) (5) (6) (7) (6) (7) (7) (7) (8) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered "Yes" on I (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on I line 25. (a) Description of liability (b) Book value.	Form 990, Part IV, line		(b) Book value
(9) otal. (Column (t) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) (3) (4) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" on I (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on I line 25. (a) Description of liability (b) Book value.	Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" on I (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on I line 25. (a) Description of liability (b) Book value.	Form 990, Part IV, line		(b) Book value

Part			Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	<u> </u>
C	Recoveries of prior year grants	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 VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]
b	Other (Describe in Part XIII.)	4b	<u> </u>
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	• •		er Return.
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	- · · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b]
С	Other losses	2c	<u> </u>
d	Other (Describe in Part XIII.)	2d	
е	·· ···· ···· 3 ·· · · · · · · · · · · · · · · · · ·		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-
b	Other (Describe in Part XIII)	4b	4
_c			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

lame o	f the organization Brahmananda Saraswati Jyotish Four	ndation			En	47-290884	entification number
Part		on Activiti	es Outside 1	the United States. Comp	olete if the organizat		·
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization					☑Yes □No
2	For grantmakers. Describe assistance outside the Unite		the organization	on's procedures for monit	oring the use of i	ts grants	and other
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	an be duplicated if addition	nal space is needed	i.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in a program servic describe specific ty service(s) in the re	ce, pe of	(f) Total expenditures for and investments in the region
(1)	North America	1	1	Program Services	Coordinate Jyotish Service	es	51128
(2)	Europe	1	1	Program Services	Coordinate Jyotish Service	es	43552
(3)	Middle East and North Africa	1	1	Program Services	Coordinate Jyotish Servi	ices	170
(4)	East Asia and the Pacific	1	1	Program Services	Coordinate Jyotish Ser	rvices	70
(5)							
(6)							
(7)							
(8)							,
(9)							
(10)							
(11)							· · · · · · · · · · · · · · · · · · ·
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a b	Sub-total Total from continuation sheets to Part I	4	4				94920

c Totals (add lines 3a and 3b)

94920

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Amount of noncash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (16) 12 £ 9 3 <u>13</u> 15) 3 9 <u>@</u> <u>6</u> Ñ ල 2

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

Enter total number of other organizations or entities

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Schedule F (Form 990) 2016

Page 3

Schedule F (Form 990) 2016

Part III Grants and Other A	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.	is outside to is needed.	he United State	s. Complete if the	organization answ	ered "Yes" on Form 99	0, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Support - provided Jyotish Services	North America	1	51128	Wire Payment			
(2) Support - provided Jyotish Services	Еигоре	1	43552	Wire Payment			
(3) Support - provided Jyoush Services	Middle East and North Africa	-	170	Wire Payment			
(4) Support - provided Jyotish Services	East Asia and the Pacific	Ψ.	70	Wire Payment			
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							:
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2016

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Page	4

Part	V_{\perp}	Foreign Forms		
1	the c	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	Ø No
2	may Trusi	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to separately file Form 3520, Annual Return To Report Transactions With Foreign its and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	☐ Yes	☑ No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To ain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	quali Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a fied electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing (see Instructions for Form 8621).	☐ Yes	☑ No
5	the c	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to separately file Form 5713, International Boycott Report (see uctions for Form 5713; do not file with Form 990)	☐ Yes	☑ No

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D-4 V	

Supplem	ental	Info	rmation
CADDICIT	i Cillai	"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

990 Schedue F Parl I
 Brahmananda Saraswati Jyotish Foundation (BSJF) requires invoices and copies of receipts with a cover page summanzing office and business expenditures before BSJF
 pays our foreign agents. These invoices and statements are reviewed by the Treasurer of BSJF before payments are released via wire transfer

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.

2016

Open to Public Inspection

Employer identification number

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.

47-2908845 **Brahmananda Saraswati Jyotish Foundation** 990 Part VI Section A Line 2 All insiders of the organization who are related to each other or to any independent contractors through family or business relationships are: Charles and Marguerite Heath, Preston and Leslie Frieder, Norin and Thyra Isquith. Also we use an outside contractor named Heidi Wallace and she is the sister of Marguerite Heath. 990 Part Vi Section B Line 11b The 990 is emailed in total with schedules to the President and the Treasurer. They review first and then once their review is finalized, the 990 is sent to the Directors for review. Once they have reviewed, the 990 is signed and filed. 990 Part VI Section B Line 12C Periodic reviews are conducted to ensure the organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status. The periodic review shall, at a minimum, include the following subjects: a.) Whether compensation arrangements and benefits are reasonable based on competent survey information and the result of arm's length bargaining. 990 Part VI Section B Line 15 A & B All salary and compensation proposals are submitted to the President and Treasurer for their review and approvals before being implemented. They evaluate each proposal to see that it is in line with the organizations policies and guidelines which require that they be in line with organizations with similar purposes. 990 Part VI Disclosure, Section C Line 19 All governing documents, tax filings and financial statements are made available upon request to the public and tax filings are listed on Guidestar.org.