2011 Exempt Org. Return
prepared for:

BRAHMANANDA SARASWATI FOUNDATION
PO BOX 2316
FAIRFIELD, IA 52556

TD&T FINANCIAL GROUP, P.C.
317 HIGH AVE E
OSKALOOSA, IA 52577-2823
(641) 672-2523

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Brahmananda Saraswati Foundation
PO Box 2316
Fairfield, IA 52556

Dear Mr. Isquith:

Enclosed is a copy of the 2011 Income Tax Return for **BRAHMANANDA SARASWATI FOUNDATION.** Filing instructions for this return are included on the following pages.

The duplicate copy is for your use and should be retained for your files. Upon examination of the return by a taxing authority, requests may be made for supporting documentation. Therefore, we recommend that you retain all records pertaining to items in the return.

The tax laws specifically state that you are responsible for the preparation and accuracy of your return. Due to the complexity of Form 990 we suggest that you carefully review the complete return, including the schedules and attachments, before signing and submitting it to the IRS (or any state tax department). Even though you engaged us, there are a number of questions on the return that require an intimate knowledge of the organization which, as your return preparers, we may not possess. Please notify us immediately and prior to the submission of your return if your review determines any discrepancies, deficiencies, or misstatements of material facts in the information presented. We welcome the opportunity to discuss any potential changes you may deem necessary or explain anything you do not understand. After all, we want you to feel satisfied with the accuracy of the return before filing.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

TD&T FINANCIAL GROUP, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

Darcee M. Ayers, CPA

INSTRUCTIONS

Your 2011 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service using the paperless method. The PIN on Form 8879-EO will be your signature on the tax return. Nothing is required to be mailed to the IRS, unless there is tax due. After reviewing your return, please sign and date Form 8879-EO and return the form to us as soon as possible in the enclosed envelope.

Form 8879-EO must be returned to our office before we can electronically file your tax return.

No tax is payable with the filing of this return. The return is due August 15, 2012.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning ______ , 2011, and ending______, ____.

► **Do not send to the IRS. Keep for your records.**
► **See instructions.**

OMB No. 1545-1878

2011

Name of exempt organization	Employer identification number
BRAHMANANDA SARASWATI FOUNDATION	26-2986750

Name and title of officer

NORIN D. INSQUITH CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ►	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	3,902,059.
2a Form 990-EZ check here ►		**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ►		**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ►		**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ►		**b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize TD&T FINANCIAL GROUP, P.C. (**ERO firm name**) to enter my PIN 16116 (**Enter five numbers, but do not enter all zeros**) as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► ______________________ Date ► ______________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . 42026465987
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ► ______________________ Date ► ______________

ERO Must Retain This Form — See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C
BRAHMANANDA SARASWATI FOUNDATION
PO BOX 2316
FAIRFIELD, IA 52556

D Employer Identification Number: 26-2986750

E Telephone number: 641-472-5191

G Gross receipts $ 3,927,469.

F Name and address of principal officer: SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list. (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► WWW.VEDICPANDITS.ORG

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation: 2008 **M** State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO SECURE THE SAFETY AND INVINCIBILITY OF LIFE ON EARTH FOR ALL FUTURE GENERATIONS BY PROVIDING PERPETUAL SUPPORT FOR THE VEDIC PERFORMANCES BY THE VEDIC PANDITS FOR THE CREATION OF PERMANENT WORLD PEACE AND GLOBAL INVINCIBILITY.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	45
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	45
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	55
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,027,650.	3,714,902.
	9	Program service revenue (Part VIII, line 2g)		184,030.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,129.	10,471.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,344.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,028,779.	3,902,059.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,159,507.	2,587,170.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		66,663.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,555.	154,500.
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 273,002.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	29,886.	222,103.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,193,948.	3,030,436.
	19	Revenue less expenses. Subtract line 18 from line 12	-165,169.	871,623.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	764,072.	2,073,390.
	21	Total liabilities (Part X, line 26)	228,345.	681,067.
	22	Net assets or fund balances. Subtract line 21 from line 20	535,727.	1,392,323.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► Signature of officer — Date

► NORIN D. INSQUITH CFO
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DARCEE M. AYERS, CPA				P00498801

Firm's name ► TD&T FINANCIAL GROUP, P.C.
Firm's address ► 317 HIGH AVE E
OSKALOOSA, IA 52577-2823
Firm's EIN ► 42-1029744
Phone no. (641) 672-2523

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . . [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . [ ] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,597,288. including grants of $ 1,597,288.) (Revenue $)

GRANTS TO ASSIST IN SUPPORTING LIVING EXPENSES OF APPROXIMATELY 5,600 VEDIC PANDITS RESIDING IN 23 CAMPUSES THROUGHOUT INDIA. THE GRANTS NOTED ABOVE ARE ONLY A PORTION OF THE CONTRIBUTIONS COLLECTED FROM NON-PROFIT ORGANIZATIONS AROUND THE WORLD FOR THIS GLOBALLY SUPPORTED PROJECT TO CREATE WORLD PEACE. IN ADDITION TO THESE VEDIC PANDITS IN ATTENDANCE IN INDIA, THE GRANTS SUPPORT THE TRAINING OF PEACE CREATING PANDITS WHO THEN TRAVEL TO OTHER COUNTRIES.

4b (Code:) (Expenses $ 700,000. including grants of $ 700,000.) (Revenue $)

GRANTS TO ASSIST IN CONSTRUCTION OF AN EDUCATIONAL AND RESIDENTIAL CAMPUS TO EVENTUALLY HOUSE 16,000 VEDIC PANDITS, TO BE LOCATED IN THE GEOGRAPHICAL CENTER OF INDIA, NEAR JABALPUR . THIS IS AN ADDITION TO THE EXISTING CONSTRUCTION THERE THAT ALLOWS CURRENTLY THE HOUSING FOR APPROXIMATELY 2,200 PANDITS. THE NEW BUILDINGS ARE GOING UP IN 2 SEPARATE CAMPUSES OF THE BRAHMASTHAN OF INDIA AND COMPRISE ABOUT 80,000 SQUARE FEET, RESIDENTIAL ACCOMODATIONS FOR MORE THAN 250 COURSE PARTICIPANTS, EIGHT EDUCATIONAL/LECTURE HALLS AND SIX ADMINISTRATIVE OFFICES. THE TOTAL GRANTS LISTED ABOVE ARE ONLY A PORTION OF SIMILAR GRANTS COMING FROM OTHER NON-U.S. ORGANIZATIONS AROUND THE WORLD.

4c (Code:) (Expenses $ 265,000. including grants of $ 265,000.) (Revenue $)

GRANTS TO ASSIST IN CONSTRUCTION OF A MAJOR EDUCATIONAL, CHARITABLE FACILITY FOR VEDIC KNOWLEDGE AND ITS PRACTICAL PROGRAMS FOR CREATING PEACE AND AFFLUENCE IN THE WORLD. LOCATED IN ALLAHABAD, INDIA, CONSISTING OF A 25,600 SQ.FT, MAIN BUILDING OF POLISHED INDIGENOUS STONE AND BUILT ACCORDING TO TRADITIONAL VEDIC ARCHITECTURE. THERE ARE THREE OTHER BUILDINGS FOR ADMINISTRATIVE, MIXED-MEDIA/DISPLAY AND EDUCATIONAL FACILITIES. SITE WORK IS PREDOMINANTLY COMPLETE. THE PLANS CALL FOR ALL FOUR STRUCTURES TO BE CONNECTED BY ORGANIC GARDENS, ROADWAYS AND VISITOR FRIENDLY PATHWAYS. THE MAIN BUILDING IS APPROXIMATELY 60% COMPLETE.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses $ 135,105. including grants of $ 24,882.) (Revenue $ 184,030.)

4e Total program service expenses ► 2,697,393.

Part IV 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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
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.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11 a	X	
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*	11 b		X
c	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*	11 c		X
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*	11 d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e		X
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*	11 f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
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	X	
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	X	
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		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. ☐

				Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	7			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	X	
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**	9			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			**3b**		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		X
b If 'Yes,' enter the name of the foreign country: ►					
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		X
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).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			**7b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			**9a**		
b Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	**11a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			**13a**		
Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c Enter the amount of reserves on hand	**13c**				
14a Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14b**		

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	45		
b Enter the number of voting members included in line 1a, above, who are independent	1b	45		
2 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? SEE SCHEDULE O	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
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			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12a Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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?			
a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15a	X	
b Other officers of key employees of the organization SEE SCHEDULE O	15b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► NORIN ISQUITH PO BOX 2316 FAIRFIELD IA 52556 641-472-5191

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII. . . . . ☐

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DR. HARRIS KAPLAN CEO	30	X		X				0.	0.	0.
(2) DR. BEVAN MORRIS CHAIRMAN	6	X		X				0.	0.	0.
(3) DR. BENJAMIN FELDMAN TREASURER	2	X		X				0.	0.	0.
(4) DR. JOHN BLACK DIRECTOR	0.3	X						0.	0.	0.
(5) DR. JOHN FAGAN DIRECTOR	0.3	X						0.	0.	0.
(6) DR. RAFAEL DAVID DIRECTOR	0.3	X						0.	0.	0.
(7) DR. HOWARD CHANDLER DIRECTOR	0.3	X						0.	0.	0.
(8) DR. EIKE HARTMANN DIRECTOR	0.3	X						0.	0.	0.
(9) DR. GRAHAM DE FREITAS DIRECTOR	0.3	X						0.	0.	0.
(10) DR. IOR GUGLIELMI DIRECTOR	0.3	X						0.	0.	0.
(11) DR. ROBERT LOPINTO DIRECTOR	0.3	X						0.	0.	0.
(12) DR. THOMAS STANLEY DIRECTOR	0.3	X						0.	0.	0.
(13) DR. LARRY CHROMAN DIRECTOR	0.3	X						0.	0.	0.
(14) DR. RAINER PICHA DIRECTOR	0.3	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(cont)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15) DR. PETER SWAN DIRECTOR	0.3	X						0.	0.	0.
(16) DR. ROBERT WYNNE DIRECTOR	0.3	X						0.	30,000.	0.
(17) DR. RAJAVIKRAM CHAROEN DIRECTOR	0.3	X						0.	0.	0.
(18) DR. PAUL POTTER DIRECTOR	0.3	X						0.	0.	0.
(19) DR. MICHAEL DILLBECK DIRECTOR	0.3	X						0.	0.	0.
(20) DR. BRUCE PLAUT DIRECTOR	0.3	X						0.	0.	0.
(21) DR. CHRISTOPHER CROWEL DIRECTOR	0.3	X						0.	0.	0.
(22) DR. EMANUEL SCHIFFGENS DIRECTOR	0.3	X						0.	0.	0.
(23) DR. KINGSLEY BROOKS DIRECTOR	0.3	X						0.	0.	0.
(24) DR. BJARNE LANDSFELDT DIRECTOR	0.3	X						0.	0.	0.
(25) DR. RICHARD ROSS DIRECTOR	0.3	X						0.	0.	0.
1 b Sub-total ►								0.	30,000.	0.
c Total from continuation sheets to Part VII, Section A ►								24,640.	0.	0.
d Total (add lines 1b and 1c) ►								24,640.	30,000.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2011

Name of the Organization: BRAHMANANDA SARASWATI FOUNDATION

Employoler Identification number: 26-2986750

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DR. VOLKER SCHANBACHER DIRECTOR	0.3	X						0.	0.	0.
DR. WILLEM MEIJLES DIRECTOR	0.3	X						0.	0.	0.
DR. AVINOAM BARKOL DIRECTOR	0.3	X						0.	0.	0.
DR. JAMES EGAN DIRECTOR	0.3	X						0.	0.	0.
DR. ANTONIO BARTOLOME DIRECTOR	0.3	X						0.	0.	0.
DR. MARIANO FACIPIERI DIRECTOR	0.3	X						0.	0.	0.
DR. HUGH GODFREY DIRECTOR	0.3	X						0.	0.	0.
DR. JOHN KONHAUS DIRECTOR	0.3	X						0.	0.	0.
DR. FELIX KAGI DIRECTOR	0.3	X						0.	0.	0.
DR. JAMES BADGETT JR. DIRECTOR	0.3	X						0.	0.	0.
DR. PETER WARBURTON DIRECTOR	0.3	X						0.	0.	0.
DR. SHAWN HERMAN DIRECTOR	0.3	X						0.	0.	0.
DR. LUCIEN MANSOUR DIRECTOR	0.3	X						0.	0.	0.
DR. DEAN DODRILL DIRECTOR	0.3	X						0.	0.	0.
DR. PATRICK BARRETT DIRECTOR	0.3	X						0.	0.	0.
DR. JOSE ROSET DIRECTOR	0.3	X						0.	0.	0.
MAJ GEN SINGH DIRECTOR	0.3	X						0.	0.	0.
DR. TONY NADER DIRECTOR	0.3	X						0.	0.	0.
DR. JOHN HAGELIN DIRECTOR	1	X						0.	0.	0.
DR. STEVE RUBIN DIRECTOR	4	X						0.	0.	0.
DR. NEIL PATERSON SECRETARY	18			X				0.	0.	0.

Form 990

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

OMB No. 1545-0047

2011

Name of the Organization: BRAHMANANDA SARASWATI FOUNDATION

Employer Identification number: 26-2986750

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
LEONARD GOLDMAN ASST. SECRETARY	3			X				0.	0.	0.
NORIN ISQUITH CFO	10			X				4,640.	0.	0.
MAUREEN WYNNE CDO	30			X				20,000.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns . . . 1a					
	b Membership dues . . . 1b					
	c Fundraising events . . . 1c	22,931.				
	d Related organizations . . . 1d					
	e Government grants (contributions) . . . 1e					
	f All other contributions, gifts, grants, and similar amounts not included above . . . 1f	3,691,971.				
	g Noncash contributions included in lns 1a-1f: $	17,929.				
	h Total. Add lines 1a-1f . . . ►		3,714,902.			
PROGRAM SERVICE REVENUE		Business Code				
	2a COURSE FEES	611600	184,030.	184,030.		
	b					
	c					
	d					
	e					
	f All other program service revenue . . .					
	g Total. Add lines 2a-2f . . . ►		184,030.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) . . . ►		9,576.			9,576.
	4 Income from investment of tax-exempt bond proceeds ►					
	5 Royalties . . . ►					
		(i) Real / (ii) Personal				
	6a Gross rents . . .					
	b Less: rental expenses . . .					
	c Rental income or (loss) . . .					
	d Net rental income or (loss) . . . ►					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory . . .	(i) 9,376.				
	b Less: cost or other basis and sales expenses . . .	(i) 8,481.				
	c Gain or (loss) . . .	(i) 895.				
	d Net gain or (loss) . . . ►		895.	895.		
	8a Gross income from fundraising events (not including. $ 22,931. of contributions reported on line 1c). See Part IV, line 18 . . . a	9,585.				
	b Less: direct expenses . . . b	16,929.				
	c Net income or (loss) from fundraising events . . . ►		-7,344.			
	9a Gross income from gaming activities. See Part IV, line 19 . . . a					
	b Less: direct expenses . . . b					
	c Net income or (loss) from gaming activities . . . ►					
	10a Gross sales of inventory, less returns and allowances . . . a					
	b Less: cost of goods sold . . . b					
	c Net income or (loss) from sales of inventory . . . ►					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue . . .					
	e Total. Add lines 11a-11d . . . ►					
	12 Total revenue. See instructions . . . ►		3,902,059.	184,925.	0.	9,576.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	270,170.	270,170.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	2,317,000.	2,317,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	24,640.	0.	8,640.	16,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	36,972.	9,879.	15,352.	11,741.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	5,051.	1,380.	1,368.	2,303.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,414.		3,414.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	154,500.			154,500.
f Investment management fees				
g Other	36,252.	11,936.	12,128.	12,188.
12 Advertising and promotion				
13 Office expenses	135.		135.	
14 Information technology				
15 Royalties				
16 Occupancy	8,956.		5,135.	3,821.
17 Travel	5,760.	5,760.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,956.			18,956.
20 Interest	3,807.	3,807.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,589.		1,589.	
23 Insurance	5,202.		5,202.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COURSE FEE EXPENSES	77,461.	77,461.		
b CREDIT CARD FEES	32,995.			32,995.
c PRINTING AND PUBLICATIONS	17,980.			17,980.
d PERMITS & LICENSES	2,518.			2,518.
e All other expenses	7,078.		7,078.	
25 **Total functional expenses.** Add lines 1 through 24e	3,030,436.	2,697,393.	60,041.	273,002.
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)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing	760,564.	1	1,766,532.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	13,989.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3,508.	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 33,435.			
	b	Less: accumulated depreciation — 10b 1,589.		10c	31,846.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	261,023.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	764,072.	16	2,073,390.
LIABILITIES	17	Accounts payable and accrued expenses	1,379.	17	88,752.
	18	Grants payable		18	
	19	Deferred revenue	226,966.	19	343,654.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	248,661.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	228,345.	26	681,067.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	-31,682.	27	-395,562.
	28	Temporarily restricted net assets	321,737.	28	404,295.
	29	Permanently restricted net assets	245,672.	29	1,383,590.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	535,727.	33	1,392,323.
	34	Total liabilities and net assets/fund balances	764,072.	34	2,073,390.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,902,059.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,030,436.
3	Revenue less expenses. Subtract line 2 from line 1	3	871,623.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	535,727.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-15,027.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,392,323.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . [ ]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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 in Schedule O and describe any steps taken to undergo such audits	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.** ► **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
BRAHMANANDA SARASWATI FOUNDATION	26-2986750

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I **b** [ ] Type II **c** [ ] Type III — Functionally integrated **d** [ ] Type III — Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii)	A family member of a person described in (i) above?	**11 g (ii)**		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in column **(i)** listed in your governing document?		**(v)** Did you notify the organization in column **(i)** of your support?		**(vi)** Is the organization in column **(i)** organized in the U.S.?		**(vii)** Amount of support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			1,107,990.	2,027,650.	3,714,902.	6,850,542.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	0.	0.	1,107,990.	2,027,650.	3,714,902.	6,850,542.
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)						0.
6 **Public support.** Subtract line 5 from line 4						6,850,542.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0.	0.	1,107,990.	2,027,650.	3,714,902.	6,850,542.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			776.	1,129.	9,576.	11,481.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 **Total support.** Add lines 7 through 10						6,862,023.

12 Gross receipts from related activities, etc (see instructions) . . . 12 | 184,030.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . ► [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . 14 | %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . 15 | %

16a **33-1/3% support test — 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ► [ ]

b **33-1/3% support test — 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ► [ ]

17a **10%-facts-and-circumstances test — 2011.** 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . ► [ ]

b **10%-facts-and-circumstances test — 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization . . . ► [ ]

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . ► [ ]

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lns 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests — 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests — 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: BRAHMANANDA SARASWATI FOUNDATION

Employer identification number: 26-2986750

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

2 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
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► ______

4 Number of states where property subject to conservation easement is located ► ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► $ ______

(ii) Assets included in Form 990, Part X ► $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $ ______

b Assets included in Form 990, Part X ► $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a Beginning of year balance	247,577.	208,207.	0.	0.	
b Contributions	1,137,918.	38,241.	207,431.		
c Net investment earnings, gains, and losses	-4,556.	1,129.	776.		
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	1,380,939.	247,577.	208,207.	0.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► ______ %

b Permanent endowment ► 100.00 %

c Temporarily restricted endowment ► ______ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	**3a(i)**		X
(ii) related organizations	**3a(ii)**		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIV the intended uses of the organization's endowment funds. SEE PART XIV

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		33,435.	1,589.	31,846.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				31,846.

Part VII Investments — Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ►		

Part VIII Investments — Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST BEARING CASH	58,912.
(2) MARKETABLE EQUITY SECURITIES	46,202.
(3) MUTUAL FUNDS	155,909.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	261,023.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	3,902,059.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,030,436.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	871,623.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.) SEE PART XIV	-15,027.
9	Total adjustments (net). Add lines 4 through 8	-15,027.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	856,596.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,903,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-15,027.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.) SEE PART XIV	2d	16,929.		
e	Add lines **2a** through **2d**			2e	1,902.
3	Subtract line **2e** from line **1**			3	3,902,059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	3,902,059.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,047,365.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.) SEE PART XIV	2d	16,929.		
e	Add lines **2a** through **2d**			2e	16,929.
3	Subtract line **2e** from line **1**			3	3,030,436.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,030,436.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

SUPPORT OF THE VEDIC PANDITS GENERATION AFTER GENERATION.

Part XIV **Supplemental Information** *(continued)*

BRAHMANANDA SARASWATI FOUNDATION 26-2986750

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS	$	-15,027.
TOTAL	$	-15,027.

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

FUNDRAISING EXPENSES	$	16,929.
TOTAL	$	16,929.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING EXPENSES	$	16,929.
TOTAL	$	16,929.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: BRAHMANANDA SARASWATI FOUNDATION

Employer identification number: 26-2986750

Part I **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
PART V

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH ASIA			SEE SCHEDULE O	SEE SCHEDULE O	2,307,000.
(2) CANADA			SEE SCHEDULE O	SEE SCHEDULE O	10,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					2,317,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			2,317,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000. . . . ► ☐ Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)			CANADA	EXPENSES	10,000.	CHECK			
(2)			SOUTH EAST ASIA	CONSTRUC TION	700,000.	WIRE			
(3)			SOUTH EAST ASIA	CONSTRUC TION OF	630,000.	WIRE			
(4)				HOUSING FOR THE					
(5)				VEDIC PANDITS					
(6)			SOUTH EAST ASIA	LIVING EXPENSES	977,000.	WIRE			
(7)				FOR THE VEDIC					
(8)				PANDITS					
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ► 4

3 Enter total number of other organizations or entities . . . . ► 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . ☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . ☐ Yes ☒ No

Part V Supplemental Information

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

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

THE CHIEF EXECUTIVE OFFICER AND OTHER BOARD MEMBERS REGULARLY VISIT CAMPUSES AND OFFICES OF THE DONEE ORGANIZATIONS IN INDIA TO OBSERVE AND ENSURE THAT FUNDS ARE USED IN ACCORDANCE WITH BRAHMANANDA SARASWATI FOUNDATION'S EXEMPT PURPOSES.

THE ORGANIZATION IS ALSO WORKING TO ESTABLISH A FOUNDATION TO SUPPORT THEIR EXEMPT PURPOSE IN CANADA.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: BRAHMANANDA SARASWATI FOUNDATION

Employer identification number: 26-2986750

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
1	GRAHAM-PELTON 39 BEECHWOOD RD SUMMIT NJ	CONSULTING		X		112,000.	
2	GRAHAM-PELTON 39 BEECHWOOD RD SUMMIT NJ	CAMPAIGN STUDY		X		42,500.	
3							
4							
5							
6							
7							
8							
9							
10							
Total ►						154,500.	0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

WI WV WA VA UT TN SC RI PA OR OK OH ND NC NY NM NJ NH MS MN MI MA MD ME KY KS IL HI GA FL DC CO CT CA AR AK AZ AL

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 TANDON CONCERT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	32,516.			32,516.
	2 Less: Charitable contributions	22,931.			22,931.
	3 Gross income (line 1 minus line 2)	9,585.			9,585.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,000.			1,000.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	15,929.			15,929.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				16,929.
	11 Net income summary. Combine line 3, column (d), and line 10 ►				-7,344.

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7 ►				

9 Enter the state(s) in which the organization operates gaming activities: ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: ____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: ____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ and the amount of gaming revenue retained by the third party ► $.

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
► **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: BRAHMANANDA SARASWATI FOUNDATION

Employer identification number 26-2986750

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MAHARISHI FOUNDATION USA INC. PO BOX 670 FAIRFIELD , IA 52556	95-2485909		10,882.	0.			SEE SCHEDULE O
(2) MAHARISHI VEDIC FOUNDATION 100 OLD N BRANCH RD ANTRIM, NH 03440	04-3351250		255,288.	0.			SEE SCHEDULE O
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 2

3 Enter total number of other organizations listed in the line 1 table ► 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE CHIEF EXECUTIVE OFFICER AND OTHER BOARD MEMBERS ARE REGULARLY IN COMMUNICATION WITH THE U.S. DONEE ORGANIZATIONS. THEY ARE KEPT INFORMED ON HOW THESE AMOUNTS ARE USED AND IN GENERAL, THEY ARE USED TO SUPPORT SIMILAR GOALS TO BSF'S OWN CORPORATE MISSION.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: BRAHMANANDA SARASWATI FOUNDATION

Employer identification number: 26-2986750

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
(1)	DR. HOWARD MARTIN CHANDLER	X		104,000.	104,000.		X	X		X	
(2)	BUILDING OF MEN'S RESIDENCE HALL										
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total . . . ► $					104,000.						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: BRAHMANANDA SARASWATI FOUNDATION

Employer identification number: 26-2986750

Part I **Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	No
(1) GLOBAL COUNTRY OF WORLD PEACE 2000 CAPITAL BLVD. MAHARISHI VEDIC CITY, IA 52556 36-4519393	EDUCATION	IA	501(C)3	170(B)1(A)(VI)	N/A		X
(2)							
(3)							
(4)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							

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

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Sale of assets to related organization(s)	1f		X
g	Purchase of assets from related organization(s)	1g		X
h	Exchange of assets with related organization(s)	1h		X
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	X	
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		X
n	Sharing of paid employees with related organization(s)	1n		X
o	Reimbursement paid to related organization(s) for expenses	1o		X
p	Reimbursement paid by related organization(s) for expenses	1p		X
q	Other transfer of cash or property to related organization(s)	1q		X
r	Other transfer of cash or property from related organization(s)	1r		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	GLOBAL COUNTRY OF WORLD PEACE	B	4,000.	FAIR VALUE
(2)	GLOBAL COUNTRY OF WORLD PEACE	C	60,125.	FAIR VALUE
(3)	GLOBAL COUNTRY OF WORLD PEACE	J	9,000.	FAIR VALUE
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
BRAHMANANDA SARASWATI FOUNDATION	26-2986750

FORM 990, SCHEDULE F, PART 1 LINE 1 COLUMN (D)

GRANTS TO CHARITABLE ORGANIZATIONS WITH SIMILAR MISSION.

FORM 990, SCHEDULE F, PART 1 LINE 1 COLUMN (E)

HOUSING AND SUPPORT OF THE VEDIC PANDITS AND CONSTRUCTION OF EDUCATIONAL FACILTIES.

FORM 990, SCHEDULE F, PART 1 LINE 2 COLUMN (D)

GRANTS TO CHARITABLE ORGANIZATION WITH SIMILAR MISSION.

FORM 990, SCHEDULE F, PART 1 LINE 2 COLUMN (E)

OPERATING EXPENSES TO ESTABLISH FOUNDATION.

FORM 990, SCHEDULE I, PART II, LINE 1 COLUMN (H)

MAHARISHI FOUNDATION, USA IS THE U.S. NON-PROFIT 501(C)3) THAT ORGANIZES TEACHING OF THE TRANSCENDENTAL MEDITATION (TM) PROGRAM AND OF ITS ADVANCED PROGRAMS IN THE U.S. THEREFORE IT HAS THE MEANS OF COMMUNICATING WITH THE ONE-MILLION-PLUS PEOPLE ALREADY PRACTICING TM. THE BOARD OF MAHARISHI FOUNDATION USA STUDIED THE PROGRAM OF BSF AND DECIDED TO INFORM ITS PARTICIPANTS OF THE OPPORTUNITY TO DONATE TO BSF AND PARTICIPATE IN THE U.S. NATIONAL YAGYA PROGRAM. TOWARDS THIS END MAHARISHI FOUNDATION USA CREATED A WEBSITE ABOUT THE NATIONAL YAGYA PROGRAM AND DIRECTS ITS PARTICIPANTS TO THAT WEBSITE. THE WEBSITE IS LINKED TO THE BSF DONATION PAGE AND DONATIONS ARE RECEIVED DIRECTLY BY BSF. BSF HAS MADE GRANTS TO MAHARISHI FOUNDATION,USA TO HELP DEFRAY THEIR COSTS FOR DOING THIS. THE GRANTS ARE FAR LESS THAN THE FUNDS MAHARISHI FOUNDATION HAS EXPENDED AND CONTINUES TO EXPEND IN THIS EFFORT. OUR ORGANIZATIONS SHARE COMMON GOALS.

FORM 990, SCHEDULE I, PART II, LINE 2 COLUMN (H)

GRANTS TO MAHARISHI VEDIC FOUNDATION IN ANTRIM, N.H. RELATE TO A GROUP OF FUNDS THAT U.S. DONORS PROVIDE UNDER AN APPEAL THAT ALLOWS 100% OF THE DONATED FUNDS TO SUPPORT THE VEDIC PANDITS IN INDIA, TO ALSO QUALIFY TO BE USED FOR A NATIONAL YAGYA FOR THEIR COUNTRY.

Name of the organization	Employer identification number
BRAHMANANDA SARASWATI FOUNDATION	26-2986750

NATIONAL YAGYAS ARE TRADITIONAL PROCEDURES OF PERFORMANCE BY THE VEDIC PANDITS IN INDIA DESIGNED TO BRING GREATER AFFLUENCE, AVERSION OF CALAMITIES AND INCREASED HARMONY OF A NATION'S POPULACE, BY CREATING AN INFLUENCE OF GREATER INTEGRATED NATIONAL CONSCIOUSNESS. SINCE MAHARISHI VEDIC FOUNDATION IS THE U.S. ORGANIZATION THAT ORGANIZES SUCH NATIONAL YAGYAS IN INDIA, WE MAKE ALL SUCH GRANTS TO THAT ORGANIZATION AND THEY MAKE ALL ARRANGEMENTS FOR SAID PERFORMANCES AND SEND ON THE SAME AMOUNTS GRANTED TO MVVVVP IN INDIA—THE PRIMARY NON-PROFIT ORGANIZATION IN INDIA WHICH BRAHMANANDA SARASWATI FOUNDATION SUPPORTS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

1. TO SECURE THE SAFETY AND INVINCIBILITY OF LIFE ON EARTH FOR ALL FUTURE GENERATIONS BY PROVIDING PERPETUAL SUPPORT FOR THE VEDIC PERFORMANCES, PRESCRIBED BY THE VEDAS AND REVIVED BY MAHARISHI, BY THE VEDIC PANDITS, FROM THE PRECIOUS VEDIC FAMILIES OF INDIA, FOR THE CREATION OF PERMANENT WORLD PEACE AND GLOBAL INVINCIBILITY.

2.TO CREATE AND MAINTAIN AN ENDOWMENT FUND, THE INTEREST AND INVESTMENT INCOME FROM WHICH WILL SUPPORT THE VEDIC PANDITS GENERATION AFTER GENERATION TO PRACTICE MAHARISHI'S VEDIC TECHNOLOGIES OF CONSCIOUSNESS FOR WORLD PEACE, INCLUDING GROUP PRACTICE OF MAHARISHI'S TRANSCENDENTAL MEDITATION, TM SIDHI PROGRAM AND YOGIC FLYING AND PERFORMANCE OF VEDIC YAGYAS AND GRAHA SHANTI TO MAINTAIN INVINCIBILITY FOR ALL COUNTRIES OF THE WORLD FROM THE BRAHMASTHAN OF INDIA, THE LAND OF THE VEDA; FROM THE 12 JYOTIR LINGAS IN INDIA; FROM THE 48 BRAHMANANDA SARASWATI NAGARS IN 48 OF THE LARGEST AND MOST PROMINENT CITIES OF INDIA; AND FROM THE CORRESPONDING 48 MAHARISHI TOWERS OF INVINCIBILITY IN THE 48 LARGEST AND MOST POWERFUL COUNTRIES OF THE WORLD (AND VERY SOON IN ALL COUNTRIES OF THE WORLD).

3. TO PROMOTE THROUGHOUT THE WORLD THE KNOWLEDGE THAT LIFE IS THE EVERLASTING EVOLVING EXPRESSION OF NATURAL LAW, WHICH ADMINISTERS THE UNIVERSE WITH PERFECT

Name of the organization: BRAHMANANDA SARASWATI FOUNDATION

Employer identification number: 26-2986750

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

ORDER, AND TO APPLY THE TOTAL KNOWLEDGE OF NATURAL LAW BROUGHT TO LIGHT BY HIS HOLINESS MAHARISHI MAHESH YOGI TO BRING AN END TO ALL PROBLEMS AND SUFFERING IN THE WORLD.

4. TO ACCEPT, HOLD, INVEST, REINVEST, AND ADMINISTER ANY GIFTS, LEGACIES, BEQUESTS, DEVISES, TRUSTS, REMAINDER TRUSTS, FUNDS AND PROPERTY OF ANY SORT OR NATURE, AND TO USE, EXPAND, OR DONATE THE INCOME OR PRINCIPLE THEREOF FOR, AND TO DEVOTE THE SAME TO, THE FOREGOING PURPOSES OF THE CORPORATION.

5. TO PERFORM ANY AND ALL LAWFUL ACTS WHICH MAY BE NECESSARY, USEFUL, SUITABLE, OR PROPER FOR THE FURTHERANCE OF THE ACCOMPLISHMENT OF THE PURPOSES OF THE CORPORATION.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

IN-RESIDENCE COURSES HELD AT THE BRAHMASTHAN OF INDIA, PROVIDED NEARLY 400 PARTICIPANTS FROM 50 DIFFERENT COUNTRIES, THE OPPORTUNITY TO EXPERIENCE THE TANGIBLE INFLUENCE OF THE VEDIC PANDITS. THESE COURSES ALSO INCLUDED KNOWLEDGE LECTURES OF VEDIC SCIENCE AND OPPORTUNITIES TO VISIT ANCIENT SITES OF CULTURAL, EDUCATIONAL AND SPIRITUAL VALUE -AS WELL AS PRESENTATIONS ON THE SCIENTIFIC RESEARCH DONE ON THE INDIVIDUAL AND GROUP PRACTICE OF TRANSCENDENTAL MEDITATION. AS A RESULT OF THESE COURSES, BRAHMANANDA SARASWATI FOUNDATION EXPECTS EXPANDED AWARENESS OF THE UNIQUE VALUE OF ITS MISSION AND HOPES FOR ADDED SUPPORT.

GRANTS TO ASSIST THREE NORTH AMERICAN NON-PROFIT ORGANIZATIONS WITH SIMILAR GOALS TO INSPIRE EXPANDED, BROAD BASED SUPPORT FOR BRAHMANANDA SARASWATI FOUNDATION'S MISSION TO PROMOTE THE EDUCATIONAL, CHARITABLE, AND WORLD PEACE PRODUCING INFLUENCE OF THE VEDIC PANDITS OF INDIA.. THIS PRACTICE BY THE PANDITS BRINGS AN INFLUENCE OF PEACE, COHERENCE AND AFFLUENCE IN THE COLLECTIVE CONSCIOUSNESS FOR THE WHOLE WORLD POPULATION, THUS PROMOTING THE PEACEFUL INTEGRATION OF ALL UNIVERSAL GOALS.

Name of the organization: BRAHMANANDA SARASWATI FOUNDATION

Employer identification number: 26-2986750

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

BOB WYNNE, CORPORATE DIRECTOR AND MAUREEN WYNNE, CHIEF DEVELOPMENT OFFICER, ARE MARRIED.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS REVIEWED BY THE CEO, THE CFO AND THE CHIEF DEVELOPMENT OFFICER AND THEN PROVIDED TO THE ENTIRE BOARD FOR THEIR APPROVAL.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR, DISCLOSING ANY SUCH CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE CHIEF EXECUTIVE OFFICER DOES NOT RECEIVE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE MEETS WITH EMPLOYEES TO DISCUSS COMPENSATION AND THEN AFTER REVIEWING COMPARABLE COMPENSATION FOR EMPLOYEES IN LIGHT OF OUR STAFFING NEEDS SETS COMPENSATION. SUCH COMPENSATION IS SUBMITTED TO THE BOARD AS PART OF THE ANNUAL BUDGET. COMPENSATION FOR EMPLOYEES IS MODEST.

FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

AL AZ AK AR CA CT DC FL GA HI IL KS KY MD MA MI MN MS NH NJ NM NY NC OH OK OR PA RI SC TN UT VA WA WV WI ME CO ND

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE EXEMPT APPLICATION (FORM 1023), GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. CONTACT INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEB SITE. FORM 990 IS AVAILABLE ON GUIDESTAR.COM AND ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSS ON INVESTMENTS	$	-15,027.
TOTAL	$	-15,027.