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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	2016 cale	ndar year, or tax year	beginning	July 1	, 2016	, and ending	June	30	, 20 17	
В	Check if a	pplicable	C Name of organization	/laharishi Puru	sha Progran	·			Employe	r identification	number
	Address cl		Doing business as							56-1824160	
$\overline{\Box}$	Name cha	nge	Number and street (or F	O box if mail is	not delivered to	street address)	Room/suite		Telephon	e number	
$\overline{\Box}$	Initial retur	•	1000 Purusha Place				10	98		304-358-0696	
$\overline{\Box}$	Final return		City or town, state or pr	ovince, country,	and ZIP or forei	gn postal code				00.000,0000	
\Box	Amended		Romney, WV 26757					- 1	Gross red	ceints \$	2,466,199
\Box	Application		F Name and address of p	rincipal officer						ubordinates? Ye	
_	Application	ii pending						1		included? TYe	_
	Toy even	nt status	✓ 501(c)(3)	501(c) () ◀ (insert n	4947(a)(1) or	527			list (see instructi	
'- -	Tax-exemption Website:		w purusha.org	L_1 50 1(c) () (insert n	5) LJ 4947(a)(1) Of	L_1 521	H(c) Group e		•	N/A
K			Corporation Trust	Association	Othèr ►		ear of formation			of legal domicile	
	art I			L_J ASSOCIATION	Other	161	rear or formation	n 1993	W State C	or legal dollnicile	NC_
		Summ	escribe the organizati	on'e mission	or most sign	ificant activities	o: Mo hold		fortho	davelen-ment e	
d)	1	•	~		_						
Governance	1		sness with an average								
r a			nderstanding of Mahai								
ye			is box ▶ ☐ if the org			•		more than		ts net assets.	
Ğ	1		of voting members o	•					3		
δ.			of independent votin	-	_	• •	· · · · · · · · · · · · · · · · · · ·		4		7
įţį	1		nber of individuals er		_	•	•		5		48
Activities &	1		nber of volunteers (e		• •				6		0
×	1		elated business reve						7a		0
	b N	<u>let unrel</u>	ated business taxab	le income froi	m Form 990	·T, line 34 .		<u> </u>	7b		0
							<u></u>	Prior Yea		Current Y	'ear
Revenue			tions and grants (Par						798,332		2,172,478
		-	service revenue (Par	_			├	· · · · · · · · · · · · · · · · · · ·	159,021		183,863
ě	1		nt income (Part VIII,			•			10,926		6,037
ŭ.	11 0	Other rev	renue (Part VIII, colur	nn (A), lines 5	, 6d, 8c, 9c,	10c, and 11e)			-1,854		1,425
	12 T	otal reve	enue-add lines 8 thre	ough 11 (mus	equal Part	/III, column (A),	line 12)	1,9	966,425		2,363,803
	13 (arants ar	nd similar amounts p	aid (Part IX, c	olumn (A), li	nes 1-3)		1,2	210,264		1,241,572
	14 E	Benefits	paid to or for membe	ers (Part IX, co	olumn (A), lır	e 4)			0		0
Ś	15 S	Salaries, e	other compensation, e	employee ben	efits (Part IX,	column (A), line	s 5–10)		175,494		168,095
nse	16a F	Professio	nal fundraising fees	(Part IX, colui	nn (A), line	11e)	[_		0		0
Expenses	b T	otal fun	draising expenses (P	art IX, columi	n (D), line 25	▶	53,864			23.87. 68 64	- 1/2
Щ			penses (Part IX, colu				,		91,608		761,787
	18 T	otal exp	enses. Add lines 13-	-17 (must equ	ıal Part IX, c	olumn((A), Jine/	25) [] .	2,0	77,366		2,171,454
			less expenses. Subt						110,941		192.349
e e					181	000 4 7 40	₫ве	ginning of Curr	ent Year	End of Y	ear
Assets or Balances	20 T	otal ass	ets (Part X, line 16)			OCT 1.1 20	117. J.P.	2,1	393,007		3,087,850
ABS	21 T		ulities (Part X, line 26)						27,465		46,179
Net A	22 N	let asse	ts or fund balances.		11	ا ﴿ اِسْ الْرِي وَ 20		2.8	365,542		3,041,671
P	art II	Signal	ture Block		<u> </u>	<u> </u>					
		-	ry, I declare that I bave ex	amined this retur	n, including acc	ompanying schedu	iles and stateme	ents, and to the	best of m	v knowledge and	d belief, it is
tru	e, correct,	and compl	ete Declaration of prepare	r (other than offic	er) is based on	all information of w	hich preparer h	as any knowle	dge	, ,	
	T		18/11	ver	11/	mi	<i>a</i>		10	(1)7	
Sig	n n	Sign	ature of officer		<i></i>	1)		Date		-/	
He		\	Cterren G	- 500°	ZA A	ssis form t	- TIER	suren	_ ′		
		Type	or print name and title		<u></u>						
	<u></u>		pe preparer's name	Pre	parer's signatur	e	Date	,	Q	PTIN	
Pa			: -		-				Check L self-empl	J if	
	eparer		ame ▶					Eirmi	EIN ►	-,	
US	se Only		ddress >								
Ma	v the IRS		s this return with the	preparer show	wn above? (see instructions	s)	Phone	3 NO	. □Va	s [√] No
			ction Act Notice see			223	Cat No.	112827			990 (2016)

4c	(Code:) (Expenses \$	51,809 including grants of \$	0) (Revenue \$	0)
			port the Maharishi European Research Uni		
	organizations	s located in Vlodrop, Holla	nd, which support the programs and proce	dures of Maharishi's Vedic Science	e and Technology
	including gro	oups of European and Inter	national Purusha. These Purusha were loc	ated in Vlodrop, as well as in Ued	em and Obisfelde,
	Germany. All	of these participants prac	ticed the TM and TM-Sidhi techniques to u	nfold their full human potential thr	ough the
	development	of their entire brain. Many	of these participants reported more advan	nced experiences of higher states	of consciousness
	and a greater	sense of Nature operating	through them as they gained more and m	ore intimacy with the Laws of Natu	re that quide all
			helped prepare materials for the advancen		
		•••			

2,100,180

60,000) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

60,000 including grants of \$

(Expenses \$

and productive lives, supported by all the Laws of Nature.

0)

Part I	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	1	i
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	V	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	l	l .	[
	"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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		<u> </u>
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,"			
	complete Schedule D, Part VI	11a	/	
р	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	_
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	1
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		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u></u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate		-	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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?	10		
	If "Yes," complete Schedule G, Part III	19		✓_
		Form	990	(2016)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		١,	
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	ـــــ
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		}	,
-00		22	ļ	/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	ŀ	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	├	├
,u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ļ	ļ	
	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			1
00	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		 •
26	current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26	1	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	 	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ļ	ļ	1
	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):			1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	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	l		١,
00	•	28c	,	/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	✓	ļ
00	conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30		
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	 		
	complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		/
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	26	}	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٥.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			ı
	Part VI	37	- {	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
		Form	990	(2016)

1	1a	Contains a response and Tax Compliant			
	_				
	Ь	Enter the number of 5			F
1	C	Did the organization Forms W-2G instruction 1096. Enter -0 is	<u></u>		
		reportable gamiliation comply with used in line 1a Fintance in not applicable		<u> </u>	
	2a	Elifor the " " " " " " " " " " " " " " " " " " "	l fa l	_ Y.	es
		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable reportable gaming (gambling) with backup withholding rules for reportable payments to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax If at least one is reported on line 2a, did the organization file all required federal employees for the organization have unrelated by the interest of the call of the call of the organization have unrelated by the interest of the call of the call required federal employees.	110	1	
	ь	If at least one is reported on line 2a, did the organization file all required federal employment ta fi 'Yes," has it filed a Form 990-T for this year? If "No" to !	10	0	
	~	at least one is report. Form W-3, Transmitted	o vendors and	ň l	
I I	2- 1	Note. If the sum set in the 2a did the			_1
	3a [Did the organization file at the organization file at	1	10 V	1
	b 14	f "V and setting have the setting and sett	2a		1
	4a ∧	At a willing a Form one Susiness gross and the many be required to	X rot. 48	31 1	1
	0,	for this year? If the during the color of the see instru	n leturns?	2b /	+
	20	ver, a financial account in a deed ary year, did the ary No" to line 3b, provider nore during the years	ctions)	- V	
	<u></u>	scount)?	/		L
•	b If	"Yes," enter the name of the foreign country: "Yes," enter the name of the foreign country: BAR).	dule O	3a	1
	See	e instruct. The name of the forci	ther auth	3b	
	(FB	(SAR)	ther for	1	
5a	Wa.	The trents for FinCEN Control of	""anciai	- 1 - 1	
b	D:-	s the organization a party of the organization and	$\cdot \cdot $	4a	
•	Dia	any taxable party to a prohibited		<u> </u>	<
ر د	If "Y	es" to line 5-	ial Account		$\overline{}$
69	Does	s the organization that it was or is	Siliposon	1 1	- 1
	_	organization by an ization to a party to adding the tour	1	. []	
Ь	If "Yo	gross receipts to 300 contribution of the state of the st	. 5a		
	nie-	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year's to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year's the organization have annual gross receipts that are normally greater than \$100,000, and any organization include with every solicitation an express statement that such contributions that may receive deductible contributions under section 170(a).	saction? 5b	1	
7	Auts A	were not tax dedication include with every	5c	_1 1 1	
′ ,	Organ	nizations that deductible?	d did the	+	_
a (Did the	e organization may receive ded		IT	-
a	and se	ervices processed a payment the contribution	6a	LV	
b If	oaY"	" browlded to the payors in excess of \$75	ations or	T-1-	_
c D	lid the	were not tax deductible? nizations that may receive deductible contributions an express statement that such contributions receive a payment in excess of \$75 made partly as a contribution as a contribution and the organization received.	6b		
re	Olura -	organization sell a contribution and part			
d If	. Hullec	nizations that may receive deductible contributions an express statement that such contributions receive a payment in excess of \$75 made partly as a contribution and partly for organization sell, exchange, or otherwise dispose of tangible personal property for which organization receive any funds, directly or indirectly.	or goods	·	
u _{II} .	"Yes,"	"indicate the number of Forms 8282 filed during the year organization, during the year organization, during the year organization.		L i	
e Dic	d the c	indicate the number of Forms 8282 filed during the year organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contracting organization received a contribution of qualified intellectual property, did the organizations maintain.	7a	1	
I Dia	J 41.	Tallott for the second of the	7b	———	
9 If th	in	organization, during the surface of the year	" was		
h ieu	- Jugar	""Zation received - " year, pay premit ecity, to pay premi		1.	
8 200	e organ	nization received a contribution of qualified in directly or indirectly		1	
opo	nsorii	ing organisms of contribution of core intellectual property, of a personal benefit con	tract2		
spor	nsorine	organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contraction received a contribution of qualified intellectual property, did the organization file Form 8899 as required a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required as the organization file and	10 dct? 7e	1	
9 Spor	1soria	g organization have exceed the difference of the control of the co	74	1	
a Did to	ho a	g organization have excess business holdings at any time during the year? onsoring organization make any taxable distributions under section 4966? case and capital contribution.	ulred? 7g	+-	
b Did th	spc	onsoring organization make any taxable distributions under section 4966? It is and capital contributions included on Part VIII, line 12	3-C? 7h	+	
10 Soct	ie spo	onsoring organization make any taxable duvised funds.	y the	1	
Section	on 501	1(c)(7) organization make a distributions under	. 8	1	
a Initiatio	on fee	33 and an advantage of the state of the stat	0]	
b Gross	recein	and capital contributions		7	
11 Section	n 504	os, included on Form one included on Part VIII.	· 9a		
			· 9b	-	
D Gross	,	e from members Effer: Public use of all 1			
900/5 I	incom	the amount of tax-exempt interest recovery and to other sources (10 of the property of the amount of tax-exempt interest recovery of tax-exempt interest recov	1.1:1	1	
ayainst :	amoul	ints due or sources (Do not	- 1 1 1	1	
12a Section	4947/	folks	$\neg \mid \mid \cdot \mid \cdot \mid$	l	
b If "Yes."	Anto-	(a)(1) non-exempt characteristics and due or paid to other and 11a		1	
13 Section	citter	the amount of tay charitable trusts to the		1	
a le the	501(c)	(29) qualified tax-exempt interest ros	-1 1 1 ?	1	
			1 1 1	į	
h Carlo	the in	the amount of tax-exempt interest received or accrued during the year. (a)(2) qualified nonprofit health insurance issuers. Instructions for additional information the organization must receive to issue of the plans in more than one state?	712		
b Enter the a	amour	nstructions for additional in plans in more in the state of the state	12a	~	
the organiz	Zation	reserves the organization the organizati	1 1 1	7	
				į	
la Did the	moun	tion licensed to issue qualified health plans in more than one state? It is licensed to issue qualified health plans in more than one state? It is licensed to issue qualified health plans in more than one state? It is licensed to issue qualified health plans in more than one state? It is licensed to issue qualified health plans It of reserves on hand It of receive any payments.	13a	1	
h if the orga	anızat	tion recover	T-1-1-	_	
= "Yes," has	s it file	ed a c	$1 1 \overline{1}$	ĺ	
	1116	13b	I I I I		
		13c			
		to of reserves on hand tion receive any payments for indoor tanning services during the tax year? 13b 13c 13c	_ "		
		explanation in School	14a		
		- Scriedule O .	14h		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI	in Schedule O. S	See in:	struct	ons.				
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 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.	<u>1a</u> 7							
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 rany other officer, director, trustee, or key employee?	-	2	:	-				
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	under the direct	3		<u>▼</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets?.	5		1				
6 7a	 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 								
b	 one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 								
8	Did the organization contemporaneously document the meetings held or written actions until the year by the following:		7b		√				
а	The governing body?		8a	1					
b	Each committee with authority to act on behalf of the governing body?		8b	1					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. <u></u> .	9		✓				
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C	 					
40-	Did the averagination have least about up hyperbox as affiliates?			Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?		10a		<u>√</u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	1					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12a 12b	√					
С	Did the organization regularly and consistently monitor and enforce compliance with the particle in Schedule O how this was done		12c	✓					
13	Did the organization have a written whistleblower policy?		13	✓					
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	nd approval by	14	√					
а	The organization's CEO, Executive Director, or top management official		15a		√				
b	Other officers or key employees of the organization		15b	1	'				
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or simil			•					
	with a taxable entity during the year?		16a		1				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization 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	İ					
	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed ► see Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar available for public inspection. Indicate how you made these available. Check all that apply.	nd 990-T (Section	501(c)(3)s	only)				
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in School Describe in School O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year.		erest p	oolicy	, and				
20	State the name, address, and telephone number of the person who possesses the organizatio	n's books and re	cords:	•					
	Maharishi Durusha Program 1000 Durusha Diago Suito 109 Domnov WV 26767, 204 250 0006								

Page	. 7
raye	

Form	aan	1201	6

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 nor any related organization compensated any current officer, director, or trustee.

Check this box in heither the organization he	T arry relate	C OIG	arnz			ompe	iiisa	Ted any currer	it officer, directo	, or trustee.
]			-	C)					
(A)	(B)	(do n	ot ch		ntion	e than o	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any		er and		irect	or/trus		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	l Ig	Officer	<u>s</u>	율픊	Former	the	organizations	compensation
	related	direct line	<u>ਵ</u>	Cer	en en	l object	n ne	organization	(W-2/1099-MISC)	from the
	organizations below dotted	호트	1 8		Key employee	8 8	Ì `	(W-2/1099-MISC)		organization and related
	line)	Sur	🖆		yee	P		l	!	organizations
	Ì	66	Institutional trustee		'	Highest compensated employee	1	1		-
	ļ	<u> </u>				<u>g</u>	_			
(1) Dr. Howard Chandler	3.5									
	3.5	1] [1			ĺ	1		
Trustee, President	25		 	<u> </u>	-		-	0	0	0
(2) Dr. Bevan Morris Trustee	.25	1						0	o	0
(3) Dr. John Hagelin	.25	 	\vdash		-	 	 		 	<u>_</u>
Trustee		1	1			1		o	o	0
(4) Dr. Jose Louis-Alveraz	.25	- -			-	-	\vdash	-		
Trustee		1]]	'			Ì) 0	o	0
(5) Defect Devid	.75	<u>-</u> -			-	 	_			
Trustee		1	1 1			1		0	o	0
(6) Jeffrey Irvine	2.5					_	_	-		
Trustee, Assistant Secretary		1		✓		ĺ		0	0	0
(7) Rick Larsen	12							1		
Trustee, Treasurer, Secretary		✓		✓				0	o	0
(8) Steven Souza	12									
Assistant Treasurer				✓				0	o	0
(9)										
				_			_			
(10)		}))		
(11)	 	-		_	-					
N::/	-									
(12)										
(40)	ļ. <u> </u>	ļ	\vdash		_	ļ	-			
(13)										
(14)										
							<u> </u>			

Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	ot ch	Posieck s pe	tion more	than of the structure o	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation frelated organizations (W-2/1099-MIS	om	Est arm comp fro orga and	(F) commated count of other coensatio om the inizatio related	i on n t
(15)						_					+		·	
(16)												 . <u></u>		
(17)								-			+			
(18)								-			+			
(19)						 					+			
(20)								_			1			
(21)							L—.—	-			-			
(22)					,			-			-			
(23)					_) 			-			
(24)								-			_			
(25)								<u> </u>			_			
С	Sub-total	VII, Sectio	n A					> >	0 0		0			0 0
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received mo	ore than \$100	000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S											3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	50,0	000	? It	"Ye		complete Sch			4	-	1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or indivi		5		-
Section	n B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Repyear.													ах
	(A) Name and business add	ress							(B) Description of se	ervices	c	(C) Compens	ation	
None					-			_						
					_	_								
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who				

Part	VIII	Check if Schedule C		a res	nonse or note to	any line in this	Part VIII		Г-
		Officer if Generalie C	Contains	<u>a 103</u>	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
है है।	1a	Federated campaigns	s	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b	0		}		
A S	С	Fundraising events .		1c	0		1		
a git	d	Related organizations		1d	0				
ns,	е	Government grants (cor		1e	0				
er S	f	All other contributions, g							
년 원		and similar amounts not inc		1f	2,172,478			1	
ng Dr	g	Noncash contributions inclu			45,060				
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	<u>· · · </u>	Business Code	2,172,478			
Program Service Revenue	2a	Notes Receivable - No	n Profite			44 404			
Re	b	WV Course Revenue		-	523000 611600	41,194 142,669	41,194	0	
8	C	WW Course Revenue			011000	142,009	142,669	0	
e Z	d				· · · · · · ·				 -
S E	e								
gra	f	All other program ser	vice revenu	ле .		0	0	0	
P	g	Total. Add lines 2a-2			▶	183,863	<u></u>		
	3	Investment income	(including						
ļ		and other similar amo	ounts) .		▶ [8,939	0	0	8,939
Ì	4	Income from investmen	it of tax-exer	npt bo	ond proceeds ►	0	0	0	
	5	Royalties			▶	0	0	0	
			(ı) Real		(ii) Personal				
{	6a	Gross rents		0			-		
}	Ь	Less: rental expenses		0		1	1		
1	C	Rental income or (loss)	(1)	0					**************************************
İ	d 7a	Net rental income or Gross amount from sales of	(IOSS) . (i) Securit		(ii) Other	0	0	0	
j	7 a	assets other than inventory		5,026	 				•
ŀ	ь	Less: cost or other basis	-	3,020		[
		and sales expenses .		7,928					
[С	Gain or (loss)		2,902	1				
	d	Net gain or (loss) .	·			-2,902	0	0	-2,902
enne	8a	Gross income from fu	undraising	n i		-2,302			-2,902
Other Rev		of contributions report	ed on line 1	4					
e.		See Part IV, line 18 .			0	ł		1	
됐	b	Less: direct expenses	s	. b	0				
	C	Net income or (loss) f	rom fundra	ising	events . >	0		0	
ļ	9a	Gross income from gassee Part IV, line 19 .		· a	0				
	b	Less: direct expenses							
Ì		Net income or (loss) f			vities ▶		o	0	0
1		Gross sales of in returns and allowance	es	· a					
-	b	Less: cost of goods s Net income or (loss) f							
}	С	Miscellaneous F		21 II IVE	Business Code	1,142	1,142	0	0
}	11a	Credit Card Rewards			900099				
ľ	b			-	300088	283	0	0	283
	C				 	+			
ļ	ď	All other revenue .			-	0	0	0	0
	e	Total. Add lines 11a-		'	•	283			<u>_</u>
	12	Total revenue. See in			▶ ↑	2,363,803	185,005	0	6,320
						<u> </u>			Form 990 (2016)

Form 990 (2016) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,181,572 1,181,572 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 60,000 60,000 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees O 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 7 Other salaries and wages 153,009 145,312 0 7,697 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 3,380 3,228 0 152 10 Payroll taxes 11,706 11,117 0 589 11 Fees for services (non-employees): Management 0 0 Legal 0 0 0 0 Accounting 7,047 0 7,047 0 Lobbying 0 n 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees 0 0 0 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 0 0 12 Advertising and promotion . . . 4,879 0 4,879 0 13 Office expenses 38,928 166 2,004 36,758 14 Information technology 2,009 907 1,085 17 15 0 0 0 0 16 o 0 0 0 0 17 16,212 16,212 0 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials O 0 0 Conferences, conventions, and meetings . 19 0 0 0 0 20 0 0 0 0 21 0 0 0 0 22 Depreciation, depletion, and amortization . 13,388 13,388 ol 0 23 Insurance 11,657 7,643 4,014 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.) Room and Board 557,712 557,712 0 0 PK Program expense 16,187 16,187 0 0 Course Expenses 86,736 86,736 0 0

2,121

4,911

2,171,454

Visa Application Fees

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)

All other expenses

25

0

3,772

53,864

0

2,100,180

2,121

1,139

17,410

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	t X	· .: ,	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	160,737	1	194,089
	2	Savings and temporary cash investments	805,959	2	1,084,378
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	42,861	4	41,776
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
S	6	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	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	478,717	8	474,249
	9	Prepaid expenses and deferred charges	10.922	9	10,024
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 143,218			, ,
	ь	Less: accumulated depreciation 10b 92,397	64,209	10c	50,821
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	1	12	1
	13	Investments—program-related. See Part IV, line 11	1,059,000	13	1,031,000
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	270,601	15	201,512
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,893,007	16	3,087,850
	17	Accounts payable and accrued expenses	27,465	17	46,179
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
es	22	Loans and other payables to current and former officers, directors,	,		
≝)	trustees, key employees, highest compensated employees, and			
Liabilities]	disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	27,465		46,179
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			· 1
ės		complete lines 27 through 29, and lines 33 and 34.		,	
Ĕ	27	Unrestricted net assets	0	27	0
ž	28	Temporarily restricted net assets	0	28	0
D	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			,
ts C	30	Capital stock or trust principal, or current funds	0	30	0
Se	31	Paid-ın or capital surplus, or land, building, or equipment fund	0	31	0
Ą	32	Retained earnings, endowment, accumulated income, or other funds .	2,865,542	32	3,041,671
Se	33	Total net assets or fund balances	2,865,542		3,041,671
_	34	Total liabilities and net assets/fund balances	2,893,007	34	3,087,850
					Form 990 (2016)

Page 1.	age 12	Pa
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	30 (2010)				. ugu
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u> </u>	. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,	363,803
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,	171,454
3	Revenue less expenses. Subtract line 2 from line 1	3			192,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,	865,542
5	Net unrealized gains (losses) on investments	5			-16,220
6	Donated services and use of facilities	_6			(
7	Investment expenses	7			
8	Prior period adjustments	8	·		(
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3,	041,671
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<u> </u>	<u>. 🗆</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	เท		-
	Schedule O.				
2a	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 com-	piled (or	-	'
	reviewed on a separate basis, consolidated basis, or both:		,	1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			, Ç, °	·
b	Were the organization's financial statements audited by an independent accountant?		. 2t		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a '	24	1
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	-	I		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	?2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın 「	-	*
	Schedule O.			;	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		
	the Single Audit Act and OMB Circular A-133?		. 3a	. [1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		ie 🗆		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Fo	rm 9 9	0 (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 charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	rishi Purusha Program	with Status (All	organizations must	comple	to this n		324160
Pa							ons.
	organization is not a private founda		•		•	•	
1	A church, convention of church						
2	A school described in section		•			• •	
3	A hospital or a cooperative ho						_
4	A medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and stat						
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a governmen	tal unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1	receives a subs	tantial part of its sup				n the general public
8	A community trust described	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	uzation described	d in section 170(b)(1)	(A)(ix) op			
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	it income and uni	related business taxal	ole incom	ne (less si	ection 511 tax) from	p fees, and gross in 331/3% of its businesses
11	☐ An organization organized and						
12	An organization organized and	•	•	•			rry out the ourooses
	of one or more publicly support						
	Check the box in lines 12a thro						
а	—	_			-		•
	the supported organization						
	supporting organization. Y						.000 01 1110
h		=				supported organizati	ion(a) by bound
b	control or management of						
	organization(s). You must				: persons	inal control of man	age the supported
		-	•				-10
С							ally integrated with,
_	its supported organization		· ·			• •	
d	_ ,,						
	that is not functionally inte						id an attentiveness
	requirement (see instruction	ons). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		nization received	a written determination	on from ti	ne IRS th	at it is a Type I, Type	e II, Type III
	functionally integrated, or	Type III non-func	tionally integrated sur	porting	organızat	ion.	
f	Enter the number of supported						[
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))	listed in you	ır governing ment?	support (see instructions)	other support (see instructions)
			above (see instructions)	0000		instructions	instructions
				Yes	No	1	
743							
(A)						1	
/m\							
(B)		1					
		 					
(C)		1					
		 			 	 	
(D)		1					
		 				 	
E)		1					
Tota		48 10 10 10 10 10 10 10 10 10 10 10 10 10	717 20 25 30 30	No.		 	
. ~ •u		I will the control of the property of the prop	* - Transfer abblicate above Long Land Barn to an Market Market	45 TA S. S. S. S. S. S. S. S. S. S. S. S. S.	17 TOWNS TO THE REAL PROPERTY.	,	

Par	Support Schedule for Organiza	ations Descri	ibad in Saai	tions 170/bV	4\/A\/:\ ===d	470(1-)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	Page
	(Complete only if you checked the	ne hox on line	5 7 or 8 o	f Part Lor if th	1)(A)(IV) and	170(b)(1)(A)(v	/I)
	Part III. If the organization fails to	gualify unde	r the tests li	sted helow r	ile Organizatio	oto Bort III \	ality under
Sec	ion A. Public Support	s quality unde	1 110 10313 11	sted below,	Jiease Compi	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(6) Total
1	Gifts, grants, contributions, and	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(5) 2010	(0) 2014	(d) 2013	(e) 2016	(f) Total
	membership fees received. (Do not			ļ			
	include any "unusual grants.")	N/A		-			
2	Tax revenues levied for the		-				
	organization's benefit and either paid						
	to or expended on its behalf			İ			
3	The value of services or facilities				 		
	furnished by a governmental unit to the				1		
	organization without charge				İ		
4	Total. Add lines 1 through 3	-	-				
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on				<i>.</i> :	٠, ٠,	
	line 1 that exceeds 2% of the amount				-		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	ion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	N/A					
8	Gross income from interest, dividends,	İ					
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	T. L.						
9	Net income from unrelated business activities, whether or not the business					1	
	is regularly carried on]]	
10	Other income. Do not include gain or						
.0	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ne)	L		10	
13	First five years. If the Form 990 is for the	e organization'	s first secon	· · · · · . d third fourth	or fifth toy	12	E01(-\/0\
	organization, check this box and stop her	e		d, tima, louiti	i, or mur tax ye	ear as a section	1 50 I(C)(3)
Secti	on C. Computation of Public Support						<u>· · · · · · · · · · · · · · · · · · · </u>
14	Public support percentage for 2016 (line 6	, column (f) div	ided by line 1	1. column (f))		14	N/0 9/
15	Public support percentage from 2015 Sch	edule A, Part II	. line 14			15	N/A %
16a	331/3% support test-2016. If the organize	zation did not d	theck the box	on line 13 ar	nd line 14 is 33	21 mg/s or more	abaals the
	box and stop here. The organization quali	ifies as a public	ly supported	organization			▶ 🗆
b	33'/3% support test—2015. If the organiz	ation did not c	heck a box o	n line 13 or 16	a, and line 15	is 3312% or mo	re chook
	this box and stop here. The organization of	qualifies as a p	ublicly suppo	rted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test-20	16. If the organ	nization did n	ot check a box	x on line 13 1	6a or 16h and	line 14 is
	10% or more, and if the organization med	ets the "facts-a	and-circumsta	ances" test, ch	eck this hox a	nd ston here	Evolain in
	Part VI how the organization meets the "fi	acts-and-circu	mstances" te	st. The organiz	zation qualifies	as a publicly s	supported
	organization						▶ □
b	10%-facts-and-circumstances test—20	15. If the organ	nization did n	ot check a box	x on line 13 1	6a 16h or 17a	and line
	15 is 10% or more, and if the organizat	ion meets the	"facts-and-d	ircumstances"	test check t	his how and et	on horo
	Explain in Part VI how the organization m	eets the "facts	-and-circums	tances" test.	The organization	on qualifies as a	a publicly
46	supported organization						
18	Private foundation. If the organization did	I not check a be	ox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	
	ınstructions	<u></u>	<u></u> .				▶ □

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

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

(e) 2016 2,168,288	(f) Total 11,517,041
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	10,643,804
(e) 2016	(f) Total
(e) 2016	(f) Total
(e) 2016 2,357,761	(f) Total 12,353,915
(e) 2016	(f) Total
(e) 2016 2,357,761	(f) Total 12,353,915
(e) 2016 2,357,761	(f) Total 12,353,915
(e) 2016 2,357,761	(f) Total 12,353,915
(e) 2016 2,357,761 8,939	(f) Total 12,353,915 86,872
(e) 2016 2,357,761 8,939	(f) Total 12,353,915 86,872
(e) 2016 2,357,761 8,939	(f) Total 12,353,915 86,872
(e) 2016 2,357,761 8,939 0 8,939	(f) Total 12,353,915 86,872 0 86,872
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983	(f) Total 12,353,915 86,872 0 86,872 0 8,086
(e) 2016 2,357,761 8,939 0 8,939	(f) Total 12,353,915 86,872 0 86,872 0 8,086 12,448,873 in 501(c)(3)
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section	(f) Total 12,353,915 86,872 0 86,872 0 8,086 12,448,873 in 501(c)(3)
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section	(f) Total 12,353,915 86,872 0 86,872 0 8,086 12,448,873 in 501(c)(3)
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section	(f) Total 12,353,915 86,872 0 86,872 0 8,086 12,448,873 n 501(c)(3)
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section	(f) Total 12,353,915 86,872 0 86,872 0 8,086 12,448,873 n 501(c)(3) ▶ □ 85.50 % 87.83 %
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section	(f) Total 12,353,915 86,872 0 86,872 0 8,086 12,448,873 n 501(c)(3) ▶ □ 85.50 % 87.83 % 0.70 %
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section 15 16	(f) Total 12,353,915 86,872 0 86,872 0 8,086 12,448,873 n 501(c)(3)
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section 15 16 17 18 re than 331/39	(f) Total 12,353,915 86,872 0 86,872 0 8,086 12,448,873 n 501(c)(3)
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section 15 16 17 18 re than 331/a9 ted organization	(f) Total 12,353,915 86,872 0 86,872 0 86,872 0 8,086 12,448,873 n 501(c)(3)
(e) 2016 2,357,761 8,939 0 8,939 0 283 2,366,983 ar as a section 15 16 17 18 re than 331/39	(f) Total 12,353,915 86,872 0 86,872 0 86,872 0 86,872 0 87,83 % 0.70 % 0.93 % 6, and line on .
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Part IV

(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.) **Supporting Organizations** Yes No

- Are all of the organization's supported organizations listed by name in the organization's governing 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 Section A. All Supporting Organizations class or purpose, describe the designation. If historic and continuing relationship, explain.
 - Did the organization have any supported organization that does not have an IRS determination of status und the organization have any supported organization that does not have an indicatermination or status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported under section 509(a)(1) or (2)?
 - 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
 - Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and DID the organization commitmate 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
 - 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.
 - Was any supported organization not organized in the United States ("foreign supported organization")? If
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign uld the organization have utilinate control and discretion in deciding whether to make grains to the loreign 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.
 - c Did the organization support any foreign supported organization that does not have an IRS determination uid the organization support any toreign supported organization that does not have an in-5 determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used under sections out(c)(a) and obstant) of (c)? If res, 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)
 - 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 answer (b) and (c) below (ii 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; numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (ii) the authority under the organization's organizing document authorizing such action; and (iv) how the action
 - Type I or Type II only. Was any added or substituted supported organization part of a class already

 - c 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) other connection or anyone other than (i) its supported organizations, (iii) other connections that are part of the charitable class benefited anyone other man (i) his supported organizations, (ii) manyiduals that are part or the chamable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or by one or more of its supported organizations, or (iii) other supporting organizations that also support or the file of the supported organization or (iii) other supporting organizations that also support or the file of the supported organization or (iii) other supporting organizations that also support or the support of the benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6
 - 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 (using in Section 4330(0)(0)), a raining member of a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 7
 - Was the organization controlled directly or indirectly at any time during the tax year by one or more
 - was the organization controlled directly or indirectly at any time outing the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 4946) is provided detail in Part 14
 - Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which
 - c 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.
 - Was the organization subject to the excess business holdings rules of section 4943 because of section vivas une organization subject to the excess positiess morangs rules of section 4945 because of section 4945 (f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 10a
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, determine whether the organization had excess business holdings.)

lally lines	10a	
Form 4720, to	10b	
Schedule A (Form	990 01	990-EZ) 2016

Part.	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ľ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	L	
	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	Ĺ <u> </u>	<u> </u>
Section	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	1	ľ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	ŀ]
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		′	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported		,	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		:	
	supervised, or controlled the supporting organization.	<u> </u>		<u> </u>
04		2		١
Section	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 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).			
Sooti	on D. All Type III Supporting Organizations	1		L
Section	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	-	٠,
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,	7	
	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	H		
-	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	,		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			,
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	inetru	ctions	
	☐ The organization satisfied the Activities Test. Complete line 2 below.		.,	-,.
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete line of below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (eaa in	etaleti	onel
·	The organization supported a governmental ontity. Boodings in Part 47 now you supported a government entity (300 111		10113).
2	Activities Test. Answer (a) and (b) below.	اــــا	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ξ.	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		7.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		,	
	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 activities but for the organization's involvement.			
	-	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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):		- · ·	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
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		
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	,' ,6	
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	,	
 7 Check here if the current year is the organization's first as a non-functional instructions). 	ly int	egrated Type III supporting	organization (see

Part	<u> </u>	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers ex	empt purposes of supp	orted	
	organizations, in excess of income from activity	·		
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
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	ch the organization is re	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	2年1月1日 新田田 宣告	三·《初》中第三周》	· · · · · · · · · · · · · · · · · · ·
	Underdistributions, if any, for years prior to 2016			DESCRIPTION OF THE PROPERTY OF
2	(reasonable cause required - explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2016	AND THE PROPERTY OF THE PARTY O	了。 第二章的"大學"的	位置(2) (清洁)
a	國施拉·森德國和國際人名[[[]] [[]] [[] [[]] [[] [[]] [[] [[]] [[] [[] [[]] [[· "是我们的"一个"。	日本語 (教皇) である。	製造器を対象に影響に
b	LE PROPERTY AND THE PROPERTY OF THE PROPERTY O	翼毛等的的极,现6	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	了4個形式第5個公司
c	From 2013	思想可能性证明	ある。本語にはは 漢語	企业了一型体的 和操
d	From 2014 .	AS COMMEN	是"数据"。这样就是"	第35年 图集 图
e	From 2015	ALL AND THE AND	學園家話程。第277	哈德里特基。第
f	Total of lines 3a through e			STATE OF THE STATE
g_	Applied to underdistributions of prior years	発性である。お客様をおか		いの問題を含みの理解を
h	Applied to 2016 distributable amount	通知的原则 ,200	ELL THE SERVICE	
i	Carryover from 2011 not applied (see instructions)	然是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	1965、400000 1965 1965 1965 1965 1965 1965 1965 1965	直播第一年公園、福
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		是是是1000 (AC) (AC) (AC) (AC)	深
4	Distributions for 2016 from			
	Section D, line 7 \$	· 第一章	ENDRESS CENT	THE REAL PROPERTY AND A SECOND
a	Applied to underdistributions of prior years	THE STREET		常注意建筑的影響
b	Applied to 2016 distributable amount		位金属 丁門 電影中	
С	Remainder. Subtract lines 4a and 4b from 4.		译经 公司。1998年	等。1984年1985年1985年
5	Remaining underdistributions for years prior to 2016, if			以来是不是要 做
	any. Subtract lines 3g and 4a from line 2. For result	经是一个企业		
	greater than zero, explain in Part VI. See instructions.	(14)、(5)等64、(14)	Process of the second of	が、機能に対象に対象が
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			İ
	Part VI See instructions.	CARL PARTY	1. 清雪、火色发展火	Control of the contro
7	Excess distributions carryover to 2017 Add lines 3 _j and 4c.			
8	Breakdown of line 7:	一种是一种的一种	学者においるなが	法不是法定的
а	了是了一张了整个里面的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	THE SAME AND THE	部分第一张广东中	《本語》:"在第二次
b	Excess from 2013	THE PARTY NAMED - THE	建立型火火型和4万米	正式器。23.60至1 50
С	Excess from 2014	是一个一个	是一种的一种	经验的证据
d	Excess from 2015	HACE REPORT	· LITTLY THE	ALTER TO THE PARTY OF THE PARTY
е	Excess from 2016		北海灣門的古港	是學學學學學

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F	'n	a	A	Z

Parţ VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Credit Card	rebates represented the total amounts in Part III line 12 for years 2012, 2013, 2014, 2015, and 2016
	······································
	<u>'</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

Name o	f the organization		Employer identification number
<u>Ma</u> hari	shi Purusha Program		<u>5</u> 6-1824160
Par	Organizations Maintaining Donor Adv		ds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	N/A	7
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	<u> </u>	<u> </u>
5	Did the organization inform all donors and donor	9	
_	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	- · · · · · · · · · · · · · · · · · · ·	· · · · · · · L Yes L No
Par	Conservation Easements.	'Voo" on Form 000 Port IV line 7	
	Complete if the organization answered "		
1	Purpose(s) of conservation easements held by the c Preservation of land for public use (e.g., recreat		i a la sala da alla da sala sala sala sal
	Protection of natural habitat	·	a nistorically important land area a certified historic structure
		☐ Freservation of	a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	old a gualified conservation contribution	on in the form of a consequence
_	easement on the last day of the tax year.	a qualifica conservation contribution	Held at the End of the Tax Year
_			
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in		
u			
3	Number of conservation easements modified, trans		
	tax year ►	, , , , , , , , , , , , , , , , , , , ,	
4	Number of states where property subject to conser	rvation easement is located ►	
5	Does the organization have a written policy reg	garding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation eas	sements it holds?	· · · · · · Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		section 170(h)(4)(B)(i)
			· · · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports of		•
	balance sheet, and include, if applicable, the text o		ancial statements that describes the
	organization's accounting for conservation easeme		
Part	Organizations Maintaining Collections	•	Other Similar Assets.
	Complete if the organization answered "		
та	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fo		
L	•		
þ	If the organization elected, as permitted under SI works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		deation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1	_	L & B1/A
	(ii) Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	N/A
2	If the organization received or held works of art,		
~	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		
	Assets included in Form 990, Part X		> \$

Part									
3	Using the organization's acquisition, collection items (check all that apply):		er records, chec	k any of the	follow	ng that are a si	gnificar	it use	of its
а	☐ Public exhibition		d 🗌 Loan	or exchange	e progra	ams			
b	Scholarly research		e 🗌 Other	r					
C	Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections ar	nd explain how t	hey further t	the orga	ınızatıon's exem	pt purp	ose in	Pari
5	During the year, did the organization assets to be sold to raise funds rather							es [] No
Part	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.					•		n Forr	m
	Is the organization an agent, trustee included on Form 990, Part X?							es [] No
b	If "Yes," explain the arrangement in P	art XIII and complet	te the following to	abie:		Án	nount		
С	Beginning balance				1c				N/A
d	Additions during the year				1d	<u> </u>			
е	Distributions during the year				1e				
f	Ending balance				1f	<u> </u>			
2a	Did the organization include an amou					•] No
<u>b</u>	If "Yes," explain the arrangement in P	art XIII. Check here	if the explanatio	n has been p	orovided	on Part XIII .	<u> </u>		<u>] </u>
Par									
	Complete if the organization								
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years back	(e) Fou	ır years l	back
1a	Beginning of year balance	754,382	754,382	75	54,382	754,382		75	4,382
ь	Contributions	ļ							
С	Net investment earnings, gains, and								
	losses	33,930	33,930		33,930	40,320		4	0,320
d	Grants or scholarships								
е	Other expenditures for facilities and	1			}		}		
	programs	33,930	33,930	3	33,930	40,320	ļ	4	0,320
f	Administrative expenses	0	0		0	0	L		0
g	End of year balance	754,382	754,382	·	54,382	754,382	L	75	4,382
2	Provide the estimated percentage of t	_		ı, column (a))) held as	3:			
а	Board designated or quasi-endowme		! %						
b	Permanent endowment ▶								
C	Temporarily restricted endowment ▶	0%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th	e possession of the	organization that	at are held a	ınd adm	ninistered for the	;		
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)		✓
	(ii) related organizations						3a(ii)		√
b	If "Yes" on line 3a(II), are the related of						3b		
4	Describe in Part XIII the intended uses		n's endowment f	unds.					
Part									
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line	11a. S	ee Form 990, F	Part X,	line 1	0.
	Description of property	(a) Cost or othe (investment		or other basis ther)		ccumulated reciation	(d) Boo	k value	-
1a	Land			ž.	Part of				
b	Buildings				_				
c	Leasehold improvements					G			
d	Equipment			27,221		19,392			7,829
e	Other			115,997		73,005			2,992
Total.	Add lines 1a through 1e. (Column (d) r.	nust equal Form 99	0, Part X, column			▶			0,821

Part VII	Investments – Other Securition Complete if the organization are		orm 990. Part IV Jir	ne 11b. See For	m 990 Part Y line 12
	(a) Description of security or categorical (including name of security)	gory	(b) Book value	(c) M	ethod of valuation nd-of-year market value
(1) Financia	l derivatives	· · · · · · · ·	0		
(2) Closely-	held equity interests		1		
(3) Other			0		
(A)					
(B)	•				
(C)			<u> </u>		
(D)		·	-		
(E)					
(F) (G)			- 		
(U) (H)	·				
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Relat		1		
· a. c viii	Complete if the organization ar	i cu. Iswered "Vos" on Ed	orm 000 Bort IV lin	. 11. C	- 000 D. I.V. II. 40
	(a) Description of investment	isweled les offic	(b) Book value		
			(b) Book value		ethod of valuation d-of-year market value
	o Global Capital of World Peace, Inc.	 	1,004,000	cost	
	nanda Saraswati Foundation		27,000	cost	
(3)		 _	<u> </u>		
(4)			 		
(5)					
(6)					
(7) (8)		 			
(9)					
	b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	1 001 000		
Part IX	Other Assets.		1,031,000	L	
	Complete if the organization an	swered "Yes" on Fo	rm 990. Part IV. lin	e 11d. See Forn	n 990 Part X line 15
		(a) Description		5 1 Tu. 000 T 011	(b) Book value
(1) Metals			·· ·- · · · · · · · · · · · · · · · · ·		201,512
(2)					201,312
(3)			 		
(4)					
_(5)			<u> </u>		
(6)	<u> </u>				
_(7)		·····			
(8)					
(9)	(h) 15 200 5	(7) 11			
	mn (b) must equal Form 990, Part X,	col. (B) line 15.)	<u></u>	<u>.</u> ▶	201,512
Part X	Other Liabilities.				
	Complete if the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 11e or 11f. Se	e Form 990, Part X,
1.	line 25. (a) Description of liability	#3 D. J. T.	 _		···
(1) Federal in		(b) Book value			, ,
	Come taxes				
(2) N/A (3)	·			•	
(4)					
(5)					
(6)					
(7)					!
(8)		 	——		
(9)					
) must equal Form 990, Part X, col. (B) line 25.) ▶				
2 Liability for	uncertain tay positions In Dort VIII are	vide the tout of the f1-			
organization's	uncertain tax positions. In Part XIII, pro	VIUE THE TEXT OF THE TOOM	iote to the organization	s financial stateme	nts that reports the
9 winz all Oil S	liability for uncertain tax positions unde	= 1 111 40 (ASC 740). Che	eck nere if the text of th	e rootnote has bee	n provided in Part XIII

Pari	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Return.	
1	Total revenue, gains, and other support per audited financial statements	. 11	N/A
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1477
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	-	
e	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:	. • •	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	 	
C	Add lines 4a and 4b	. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per neturn.	
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:	· • 	N/A
a	Donated services and use of facilities	1 1	
b	Prior year adjustments		
C	Other losses	 -	
d	Other (Describe in Part XIII.)	 	
	Add lines 2a through 2d		
е 3	Subtract line 2e from line 1	2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3-	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	 	
b	· · · · · · · · · · · · · · · · · · ·		
С 5	Add lines 4a and 4b	. 4c	
	XIII Supplemental Information.	. 13	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and	I Oh: Bort V line	4. Dort V. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional		+, Fait A, IIIIe
	·		_
i ne er	dowment was created by the Board of Directors to help achieve the program goals and the Board has c	omplete discretio	n in
structi	ring how the funds raised or accrued are used to achieve its program goals. The endowment may be in	vested in any type	e of income
brodn	cing vehicle, including loans, bonds, equities, saving accounts, or other income producing vehicles ove	r whatever terms	the Board
			_
of Dire	ctors feels is appropriate. The endowment may also be invested in the construction of permanent facilit	ies for the use of	the
_			
organi	zation as a home for the programs offered by the organization.		
		·	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2016

Open to Public Inspection

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.

Name of the organization

Employer identification number

Maharishi Purusha Program 56-1824160 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☑ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of offices in the (c) Number of (a) Region (d) Activities conducted in the region (by type) (such as, (e) If activity listed in (d) is (f) Total employees, a program service, describe specific type of expenditures for and investments fundraising, program services, investments, grants to recipients located in the region) agents, and independent region service(s) in the region in the region contractors in the region (1) South Asia 0 70 program services deep meditation 557,470 (2) North America 0 5 program services deep meditation 60,000 (3) Europe 0 2 program services deep meditation 51,809 (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15) (16) (17)За Sub-total 0 77 669,279 Total from continuation sheets to Part I . . . 0 0 0

0

77

c Totals (add lines 3a and 3b)

669,279

Schedule	<u> </u>	and Other A	seistance to Oro	enizatione or Entition	Outside the	nited States	to oth if the	m 990) 2016 Grants and Other Assistance to Organizations or Entities Outside the United States Complete if the organization answord "Voe" on Form 000	Page 2
		line 15, for a	Part IV, line 15, for any recipient who received	received more than \$	55,000. Part II can	more than \$5,000. Part II can be duplicated if additional space is needed.	dditional space is	needed.	લક ભાગભાગ્રહ્ય,
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region		(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ			North America	general support	60,000 wire	vire	0	0 N/A	book
(2)									
(3)									
<u>4</u>									
(2)									
(9)									
(2									
8)									
(6)									
(10)						- - - -			
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
8	Enter total nur by the IRS, or	mber of recipie for which the (ent organizations lis grantee or counsel l	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	ognized as charities 501(c)(3) equivalen	by the foreign courcy letter	itry, recognized as t	tax-exempt	•
က	Enter total nur	nber of other of	Enter total number of other organizations or entities	rties				•	0
								Sot	Schedule F (Form 990) 2016

² art	<u> </u>	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	☑ No
2	may Trus	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 ts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign t 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 ified 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 of (see Instructions for Form 8621)	☐ Yes	☑ No
5	the d	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

Part V

Supplemental Information

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

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

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

1545-0047	7
OMB No.	96

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%□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** support purposes support purposes support purposes sapport purposes √ Yes 56-1824160 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of noncash assistance MA (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. book 0 book book book (d) Amount of cash cash assistance cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 293,274 72,796 737,126 75,000 Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501 (c) (3) 501 (c) (3) 501 (c) (3) 501 (c) (3) 36-4519393 26-2986750 27-1003036 47-2908845 (b) EIN (4) Brahmananda Saraswati Jyotish (2) Global Capital of World Peace, I (3) Brahmananda Saraswati Found Foundation, 500 N St, Fairfield, lowa 1 (a) Name and address of organization (1) Gobal Country of World Peace 1000 Purusha Place, Romney, WV 2000 Capital Blvd, Fairfield, Iowa P.O.Box 2316, Fairfield, Iowa Maharishi Purusha Program Name of the organization Partl Part II 8 S Ø (12) 9 9 3 5 E

Schedule I (Form 990) (2016)

Cat No. 50055P

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

ļ

Schedule I (Fc	Schedule I (Form 990) (2016)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individuals space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 N/A						
8						
က						
4		-				
S						
9						
7						
Part IV To monitor	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. To monitor the use of the funds we confirm that the receiving organization is a 501 (c) (3) organization and that the organizations goals are consistent with ours. Also, a member of the	he information rec	quired in Part I, lin	e 2; Part III, columnion and that the organ) (b); and any other additi izations goals are consistent	onal information.
Board of Tr	Board of Trustees is assigned to confirm the use of the funds with the donee organization and report back to the Board	nds with the donee o	organization and repo	ort back to the Board.		
i				1		
						Schedule I (Form 990) (2016)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Employer identification number

	shi Purusha Program					56-18241	60		
Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash con amounts repo Form 990, Part	orted on	Method noncash cor			
1	Art-Works of art								
2	Art—Historical treasures								
3	Art - Fractional interests								
4	Books and publications			 					
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes			'					
8	Intellectual property								
9	Securities—Publicly traded		6		45,060	sales price			
10	Securities—Closely held stock .								
11	Securities—Partnership, LLC, or trust interests					 			
12	Securities-Miscellaneous			· · · · · · · · · · · · · · · · · · ·		<u></u>			
13	Qualified conservation	į į	:			1			
	contribution—Historic	ļ				i			
	structures								
14	Qualified conservation contribution—Other					!			
15	Real estate—Residential								
16	Real estate—Commercial								
17	Real estate—Other	ļ		L					
18	Collectibles	ļ		·		L			
19	Food inventory								
20	Drugs and medical supplies	<u> </u>							
21	Taxidermy	<u> </u>							
22 23	Historical artifacts			 					
23 24	Scientific specimens								
2 4 25									
26	Other ► () Other ► ()	} -							
27	Other ► ()	<u> </u>							
28	Other ► (
29	Number of Forms 8283 received	by the org	ganization during the tax y	ear for contribu	itions for				
	which the organization completed	Form 8283	, Part IV, Donee Acknowled	dgement		29	0		
					'			Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	erty reported in I	Part I, lines	1 through	414	, ,	
	28, that it must hold for at least the								
	to be used for exempt purposes t	or the entir	e holding period?				30a		1
b	If "Yes," describe the arrangemen								
31	Does the organization have a	gift accep	tance policy that require	es the review	of any no	nstandard]
							31	1	
32a	Does the organization hire or use								
	contributions?						32a		✓_
b	If "Yes," describe in Part II.								
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which o	column (a) is	s checked,			

Schedule M (Form 990) (2016) Page :
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer identification number	
Maharishi Purusha Program	56-1824160	
Additional response to Form 990, Part III, 4D:		
We averaged about 2 participants in the Purusha Program in Canada. The funds transferred also helped support other Canadian		
Purusha located in other parts of the world. All of these participants practiced the TM and TM-Sidhi techniques to unfold their full human		
potential through the development of their entire brain. Many of these participants reported more advanced experiences of higher states of		
consciousness and a greater sense of Nature operating through them as they gained more and more intimacy with the Laws of Nature that		
guide all of life.		
Many of these participants also helped prepare materials for the advancement of Maharishi's Vedic Science around the world.		
Additional response to Form 990, Part VI, 11b:		
Once the preparer of the 990 has finished and reviewed the 990 with the appropriate finance office personnel the 990 is sent to all members		
of the Board for their review. Once all questions of the Board members have been adequately explained an officer signs the signature page		
and sends it back to the preparer to be included with the 990 package sent to the IRS.		
Additional response to Form 990, Part VI, 19:		
The Articles of Incorporation, and any Amendments to them, are available on the NC Secretary of State's site for review and downloading.		
The essentials of the Profit and Loss Statement and Balance Sheet are available in the 990. We make available a copy of our 990 for		
inspection at the main office of the organization. No other corporate documents are available to the general public.		
Additional response to Form 990, Part VI, 17:		
Alaska, Arkansas, Connecticut, Georgia, Illinois, Kansas, Kentucky, Maryland, Michigan, Minnesota, Mississippi, Alabama, Florida, Maine,		
New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee,		
Utah, Virginia, Washington, West Virginia, Wisconsin, California, Oklahoma, Massachusetts, Washington DC, Colorado, Hawaii, North Dakota,		
Additional response to Form 990, Part VI, 12c:		
The Assistant Treasurer oversees the accounting and financial transactions of the organization. The A	ssistant Treasurer and the Accounts	
Payable supervisor both review all financial transactions looking for any transaction that could fall under the Conflict of Interest Policy. Any		
transactions that could possibly fall under the Conflict of Interest Policy are brought to the attention of the President by the Assistant		
Treasurer.		
Additional response to Form 990, Part VI, 15:		

None of the Trustees or officers of the organization receive any compensation. Any proposed compensation for any Trustee or officer is

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Schedule O (Form 990 or 990-EZ) (2016)

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

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Name of the organization	Employer identification number
Maharishi Purusha Program	56-1824160
determined by a review of the Finance Committee in light of his duties and resp	onsibilities. The President reviews the decision of the
Finance Committee and if there is any question about any compensation a full	review by the Board of Trustees is done.
Additional response to Form 990, Part XI, 5:	
The unrealized gain/loss on investments is related to the current value of preci	ous metals being held by the organization.