						2	94	93	65050	6 U Z
<b>5</b>	" ĝ	30	Return of Or	ganization Exem	pt From i	Income	: Tax	•	OMB No 15	45-0047
For	m •				_				. 20 <b>1</b>	19
			Under section 501(c), 527, or	al security numbers on this	•		_	•	Open to	
Dep	artment o	of the Treasury nue Service		gov/Form990 for instruction		-		uu	Inspec	
A			dar year, or tax year beginnin		2019, and end		June:	30 -	, 20 20	
<u>::-</u> В		f applicable:	C Name of organization Maharis				_		oyer identification	number
П		change	Doing business as				$\neg \neg$	•	56-1824160	
$\Box$	Name c	-	<del></del>	if mail is not delivered to street a	ddress)	Room/suite		E Telepi	hone number	
$\bar{\Box}$	Initial re	turn	1000 Purusha Place			108			304-358-0696	i
	Final ret	um/terminated	City or town, state or province,	country, and ZIP or foreign posta	l code					
	Amende	ed return	Romney, WV 26757							2,827,616
	Applicat	tion pending	F Name and address of principal of	fficer Howard Chandler					or subordinates? 🔲 Y	
<del>.</del>	<del>-</del>	4 .4 .4	[] [ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [	) 4 ( · · · )	7/->//>	7 7			es included? Y	
<u> </u>		mpt status	▼ 501(c)(3) 501(c) (	) ◀ (insert no ) 4947	7(a)(1) or 527	<del>V/</del>			st (see instruction	•
7		organization ✓		ation Other ►	L Year of for		$\overline{}$			n/a
È	art I	Summa	<del></del>	ationOther >	L Tear Of for	mation 1	993	m State	of legal domicile	NC
	1		cribe the organization's mis	sion or most significant ac	ctivities: We h	eld our pro	gram fo	r the d	levelonment of	
ø	'	-	ness with an average of 170 p	<del>-</del>	******					
ance	<del>-</del>		lerstanding of Maharishi Vedi							1119191
SAF	k		box ▶ ☐ if the organization							
5	<u>, β</u>	Number of	voting members of the gov	erning body (Part VI, line	1a)			3		7
ies &	<b>₩</b>	Number of	independent voting membe	ers of the governing body	(Part VI, line 1	1b)		4		7
ities C	15	Total numb	per of individuals employed	ın calendar year 2019 (Pa	rt V, line 2a)			5		46
<u>~</u> `≩	Πę	Total numb	per of volunteers (estimate if	necessary)				6		0
Σ ξ	∐a∤a	Total unrel	ated business revenue from	Part VIII, column (C), line	12			7a		0
-, <u> </u>	/) b	Net unrelat	ted business taxable income	from Form 990-T, line 39	<del>)</del>	· · ·	<u> </u>	7b		0
ا د	P			•	_	Pr	or Year		Current Ye	ear
<u></u>	8		ons and grants (Part VIII, line		<i>.</i> )	ļ		20,783		<u>2,131,312</u>
<u> </u>	9	_	ervice revenue (Part VIII, line	J	· · · ·	<b> </b>		33,746		159,102
Ŗ	10		t income (Part VIII, column (A			ļ	<del></del> .	14,345		20,371
	11 12		nue (Part VIII, column (A), lin		•	<del></del>		3,130		-216
	13		ue-add lines 8 through 11 ( d similar amounts paid (Part					22,004		2,310,569
	14		aid to or for members (Part I	, ,		<u> </u>		38,817		685,660
<b>/A</b>	15	•	her compensation, employee	• • •		<b>———</b>	1	40,405	<del></del>	144,355
ISe	مدا		al fundraising fees (Part IX,			<b>-</b>		0,405		0
Expens	b		raising expenses (Part IX, co		46,527					<del></del> -
낖	17		enses (Part IX, column (A), lir				82	20,565		804,514
	18	· ·	nses. Add lines 13-17 (must		, line 25) .			99,787		1,634,529
	19	•	ess expenses. Subtract line	•				22,217		676,040
- S						Beginning			End of Ye	
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)				3,30	02,525		3,991,289
t As	21	Total liabili	ties (Part X, line 26)					55,221		29,425
		Net assets	or fund balances. Subtract	line 21 from line 20 .	<u></u>		3,23	37,304		3,961,864
	art II		re Block	<u> </u>						
Un	der pena	ities of perjury,	, I declare that I have examined this e Declaration of preparer (other tha	return, including accompanying	schedules and st	atements, an	d to the t	est of n	ny knowledge and	belief, it is
- in	е, сопес	t, and complete	e Declaration of preparer tother the	Cofficer) is based on all informati	on of which prep	arer nas any i	knowledg	e/	15-5-	<del></del>
C:			Wasterfferen	van / / v	vergo	<u> </u>	ㅗ_	7/	25/20	
Sig		Signatu	ure of officer	Accin	Lank =	T	Date	. ^	•	
He	16	T		DUZA ASSICA	TOT	LICAS	30/3	= 1		
_			r print name and title preparer's name	Preparer's signature		Date			T , PTIN	<del></del>
Pa			preparer a name	i reparer a signature		Date		Check L self-emp	<b>→</b> "	
Pr	epare	r N/A		<u> </u>			`ـــــــــــــــــــــــــــــــــــــ			

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name

Firm's address ▶

Use Only

Cat No. 11282Y

Firm's EIN ▶

Phone no

Yes 🗸 No Form **990** (2019)

30,000) (Revenue \$

1.569.042

(Expenses \$

Total program service expenses ▶

30,000 including grants of \$

Part	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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7_		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 donor-restricted endowments or in 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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<b>\</b>	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<b>\</b>	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
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		<b>✓</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<b>√</b>
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		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<b>✓</b>	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u> </u>
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		<b>✓</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>√</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<b>✓</b>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>✓</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
		Form	1990	(2019)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated	02		
24a	employees? If "Yes," complete Schedule J	23	_	✓
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
d	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		✓
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓.
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<del>_</del>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<del>`</del>
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		<u> </u>
29	"Yes," complete Schedule L, Part IV	29	7	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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		<b>✓</b>
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		<b>-</b> -
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\overline{}$	<b>√</b>
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Part	19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IRS Filings and Tax Compliance	38	<u> </u>	
rail				
	Check if Schedule O contains a response or note to any line in this Part V	<del>· ·</del>	<del></del>	<u> </u>
4 -	Enter the number reported in Day 2 of Form 1000 Fator 0 16 and applicable		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	repertation gaining (gainsmig) minimge to prize militere:		990	(2019)

zart	Statements Regarding Other IRS Fillings and Tax Compliance (continued)		_	
0-	Established women of complement appointed on Form W.O. Transmitted of Wash and Toy	2000	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	c		4.4
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	5844
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1	E 246	50.A
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	285.52	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	]		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>√</b>
Ь	If "Yes," enter the name of the foreign country ▶			
<b>E</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>5</b> -		
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	-	<b>-</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del>                                     </del>	•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	100	<del>                                     </del>	
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	200	政艦	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	2 2 2	
b	and services provided to the payor?	7a 7b		-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	ER:A		75.0
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	F 3 3 3 3 3	M25, 125 M
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		# N/2	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Miles Miles
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		彩變"	<b>建</b>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	100	14	
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-	44	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	3.1382	70007267
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	· Ful	noise.	<b>10</b> 7.1
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	charan a		<b>35</b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	37 (A)		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c 4a	Enter the amount of reserves on hand	14a	£ 17.838	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	$\vdash$	_
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	933	ř.	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>✓</b>
	If "Yes," complete Form 4720, Schedule O.		37.56	No.
		For	n 990	(2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belowed response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		<u> 7</u>
Sect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a	42.13		
	If there are material differences in voting rights among members of the governing body, or			Y
	if the governing body delegated broad authority to an executive committee or similar		HAR.	
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent .    1b	4		
. <b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	K 300	<b>★</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3	-	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓ '
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		j
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<b>*</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<b>/</b>	CESTS 100 AND
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 be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_<
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	342		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	/	
13	Did the organization have a written whistleblower policy?	13	<b>✓</b>	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>
b	Other officers or key employees of the organization	15b	<b>✓</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	S.C	100	× 330
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		ś	7841
	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		
Secti	on C. Disclosure	استنا		
17	List the states with which a copy of this Form 990 is required to be filed ▶ see Schedule O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Our website  Another's website  Upon request  Other (explain on Schedule O)	(Sect	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	finter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and red  Maharishi Purusha Program 1000 Purusha Place, Suite 108, Romney, WV 26757 304-358-0696	cords l	<b>&gt;</b>	

	•		
Form	agn	(2019)	

Page 7

Part VII	Compensation of Officers,	<b>Directors, Trustees</b>	s, Key Employees	s, Highest Compensate	ed 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization no	r any relate	d org	aniz	zatio	on c	ompe	nsa	ated any current	officer, director,	or trustee.
		l		Į.	C)					
(A)	(B)	(B) Po						(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours	office	er an	dad		or/trus		compensation	compensation	of other
	per week (list any	익물	5	Q	ΤĒ	9 <u>∓</u>	7	from the organization	from related organizations	compensation from the
	hours for	를	≝	Officer	e e	동등	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	충탈	g		를	ye st c	"			related organizations
	organizations below	7 ह	a t		Key employee	Į			Ì	
	dotted line)	Individual trustee or director	캶	1	"	l gg				
	ĺ	-	8	1		Highest compensated employee				
(1) Dr. Howard Chandler				Г						
Trustee, President	3.5	✓_		✓	<u>.</u>			0	0	0
(2) Dr. Bevan Morris	<u> </u>			Г						
Trustee	.25	✓						o	0	0
(3) Dr. John Hagelin										]
Trustee	.25	✓		L.	<u> </u>			<u> </u>	o	0
(4) Dr. Jose Louis-Alveraz		]		Ì						
Trustee	.25	✓	<u> </u>			_		0	0	0
(5) Rafael David					l					
Trustee	.75	_✓		L	<u></u>		<u> </u>	0	0	0
(6) Jeffrey Irvine		l		l	l	ľ		1		
Trustee, Assistant Secretary	2.5	/		1		L	L	500	0	0
(7) Rick Larsen	ļ	j				,		ļ		
Trustee, Treasurer, Secretary	12	<b>✓</b>		✓	lacksquare			0	0	0
(8) Steven Souza										
Assistant Treasurer	12	<u> </u>	Ш	1			$\sqcup$	0	0	0
(9)	ļ			ļ						
			L	_		L				<del></del>
(10)	ļ		l							
			_		_					
(11)			ĺ							
<del></del>	<del></del>		_	_	<u> </u>			ļ		
(12)										
(13)			$\vdash$	-	$\vdash$					
(14)										

gar	Section A. Unicers, Directors,	rustees,	ney	EIII			5, ai	IU F	iignest Compe	nsateu	Emplo	yees (conti	nueu)
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos neck ss pe	rson lirect	than is both or/trus	n an tee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/109		organization related organi	and
(15)													
(16)													
(17)													
<u>(18)</u>													
(19)													
(20)													
(21)									,,		_		
(22)													-
(23)								_					
(24)								_					
(25)													
1b c	Subtotal	VII, Sectio	n A					<b>A A</b>	500 0 500		0		0
2	Total number of individuals (including but reportable compensation from the organization)	not limited						e) wi		e than \$1			0
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							mplo	oyee, or highes	t compe	ensated	Yes 3	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual												1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or in	dividual	5	1
Secti	on B. Independent Contractors										_	<del></del>	<u> </u>
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business addr	ess							(B) Description of servi	ces	(	(C) Compensation	
None													
	Total number of independent contractor	rs (includin	g bu	t no	ot li	mite	ed to	tho	ose listed above	e) who			
	received more than \$100,000 of compensa								0				

12

Total revenue. See instructions

Form 9	990 (201	9)								Page 9
∖ P,ar	t VIII	Statement of Reve							,	
		Check if Schedule C	) co	ntains a re	espor	ise or note to a	ny line in this Pa	T		<u> 🛚</u>
¢				•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र इ	1a	Federated campaigns	<u> </u>	• • •	1a		A Province of	3 6240 40		
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		,	1b					
و ج	С	Fundraising events .			1c					
Gifts, ( ilar An	d	Related organizations			1d			3.5		
% E	е	Government grants (c			1e			25.00	\$ 10 m	
Si Si	f	All other contributions			۱.,					
Contributions, and Other Sim	ì	and similar amounts not			1f	2,131,312	n grouphus kiniga	e i chiller ille food peerside pers	out some of a residual appropriate of	appergraphic of the decision of
₫ ₫	g	Noncash contribution lines 1a-1f			100	¢ 500.540			and the second	
20.0	h	_ : : : : : : : : : : : : : : : : : : :			19	\$ 523,513 ▶	1			
<u> </u>	- 11	Total. Add lines 14-1	<u>'</u>	<u></u>		Business Code	2,131,312	andradiguemmanudummanduma. r.: 2 William was and an ang ang ang ang ang ang ang ang ang	antigate consistent as a consi	i de la company
æ	2a	Notes Receivable - Nor	n Pro	ofits		523000	38,930	38,930	, U	V/W22/88/2000
۵ ≩	b	WV Course Revenue				611600	120,172			
S Ž	C						1-5/1.2	120/112		<del></del>
Program Service Revenue	d									
ğ	e									
P	f	All other program sen	vice	revenue			0	. 0	0	O
	9	Total. Add lines 2a-2	f.			<u>, , , , ,</u>	159,102			
	3	Investment income (								
		other similar amounts					20,371	0	0	20,371
	4	Income from investme	ent c	of tax-exem	ipit bo	nd proceeds	0	0	0	0
	5	Royalties	<u>.</u>			_	0	0	0	CONTROL OF THE PARTY AND ADDRESS OF THE PARTY
				(i) Rea		(ii) Personal				
	6a		6a		0			a marting in the second		
	b		6b 6c		0					
	d	Rental income or (loss) Net rental income or (		.,	0	<u> </u>	Stational descriptions of the second			
		<u></u>	1055	(i) Secunt	IAS	(ii) Other	U	U U	0	
	7a	Gross amount from sales of assets	ŀ	(1) 0000111		(4) 04101	dinamental production of the second			a traditional communication
İ					0,894	o				
o l	h	Less: cost or other basis	-		,					
evenue			7b	50	0,894	o	4 5 6 6 6 6			
ě	· c	Gain or (loss)	7c		0					
<u>ب</u> ا	d	Net gain or (loss) .		. :		. <u>.</u> <b>&gt;</b>	0	0	0	0
Other	8a	Gross income from	fur	ndraising						
0		events (not including \$		0		,				
- 1		of contributions repo								
•		1c). See Part IV, line 1			8a	0				
]	b	Less: direct expenses			8b	0				
	C	Net income or (loss) fr			g eve	nts 🟲	O	THE WAY TO SEE THE SECOND	0	0
	9a	Gross income fro activities. See Part IV,		gaming	0.	_				
	<b>L</b>	Less: direct expenses		919	9a 9b	- 0	0.75			
1	b C	Net income or (loss) fr				<u> </u>		TILL TO CHOME THE SECOND OF TH		
				-	7.1 41116					
	iva	returns and allowance		ny, iess	10a	15,937				
	ь	Less: cost of goods so			10b					
	c	Net income or (loss) fr					-216	-216	U TOTAL STREET	n.
<u>,                                    </u>		, <u>.</u> 21 (1523) II				Business Code				
e g	11a	Credit Card Rewards		,		900099	0	0	0	O COMPANY OF THE PARTY OF THE P
an in in	b	1								
Miscellaneous Revenue	С									
<u>≅</u> œ	d	All other revenue .					0	0	0	0
<b>≥</b>	e	Total. Add lines 11a-1	11d				0			

2,310,569

158,886

0

Form **990** (2019)

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										
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	655,660	655,660							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	30,000	30,000							
4	Benefits paid to or for members	0	C							
5	Compensation of current officers, directors, trustees, and key employees	500	0	500	.0					
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			0	0					
7	Other salaries and wages	131,773	124,076	<del></del>	<del></del>					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,770	124,070	0						
9	Other employee benefits	1,965	1,813	<del> </del>	<del></del>					
10	Payroll taxes	10,117	9,490							
11	Fees for services (nonemployees):	10,117	3,430							
a	Management	ام	o	,	o					
b	Legal			0	0					
c	Accounting	, 8,000		8,000	0					
d	Lobbying	0		0	0					
e	Professional fundraising services. See Part IV, line 17				0					
f	Investment management fees	0	0	Marie Services and Marie Services 1993 & Room	0					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	160								
12	Advertising and promotion	7,106	160 0		7,106					
13	Office expenses	29,093	54	<del></del>						
14	Information technology	9,033	7,319							
15	Royalties	9,033	7,319							
16	Occupancy	0	0	<del></del>						
17	Travel	10,600	10,600	<del></del>	<u></u>					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	10,000	10,000							
19	Conferences, conventions, and meetings .	0	0	0						
20	Interest	0	0							
21	Payments to affiliates	- 0	0	0						
22	Depreciation, depletion, and amortization .	7,828	7,828		0					
23	Insurance	10,506	6,288							
24	Other expenses. Itemize expenses not covered									
24	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column	7.5		a circuit againmais hada						
	(A) amount, list line 24e expenses on Schedule O.)									
а	Room and Board	623,141	623,141	0	0					
b	PK Program expense	10,606	10,606	0	0					
C	Course Expenses	82,007	82,007	0	0					
d	Visa Application Fees	2,364	0	2,364	0					
е	All other expenses	4,070	0	886	3,184					
25	Total functional expenses. Add lines 1 through 24e	1,634,529	1,569,042	18,960	46,527					
26	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 ▶ ☐ if				,					
	following SOP 98-2 (ASC 958-720)	0	0	o	000 (2010)					

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash—non-interest-bearing . . . . . . 289,622 284,543 2 1,277,037 2 Savings and temporary cash investments . . . . . 1,927,393 3 3 - 4 23.412 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 0 0 Inventories for sale or use . . . . . . . 459.485 443,332 9 Prepaid expenses and deferred charges . . . 10,745 9,833 Land, buildings, and equipment; cost or other 10a basis. Complete Part VI of Schedule D . . . | 10a 134.530 Less: accumulated depreciation . . . . . 10b 32,289 10c b 11 Investments—publicly traded securities . . . . ol 11 0 12 12 Investments—other securities. See Part IV, line 11 . 1 13 Investments—program-related. See Part IV, line 11. 1,004,000 13 1,004,000 14 Intangible assets . . . . . . . . . . . . . 14 ol 15 Other assets. See Part IV, line 11 . . . . . . . . . . 15 205,934 254,453 16 Total assets. Add lines 1 through 15 (must equal line 33) . 3,302,525 16 3,991,289 17 Accounts payable and accrued expenses . . . . . . 46.829 17 23,722 18 18 19 Deferred revenue . . . . . . . . 19 18.392 5,703 20 20 o 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . O Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . n 0 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 0 24 24 Unsecured notes and loans payable to unrelated third parties . . . . ol 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X O 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ □ **Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 0 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33. ō Capital stock or trust principal, or current funds . . . . ol Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 Retained earnings, endowment, accumulated income, or other funds . 31 3,237,304 3,961,864 32 32 Set 3,237,304 3,961,864 Total liabilities and net assets/fund balances . 3,991,289

Form 990 (2019)

Form 9	90 (2019)			Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,310,569
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,634,529
3	Revenue less expenses. Subtract line 2 from line 1	3		676,040
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		3,237,304
5	Net unrealized gains (losses) on investments	5	_	48,520
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 on 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		3,961,864
1	Accounting method used to prepare the Form 990:  Cash Accounting method to pre		_ [	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a ✓
	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		or	2b V
С	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts.	ersight	of	ec e
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O.			

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

3a

3b

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name	Name of the organization Employer identification number						
	rishi Purusha Program						324160
	t I Reason for Public Cha						ons.
	organization is not a private found						$\sim 0$
1 2	☐ A church, convention of church ☐ A school described in <b>section</b>						L)4
3			•			• •	
4							
5							
6	☐ A federal, state, or local gover		mental unit described	l in sectio	on 170(b)	)(1)( <u>A</u> )( <sub>V</sub> )	
7	An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	☐ A community trust described i		<u>-</u>	Part II.)			
9	An agricultural research organ or university or a non-land-grauniversity:	ization describe	d in <b>section 170(b)(1)</b>	(A)(ix) op			
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu it income and un	inctions—subject to c irelated business taxa	ertain exc ble incom	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	in 331/3% of its
11	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b>	ion 509(a)(4).	
12	☐ An organization organized and						
	of one or more publicly support Check the box in lines 12a thro						
а	Type I. A supporting organ the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting of	organization vested in	the same			
С					onnectio	n with, and functions	ally integrated with.
•	its supported organization						,g,
d	Type III non-functionally that is not functionally integree requirement (see instructional see instruc	grated. The orga	inization generally mu	st satisfy	a distribi	ution requirement an	
е		•	•		-		o II Tuno III
·	functionally integrated, or						s II, Type III
f	Enter the number of supported of						
g		n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
<u></u>							
(A)							
(B) 		1					
(C)	·····						
(D)							
(E)						•	

Total

Page ∠	Page	2
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Pari	Support Schedule for Organiza (Complete only if you checked the						
	Part III. If the organization fails to						any under
	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	, N/A					
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						-
6	Public support. Subtract line 5 from line 4			China China			<del></del>
	on B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(a) 2015 N/A	(6) 2016	(6) 2017	(u) 2018	(e) 2019	(I) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	NVA					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						,
11 12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	504(1)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop her	-			,		
Secti				· · · · ·	<del>· · · · · · · · · · · · · · · · · · · </del>		· · · ·
14 15 16a	Public support percentage from 2018 Schedule A, Part II, line 14						
b	331/3% support test — 2018. If the organization					is 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organiza Explain in Part VI how the organization m supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums 	eircumstances" stances" test.	test, check the creation the creation to the c	his box and son qualifies as	top here. a publicly ►
18/	Private foundation. If the organization did instructions	d not check a t	oox on line 13,	16a, 16b, 17a	, or 17b, check	this box and s	see ▶ □

#### Rart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization lans to qualify	didei the te	Sta listed ben	JW, picase cc	inpicto i ait		
	ion A. Public Support				r		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	1,798,332	2,168,288	1,606,792	1,920,783	2,131,312	9,625,507
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	[ ,				[	
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	166,559	189,473	205,475	193,848	175,039	930,394
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	ا	0	o	0	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	o	o	o	O
6	Total. Add lines 1 through 5	1,964,891	2,357,761	1,812,267	2,114,631	2,306,351	10,555,901
7a	Amounts included on lines 1, 2, and 3	1,001,001	2,001,10	.,012,207	2/11/001	2,000,001	10,000,001
	received from disqualified persons .	271,421	289,446	207,130	227,303	301,950	1,297,250
b	Amounts included on lines 2 and 3	271,421	203,440	207,130		301,330	1,231,230
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	ا ا			ا	۵	
_	·						
-	Add lines 7a and 7b	271,421	289,446	207,130	227,303	301,950	1,297,250
8	Public support. (Subtract line 7c from						
Cast!	line 6.)			<b>公司 计基础 </b>	Carlo San L	1 man 1	9,258,651
	on B. Total Support		<u> </u>	() 0047	( 0 0010	( ) 0010	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016_	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	1,964,891	2,357,761	1,812,267	2,114,631	2,306,351	10,555,901
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.	8,642	8,939	8,416	14,345	20,371	60,713
b	Unrelated business taxable income (less		ĺ	Ì		' İ	
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	8,642	8,939	8,416	14,345	20,371	60,713
11	Net income from unrelated business					·	
	activities not included in line 10b, whether	,					
	or not the business is regularly carried on	o	o	o	o	o	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	]		}		į	
	(Explain in Part VI.)	206	283	o	683	o	1,172
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,973,739	2,366,983	1,820,683	2,129,659	2,326,722	10,617,786
14	First five years. If the Form 990 is for the						
• -	organization, check this box and stop he	•			-		▶ □
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line			3 column (f))		15	87.20 %
16	Public support percentage from 2018 Sch		-			16	86.23 %
	on D. Computation of Investment In			· · · · ·	<del></del>	1_101	60.23 /0
	Investment income percentage for 2019 (			v line 12 colu	mp (fl)	17	0.57 %
17						18	
18	Investment income percentage from 2018						0.44 %
19a	331/3% support tests—2019. If the organ						_
٠ .	17 is not more than 331/3%, check this box						
b	331/3% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this I	-	_		•	• •	=
20	Private foundation. If the organization di	a not check a h	OOY OD JIDE 14	TUA OF 10h C	neck this hay :	and see instruc	tions 🕨 🗔

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- 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.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Scried	200 A (FOITH 330 OF 350-CE) 2016	Page 3
Part	Supporting Organizations (continued)	
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
b	A family member of a person described in (a) above?  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.	11b
	ion B. Type I Supporting Organizations	101
		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 tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Secti	on C. Type II Supporting Organizations	<del></del> _
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).	Yes No
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in the complete line).	·
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did.substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported ergonizations? <i>Provide details in Part VI</i>	
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3a

Farty Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying				
instructions. All other Type III non-functionally integrated supporting organ Section A—Adjusted Net Income				
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	<del></del>		
d Total (add lines 1a, 1b, and 1c)	1d	<del></del>	`	
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	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		
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	index in the control of the control		
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5	理的是一种人类的		
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-functionall instructions).	_		organization (see	

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	<b></b>
Sect	tion D-Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
,	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets	<del>, </del>		
5	Qualified set-aside amounts (prior IRS approval required)			
<u> 6</u>	Other distributions (describe in Part VI). See instructions.	·		
	Total annual distributions. Add lines 1 through 6.	- L. Alex		<del></del>
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	ch the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			ប្រហែរប្រែក្រសាស្រា ស៊ីហើយបែលក្នុងការក្នុងស្រាប្រែក្រសួងប្រែក្
а	From 2014			
b	From 2015		Martin de de de la company de la company de la company de la company de la company de la company de la company	
С	From 2016			
d	From 2017			
<u>e</u>	From 2018	5-47-7182277-44-32-4		
f	Total of lines 3a through e	er wasse of the control states of		
<u>g</u>	Applied to underdistributions of prior years		Market Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carron Carro	
<u>h</u>	Applied to 2019 distributable amount			GOTE SECTION TO THE SECTION OF THE S
<del>!</del>	Carryover from 2014 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3ı from 3f.	<u> </u>		
4	Distributions for 2019 from			
7	Section D, line 7:			
a	Applied to underdistributions of prior years	7.42. 544. 744. 747.	PROBLET TARRETS OFFICE AGRESTICATOR	
b	Applied to 2019 distributable amount	MARK Y SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR SALAR S		bus transmission of the state of the second second
c	Remainder, Subtract lines 4a and 4b from 4.	SO SCHOOL OF THE STATE OF THE S		
5	Remaining underdistributions for years prior to 2019, if	5754173472	AND THE PERSON OF THE PERSON OF	
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			ecement companyation in an IMPANIAN Track Light (SCIONET Pile) (MARIANA)
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	RELIGIOUS TORRES OF THE STATE AND A STATE OF THE STATE OF		
8	Breakdown of line 7:			
а	Excess from 2015			
ь	Excess from 2016			
С	Excess from 2017	arcicles (1970) of the state of		en in de la company de la comp
<u>d</u> ,				
e	Excess from 2019		And the second s	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Credit Card	rebates represented the total amounts in Part III line 12 for years 2015, 2016, 2017, 2018 and 2019
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	<del></del>

#### SCHÈDULE 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

20**19** Open to Public

Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization Maharishi Purusha Program 56-1824160 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . N/A 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

**b** Assets included in Form 990, Part X . . . . . . . . . . . . . .

Par	III Organizations Maintaining	Collections of	Art, Historical	Treasures	, or Ot	her Similar As	sets (cor	tinued)
3	Using the organization's acquisition, collection items (check all that apply)		her records, chec	ck any of the	e follow	ving that make	significant	use of its
а	☐ Public exhibition			or exchang				
b	Scholarly research		e 🗌 Othe	r				
C	☐ Preservation for future generations							
4	Provide a description of the organiza XIII.	tion's collections a	and explain how t	they further	the org	janization's exer	npt purpos	se in Part
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta						☐ No
Par	IV Escrow and Custodial Arra							·
	Complete if the organization 990, Part X, line 21.	answered "Yes'	" on Form 990, 	Part IV, line	9, or	reported an ar	nount on	Form 
1a	included on Form 990, Part X?						ot 🗌 Yes	□ No
Ь	If "Yes," explain the arrangement in P	art XIII and comple	ete the following t	able:				
						A	mount	
C	5 5	· · · · · · ·			1c	<del></del>		N/A
d	Additions during the year				1d	+		
e	Distributions during the year				1e	<del></del>		
f	Ending balance				1f	<del></del>	~ ¬	
2a	Did the organization include an amou	•						
$\overline{}$	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanation	n nas been	provide	ed on Part XIII .	<u> </u>	_니
Par	Endowment Funds.		F 000	Dank IV. Bar	. 10			
	Complete if the organization			(c) Two year		(d) Three years back	(a) Faura	
4-	Designing of year balance	(a) Current year	(b) Prior year	<del></del>		<del></del>	<del></del>	ears back
1a	Beginning of year balance	754,000	754,000		54,000	754,00		754,000
b	Contributions	. 0		<del> </del>	0	<del></del>	0	0
С	Net investment earnings, gains, and							
	losses	33,930	33,930		33,930	33,93		33,930
d	Grants or scholarships	0		<u> </u>	0		0	0
е	Other expenditures for facilities and							
	programs	33,930			33,930	33,93		33,930
f	Administrative expenses	0	0	<del></del>	0	<del></del>	<u> </u>	0
g	End of year balance	754,000			54,000		0	754,000
2	Provide the estimated percentage of the	•		, column (a)	)) neid a	as:		
a	Board designated or quasi-endowme		0.%					
b	Permanent endowment ▶	0%						
С	Term endowment ▶ 0%		200/					
_	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in th	e possession of th	e organization th	at are held a	and adı	ministered for th		Zaal Nia
	organization by:							es No
	(i) Unrelated organizations						3a(i)	<b>-</b>
	•••						3a(ii)	
b	If "Yes" on line 3a(ıı), are the related o	•	•				3b	
4	Describe in Part XIII the intended uses		n's endowment t	unas.		<del></del>		
Part				Cort IV line	. 11. (	200 Farm 000	Dort V lie	no 10
	Complete if the organization							
	Description of property	(a) Cost or oth		or other basis other)		Accumulated preciation	(d) Book	value
1a	Land	٠ ــــــــــــــــــــــــــــــــــــ						
b	Buildings	·						
С	Leasehold improvements	,						
d	Equipment	٠		27,221		26,054		
е	Other	·		107,308		84,014		
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, columr	n (B), line 10	<u>c.) .     .</u>	<u> ▶  </u>		24,462

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	rm 990. Part IV. line	e 11b. See Forn	n 990, Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation d-of-year market value
(1) Financial	derivatives	0		
	neld equity interests	1		
(0) (0)				
/A\				
(B)				
(C)				
(D)				
(E)				<u> </u>
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .	1		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value		thod of valuation. d-of-year market value
(1) Loans to	Global Capital of World Peace, Inc.	1,004,000	Cost	
(2)				
(3)				
(4)				
(5)	<del></del>			
(6)				
(7)				
(8)				
(9)			<del></del>	
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . >	1,004,000		
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	n 990, Part X, line 15.
	(a) Description			(b) Book value
(1) Metals				254,453
(2)				
(3)				]
(4)				
(5)				
(6)				
(7)				
(8)	· · · · · · · · · · · · · · · · · · ·		<del></del>	
(9)			<u></u>	<del></del>
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			254,453
Part X	Other Liabilities.			1 204,430
	Complete if the organization answered "Yes" on For	m 990. Part IV. line	e 11e or 11f. Se	e Form 990. Part X.
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in				<b>(, </b>
(2) N/A				
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
(3)	<del></del>	<del></del>	<del></del>	
(4)			·	
(5)		<del></del>	<u>-</u>	
(6)				
<u>(7)</u>	· · · · · · · · · · · · · · · · · · ·			
(8)			<del></del>	
(9)	(h) (D) (D) (D)	<del></del>		
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	· · · · · · · · · · · · · · · · · · ·	<b>.</b>	L <del></del>
	uncertain tax positions. In Part XIII, provide the text of the footnot			
organization's	liability for uncertain tax positions under FASB ASC 740. Check	nere if the text of the	tootnote has been	provided in Part XIII . L

Schedu	c e D (Form 990) 2019			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statement	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	N/A
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	,	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part	• •		er Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	N/A
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		*	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c	<b>∤        </b>	
þ	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
_	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u>e 18.) </u>	5	
	Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			e 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
The en	dowment was created by the Board of Directors to help achieve the program g	joals and the Board has com	plete discre	tion in
structu	ring how the funds raised or accrued are used to achieve its program goals. T	he endowment may be inves	ted in any t	pe of income
produc	ing vehicle, including loans, bonds, equities, saving accounts, or other incom	e producing vehicles over w	hatever tern	s the Board
٠	And the second s		e	e.i
of Dire	ctors feels is appropriate. The endowment may also be invested in the constru	iction of permanent facilities	for the use	of the
	ation and bound from the common of from the state of the			
organi	ation as a home for the programs offered by the organization.	***************************************		•
			•••••	
			•••••	

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization 56-1824160 Maharishi Purusha Program 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 ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total (b) Number a program service, describe specific type of employees, agents, and expenditures for of offices in region (by type) (such as, the region fundraising, program services and investments independent service(s) in the region in the region investments, grants to recipients located in the region) contractors in the region (1) South Asia 0 deep meditation 538,020 52 program services 30,000 (2) North America 0 3 program services deep meditation (3) Europe 0 2 deep meditation 134,787 program services (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16) (17)За Subtotal 57 702,807 0 Total from continuation sheets to Part I . . . . 0 0 0

0

57

c Totals (add lines 3a and 3b)

702,807

Schedule F (Form 990) 2019

	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method o valuation (book, FMV appraisal, oth
		North America	general support	30,000	vire		0 N/A	Book
	さし、砂砂製造としょう様							
	(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4							
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Schedule F (Form 990) 2019

(17) (18) Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of recipients (e) Manner of cash disbursement (f) Amount of noncash assistance (h) Method of valuation (book, FMV, appraisal, other) (b) Region (d) Amount of cash grant (g) Description of noncash assistance (1) N/A (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16)

Schedule F (Form 990) 2019

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echedul Part	e F (Form 990) 2019 IV Foreign Forms		Page 4
i,ai t	T Greight onlis		<del></del>
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	<b></b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	√ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	∐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't 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.
11-2-

## SCHEDULE J (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yee" on Form 990, Part IV, line 21 or 22.

2019

OMB No 1545-0047

➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Maharishi Purusha Program							56-1824160
Part   General Information							
Does the organization maintal the selection criteria used to a Describe in Part IV the organization.	award the grants	or assistance?				•	sistance, and Yes
Part II Grants and Other As Part IV, line 21, for any				Il can be duplica	ited if additional	space is needed.	n answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistan	
(1) Brahmananda Saraswati Yaqya Foundation,P O Box 46, Fairfield,low	47-325001	501 (c) (3)	175,000	0	book	N/A	support purposes
(2) Global Capital of World Peace, I 1000 Purusha Place, Romney, WV	27-1003036	501 (c) (3)	197,801	0	book	N/A	support purposes
(3) Brahmananda Saraswatı Found P O.Box 2316, Fairfield, Iowa	26-2986750	501 (c) (3)	282,858	0	book	N/A	support purposes
(5)							
(6)							
(8)			,				
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 3 Enter total number of other or		•					· · · <b>&gt;</b> 3
For Developed, Deduction Assatisation		4 F 000					

Cat No 50055P

Grants and Other Assistance	to Domestic Individua	als. Complete if the	ne organization answ	vered "Yes" on Form 990,	Part IV, line 22.
Part III can be duplicated if add	(b) Number of recipients	(e) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
/A					
Supplemental Information. Pro	ovide the information re	equired in Part I, I	ne 2; Part III, colum	n (b); and any other addition	onal information.
itor the use of the funds we confirm that th	e receiving organization is	a 501 (c) (3) organiz	ation and that the organ	nizations goals are consistent (	with ours. Also, a member of the
of Trustees is assigned to confirm the use o	į				
it frustees is assigned to commit the use o	of the lands with the done	organization and re	port back to die obai u		
		***************************************			•••••••••••••••••••••••••••••••••••••••
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Schedule I (Form 990) (2019)

#### SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

56-1824160 Maharishi Purusha Program Part I Types of Property (c) (a) (b) (d) Noncash contribution Check If Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 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 . . . Boats and planes . . . . . 7 8 Intellectual property . . 9 Securities-Publicly traded . . 500,894 sales price 21 10 Securities-Closely held stock . Securities—Partnership, LLC. 11 or trust interests . . . . . Securities - Miscellaneous . 12 13 Qualified conservation contribution-Historic structures . . . . . . Qualified conservation 14 contribution-Other . . . 15 Real estate - Residential . Real estate-Commercial . . 16 17 Real estate-Other . . . . 18 Collectibles . . . . . . 19 Food inventory . . . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . . 24 Archeological artifacts 25 Other ► ( Loan Guar Removal ) 11,619 actual Other ► ( GCWP,I Credit ) 26 11,000 actual 27 Other ► ( \_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II.

describe in Part II.

33

32a

Schedule M (	Chedule M (Form 990) 2019 Page <b>2</b>					
Ŗart II	<b>Supplemental Information.</b> 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.					
		·- <b>-</b> -				
	•					
		· <b></b>				
	•					
	•					

#### **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.

Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2019 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** Maharishi Purusha Program 56-1824160 Additional response to Form 990, Part III, 4D: We averaged between 2 and 4 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 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, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, West Virginia, Wisconsin, California, Oklahoma, Massachusetts, Colorado, Hawaii Additional response to Form 990, Part VI, 12c: The Assistant Treasurer oversees the accounting and financial transactions of the organization. The Assistant Treasurer and the Accounts Payable supervisor both review all financial transactions looking for any transaction that could fall under the Conflict of Interest Policy. Any transactions that could possibly fall under the Conflict of Interest Policy are brought to the attention of the President by the Assistant Treasurer. Additional response to Form 990, Part VI, 15b:

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
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 responsibil	lities. 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:	
Additional response to Form 330, Fart Al, 3.	
The unrealized gain/loss on investments is related to the current value of precious me	tals being held by the organization.
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