Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

1999

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

		· · · · · · · · · · · · · · · · · · ·	,	-F7 1-1-1	,	3 - 1-11	
		1999 calendar year, OR tax y			, 1999, and endir		,
	heck if		organization, number ar				er identification number
☐ add	iange of dress	use IRS label or BRAHMA	. KUMARI WORI	LD SPIRITU	AL ORG.	74-19	46190
L Init	tial retur	TVBP.	MIDDLE NECK			E Telepho	ne number
Fin	nal return	See GREAT	NECK, NY 110	021-			
′ ∐ Am (red sta	nended r quired a ite repor	eturn sa for ting)				F Check►	if exemption application is pending
		rganization → X Exempt un	der section 501(c)(3) ∢ (insert nun	nber) OR ▶ section	4947(a)(1) no	nexempt charitable trust
		on 501(c)(3) exempt organiza					
		a group return filed for affiliate					
					group exempti	ion no. (GEN)▶	•
(ь)	if "Yes	" enter number of affiliates for	which return is filed: 🕨		J Accounting me	ethod: 🛛 Casi	n Accrual
(c)	Is this a	separa <u>te</u> return filed by an organizal	ion covered by a group rulin	g? Yes 🗓 N	lo Other (spe	cify)►	
K C	heck h	ere 🕨 📗 if the organization's g	ross receipts are norma	ally not more than \$2	25,000. The organizati	on need not fi	le a return with the IRS;
bı	ut if it re	eceived a Form 990 Package i	n the mail, it should file	a return without fina	ncial data. <mark>Some sta</mark> t	es require a	complete return.
Note:	Form	990-EZ may be used by organ	izations with gross reco	eipts less than \$100	,000 and total assets I	ess than \$250	,000 at end of year.
Pai	11	Revenue, Expenses, a	ind Changes in N	et Assets or F	u nd Balances (Se	e Specific Ins	tructions.)
	1	Contributions, gifts, grants, ar	ıd similar amounts rece	ived:			
8	a	Direct public support		1a	3,487,1	29	
2000	b	Indirect public support		1b			
	C	Government contributions (gr	ants)	1c	:		
\sim	d	Total (add lines 1a through 1	c) (attach schedule of c	ontributors)			
ပ		(cash \$	noncash \$				3,487,129
AUG	2	Program service revenue incl					
-	3	Membership dues and assess					-
	4	Interest on savings and temperature	orary cash investments				52,429
Et J	5	Dividends and interest from s				5	<u>. </u>
SCANNED	6a	Gross rents		<u>6</u> a	1		
۲Z	b	Less: rental expenses					
Š	C	Net rental income or (loss) (st	ıbtract line 6b from line	6a)			
	7	Other investment income (des		 -) 7	
Revenue	8a	Gross amount from sale of as		Securities	(B) Other	_	
		than inventory		269,607 8a			
		Less: cost/other basis & sales		255,601 8b			
F)	700	Gain or (loss) (attach schedul	a)	14,006 8c	:		
1-1	ii (di	ne gain or (loss) (combine lir	ie 8c, columns (A) and	(B))		. 8d	14,006
		Special events and activities (_			
8 31	a	Gross revenue hot including	\$	of	ı		
A (97.7)	[I.	contributions reported on line	1a)		•		
00		Less: direct expenses other th				9c	·
		Net ihdorne or (oss) from spe Gross sales of inventory, less	cial events (subtract lin	e 96 from line 9a) . s	a 81,4		
		Less: cost of goods sold					
•		Gross profit or (loss) from sale					37
	11	Other revenue (from Part VII,	•				
	12	Total revenue (add lines 1d,					3,553,601
	13	Program services (from line 4	4 column (B))	100, 4,14 (1),1111		13	5,000
	14	Management and general (fro					1,003,359
Expenses	I	Fundraising (from line 44, cold					
Expenses	16	Payments to affiliates (attach					
	17	Total expenses (add lines 16	and 44, column (A))	,,,,,,,,,,,,,		17	1,008,359
	18	Excess or (deficit) for the year	(subtract line 17 from l	ine 12)		18	2,545,242
Net	19	Net assets or fund balances a					3,058,538
Assets	20	Other changes in net assets of					- 34,819
	21	Net assets or fund balances a					5,568,961
For P	aperw	ork Reduction Act Notice, se	e the separate instruc		9 99012 NTF 25		4224 Form 990 (1999)
Copyri	ght 1999	Greatland/Nelco LP - Forms Softw	are Only				

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants and allocations (attach schedule) cash\$ 5 , 0 0 0 cash\$)	22	5,000	5,000		
3	Specific assistance to individuals (attach sch.)	23	<u> </u>			
,	Benefits paid to or for members (attach sch.) .	24				
,	Compensation of officers, directors, etc	25				
	Other salaries and wages	26				
	Pension plan contributions	27	-			
	Other employee benefits	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31				
	egal fees	32				
	Supplies	33	.23,934		23,934	
	Telephone	34	49,202	<u>-</u>	49,202	
	ostage and shipping	35	15,473		15,473	
	Occupancy	36	194,911		194,911	
	Equipment rental and maintenance	37	<u> </u>			
	equipment rental and maintenance	38	16 006		16 900	
	• •	39	16,806		16,806	_
	Travel		131,275		131,275	
	Conferences, conventions, and meetings	40				
	nterest	41	28,725		28,725	
	Depreciation, depletion, etc. (attach schedule) .	42	155,114		155,114	
	Other expenses (itemize): a	43a				
b	~	43b				
'	See attached schedule	43c	373,498		373,498	
d		43d	i			
۳.					~	
e		43e				
e por	Total functional expenses (add lines 22 through a) Organizations completing columns B)-(D), carry these totals to lines 13-15 ling of Joint Costs. Did you report in columnign and fundraising solicitation?	44 (B) (P		costs from a combine	d educational	➤ ☐ Yes
e por es the iri	ting of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P) costse Acc	rogram services) any joint o	osts from a combine; ; (ii) amt. allocated; and (iv) amt. allocecific Instructions.)	to Prog. services \$ cated to Fundraising\$	Program Service
e por partine the property of	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the services and services and services (See Servements in a clear and con are not measurable. (Section 1)	; (ii) amt. allocated; and (iv) amt. allocated; pecific Instructions.) cise manner. State th	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servic Expenses (Required for 501(c) and (4) orgs., and 4947
e poor fest the property of th	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the services and services and services (See Servements in a clear and con are not measurable. (Section 1)	; (ii) amt. allocated; and (iv) amt. allocated; pecific Instructions.) cise manner. State th	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servic Expenses (Required for 501(c) and (4) orgs., and 4947 trusts; but optiona
or pa es the rg	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the services of the services and services of the	; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and instructions.) cise manner. State thon 501(c)(3) and (4) cations to others.)	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servic Expenses (Required for 501(c) and (4) orgs., and 4947 trusts; but options
or parther rg	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the complishments (See Servements in a clear and contains are not measurable. (Section amount of grants and allocated the contains and allocated the contains are not measurable.	; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and instructions.) cise manner. State thon 501(c)(3) and (4) cations to others.)	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servic Expenses (Required for 501(c) and (4) orgs., and 4947 trusts; but options
or oa she ti	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the complishments (See Servements in a clear and contains are not measurable. (Section amount of grants and allocated the contains and allocated the contains are not measurable.	; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and constructions.) cise manner. State the on 501(c)(3) and (4) cations to others.)	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servion Expenses (Required for 501(c) and (4) orgs., and 494' trusts; but aption
or partition of the control of the c	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the services of	; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocated; and constructions.) cise manner. State the on 501(c)(3) and (4) cations to others.)	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servion Expenses (Required for 501(c) and (4) orgs., and 494' trusts; but option
or partition of the control of the c	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the services of	; (ii) amt. allocated ; and (iv) amt. allocated ; and (iv) amt. allocated pecific Instructions.) cise manner. State th on 501(c)(3) and (4) cations to others.)	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servion Expenses (Required for 501(c) and (4) orgs., and 494' trusts; but option
or partition of the control of the c	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the services and joint of grants and allocated (Grants and	; (ii) amt. allocated ; and (iv) amt. allocated ; and (iv) amt. allocated pecific Instructions.) cise manner. State th on 501(c)(3) and (4) cations to others.)	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servion Expenses (Required for 501(c) and (4) orgs., and 494' trusts; but aption
e e e e e e e e e e e e e e e e e e e	ing of Joint Costs. Did you report in columning and fundraising solicitation?	(B) (P. costse Acc	rogram services) any joint of the services of	costs from a combined; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocateds and (iv) amt. allocateds and (iv) amt. allocateds and (iv) and (iv) and (iv) and (iv) allocations \$ allocations \$ allocations \$ allocations \$	to Prog. services \$ cated to Fundraising \$ e number of clients	Program Servio Expenses (Required for 501(c and (4) orgs., and 494' trusts; but option
e or page state of the state of	ing of Joint Costs. Did you report in columning and fundraising solicitation?	44 (B) (P) costs e Acc a e Acc ts that er the a	rogram services) any joint of the complishments (See Servements in a clear and contained are not measurable. (Section amount of grants and allocated (Grants and allocated (Gran	costs from a combined; (ii) amt. allocated; and (iv) amt. allocated; and (iv) amt. allocateds and (iv) amt. allocateds and (iv) amt. allocateds and (iv) amt. allocations to others.) Illocations \$ Illocations \$ Illocations \$ Illocations \$	d educational to Prog. services \$ cated to Fundraising \$ e number of clients organizations and))	Program Servion Expenses (Required for 501(c) and (4) orgs., and 494' trusts; but option

Part IV Balance Sheets (See Specific Instructions.)

No	nte: W	/here required, attached schedules and amounts within the description	(A)	\Box	(B)
140		olumn should be for end-of-year amounts only.	Beginning of year	l'	End of year
	45	Cash non-interest-bearing	198,729	45	229,163
	46	Savings and temporary cash investments	1,012,677	46	1,176,426
	472	Accounts receivable			
	J .	Less: allowance for doubtful accounts 47b		47c	
	"	Less: allowance for doubtful accounts		4/C	
	180	Made			•
		Pledges receivable		48c	
	49			460	
	50	Grants receivable.	•••	49	
	30	Receivables from officers, directors, trustees, and key employees		50	
	E4.	(attach schedule)	···	3U	
	Sia	Other notes and loans receivable (attach			
		schedule)	- 00 070		
	E2	Less: allowance for doubtful accounts	88,270	52	
Assets		Inventories for sale or use			
	53	Prepaid expenses and deferred charges		53 54	- 000
	54	Investments securities (attach schedule)	•••	34	993
	558	Investments land, buildings, and equipment: basis			
	_				
	D	Less: accumulated depreciation (attach	·	EC-	
	Ee	schedule)		55c	
	56			30	
		Land, buildings, and equipment: basis	300		
	D	Less: accumulated depreciation (attach schedule)	2 1 2 2 2 2 2 2		4 546 535
	58				4,546,535
		Other assets (describe	55,656	28	152,247
	59	Total assets (add lines 45 through 58) (must equal line 74)	3,545,591	59	6,105,364
	60	Accounts payable and accrued expenses		60	0,103,301
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach	···		
		schedule).		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	,	Mortgages and other notes payable (attach schedule)			502,903
	65	Other liabilities (describe)	65	19,079
	ļ	Ilabilities (describe	- '		
	66	Total liabilities (add lines 60 through 65)	<u>487,</u> 053	66	<u>521,982</u>
	Orga	nizations that follow SFAS 117, check here > X and complete lines 6	67		
		through 69 and lines 73 and 74.			
	67	Unrestricted	3,058,538		5,583,382
	68	Temporarily restricted		68	_
	69	Permanently restricted		69	
Net	Orga	nizations that do not follow SFAS 117, check here ▶ 🗌 and complet	te		
Assets	<u> </u>	lines 70 through 74.			
or Fund	70	Capital stock, trust principal, or current funds		70	
Balances	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds	···	72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70			
		through 72; column (A) must equal line 19 and column (B) must equal			
	\ _	line 21)	3,058,538		5,583,382
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	3 <u>,</u> 545,591	74	6,105,364

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

- orm	990	(1999)

P;	ace	. 4

Part IV-A Reconciliation of Re Financial Statements Return (See Specific Ins	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return				
a Total revenue, gains, and other support		a Total expenses and	losses per audited		
per audited financial statements	≻ a			а	
b Amounts included on line a but not on		b Amounts included o			
line 12, Form 990:		on line 17, Form 990	=		
(1) Net unrealized gains		(1) Donated services			
on investments \$		& use of facilities	\$		
(2) Donated services	-	(2) Prior year adjust~			
& use of facilities . \$		ments reported on			
(3) Recoveries of prior	-	line 20, Form 990	\$		
year grants \$		(3) Losses reported on			
(4) Other (specify):	-	line 20, Form 990			
(sy construction)		(4) Other (specify):			
s		(a) Since (aposity)			
Add amounts on lines (1) through (4)	- b		2		
		Add amounts on line	es (1) through (4)	b	
C Line a minus line b	- c	C Line a minus line b.	-	c	
d Amounts included on line 12,		d Amounts included o		-	
Form 990 but not on line a:		Form 990 but not or	•		
(1) Investment expenses		(1) Investment expense			
not included on		not included on	.		
line 6b, Form 990 \$		•	\$		
(2) Other (specify):	- -	(2) Other (specify):	-		
(E) Other (Specily).		(2) Other (specify):			
 •			•		
Add amounts on lines (1) and (2)	d	Add amounts on line	es (1) and (2)	d	
e Total revenue per line 12, Form 990		e Total expenses per l		<u> </u>	
(line c plus line d)	- le			e	
Part V List of Officers, Director Instructions.)	(B) Title and average	(C).Compensation	(D) Contributions to	(E) Expense	
(A) Name and address	hours per week devoted to position	(if not paid, enter -0)	employee benefit plans & deferred comp.	account and other allowances	
SEE STATEMENT II	•			2	
		0	<u></u>		
				. •	
				<u> </u>	
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-		 			
		 	 	<u> </u>	
		 	 		
		 	 		
		1	! .		
	-	<u> </u>	·		
75 Did any officer, director, trustee, or key organization and all related organization				. ► TYes No	
If "Yes," attach schedule see Specific		nas promasa sy me n		7.55	
ii (65) allasii seriodule see opeciile	, ilian della ini			/ .	
CAA 9 99034 NTF 25462 GLD 422				Form 990 (1999)	

Form	990 (1999)		Pa	age 5
Þa	Other Information (See Specific Instructions.)		Yes	No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.		3,83,8	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	P.000001 X10	Х
_	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	آم	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt OR nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81			
þ	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at	·		
	substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in			
	Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X_	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b	<u>~</u> \	175
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	_(;]	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	\mathcal{N}	1-1-
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
_	waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	***\^{}	λ
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	659	-~-}	7)
"	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	2	[A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a			
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			·····
	partnership, or an entity disregarded as separate from the organization under Regulations sections	[. [- 1	\ C
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	· }	1~
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			Χ
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	1 1	- {	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		- 1	
	a statement explaining each transaction	89b		_X_
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed >			
	Number of employees employed in the pay period that includes March 12, 1999 (See inst.)	0.5	20	
91	The books are in care of ► SISTER KALARANI IYENGAR Telephone no.► (516) 466	-852	4 U	
a2	Located at > 46S MIDDLE NECK ROAD, GREAT NECK NY ZIP+4> 11021			<u></u>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here		• • • • •	- LI
		Form C	100 /s	1000)

	ss amounts unless otherwise		d business income		ection 512, 513, or 514	(E)
ndicated.	•	(A) Business	(B)	(c)	(D)	Related or exempt
	ram service revenue:	code	Amount	Exclusion code	Amount	function income
a						
b		<u> </u>				
<u>с</u> —		<u> </u>		 		
ĕ		<u> </u>				
	care/Medicald payments		<u> </u>	 		<u></u>
	and contracts from govt, agencies					 .
94 Memt	pership dues and assessments st on savings and temporary cash ments			14	52,429	
	ends and interest from securities			7.2	J2, ±4,5	 -
	ental Income or (loss) from real estate:					
	financed property					
р _{лот de} Net re	ebt-financed property					
	rty					<u> </u>
00 Gaind	or (loss) from sales of assets other			18	14,006	
	nventory			 -	1-1,000	_ _
	profit/(loss) from sales of Inventory			 -		3
	r revenue: a			 		
b				-		. <u>. </u>
c						
ď						· -
e						<u> </u>
	otal (add columns (B), (D), and (E))				66,435	. 3
)5 Total	(add line 104, columns (B), (D),			<u>.</u>	66,435	66,47
)5 Total ote: Line	(add line 104, columns (B), (D), 105 plus line 1d, Part I, should ed	qual the amoun	t on line 12, Part I.			66,47
)5 Total ote: Line art VII	(add line 104, columns (B), (D), 105 plus line 1d, Part I, should ed Relationship of Activi	qual the amoun	t on line 12, Part I. Accomplishment	of Exempt Pur	rposes (See Specific I	66,47
)5 Total ote: Line lart VIII Line No.	(add line 104, columns (B), (D), 105 plus line 1d, Part I, should ed Relationship of Activities Explain how each activity for v	qual the amoun ties to the A which income is	t on line 12, Part I. Accomplishment reported in column (I	of Exempt Pur	rposes (See Specific I	66,47
)5 Total ote: Line lart VIII Line No.	(add line 104, columns (B), (D), 105 plus line 1d, Part I, should ed Relationship of Activit Explain how each activity for vorganization's exempt purpose	qual the amoun ties to the A which income is es (other than b	t on line 12, Part I. Accomplishment reported in column (I by providing funds for	of Exempt Pure) of Part VII contribused by such purposes).	rposes (See Specific I	66,47
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SCHEDULE A (Form 990)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information -- (See separate instructions.)

1999

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

BRAHMA KUMARI WORLD SPIRITUAL ORG. 74-1946190 Part Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense account and (a) Name and address of each employee paid more (b) Title and average hours empl. benefit plans & (c) Compensation than \$50,000 per week devoted to position deferred compensation other allowances NONE Total number of other employees paid over Compensation of the Five Highest Paid Independent Contractors for Professional Services (See the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over \$50,000 for

If "Yes," enter total expenses paid or incurred in connection with the lobbying activities Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary: a Sale, exchange, or leasing of property? 2a b Lending of money or other extension of credit? 2b c Furnishing of goods, services, or facilities? 2c d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		rt III	Statements About Activities		Yes	N
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Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? 4a Do you have a section 403(b) annuity plan for your employees? 5 Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.) 7 Reason for Non-Private Foundation Status (See instructions.) 8 Reason for Non-Private Foundation Status (See instructions.) 9 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 9 A A chorum, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 9 A A chorum, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 9 A A chorum, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 9 A A charmonia or a cooperative hospital service organization. Section 170(b)(1)(A)(A)(i). 9 A redetal, state, or local government or governmental unit. Section 170(b)(1)(A)(A)(i). 9 A redetal, state, or local government or governmental unit. Section 170(b)(1)(A)(A)(i). 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(ii). 11 An organization that normally receives a substantial part of its support from a governmental unit or from the general public. 12 Section 170(b)(1)(A)(A)(ii). (A)(A)(ii). (A)(A)(ii). (A)(A)(ii). 13 A community trust. Section 170(b)(A)(A)(A)(i). (A)(a) complete the Support Schedule in Part IV-A.) 14 A community trust. Section 170(b)(A)(A)(A)(i). (A)(a) complete the Support Schedule in Part IV-A.) 15 An organization that normally receives: (1) more than 33 13% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to c	С	Furnishin	g of goods, services, or facilities?	2c		Х
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(at Namels Lot supported organization(s)		360101				
				11 \		

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

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Page 3 Hart WA Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting, (a) 1998 (b) 1997 (c) 1996 Calendar, year (or fiscal year beginning in) (d) 1995 (e) Total Gifts, grants, and contributions received. (Do not include unusual 1092169 grants. See line 28.)..... 931,105 785,902 779,619 3588795 Membership fees received Gross receipts from admissions. merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., 18 Gross income from interest. Gross income from interest, dividends, amounts roceived from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 39,886 39,886 Net income from unrelated business activities not included in 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. 21 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 931,105 1132055 785,902 779,619 23 3628681 Total of lines 15 through 22. 779,619 24 1132055 $93\overline{1}, 1\overline{0}5$ 785,902 3628681 Line 23 minus line 17 9,311 7,859 11,321 796 25 Enter 1% of Kne 23 26a 72,574 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **b** Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 603,622 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts 26b C Total support for section 509(a)(1) test: Enter line 24, column (e)...... ▶ 26c 3628681 18 39,886 19 26b d Add: Amounts from column (e) for lines: 643,508 26d 26e 2985173 Public support (line 26c minus line 26d total).....▶ f Public support percentage (line 26e (numerator) divided by line 26c (denominator))...... ▶ 26f 82.266063% Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disgualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1997)(1996) (1995)b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: C Add: Amounts from column (e) for lines: ______20 17 and line 27b total. d Add: Line 27a total f Total support for section 509(a)(2) test: Enter amount on line 23, column (e). . . . > | 27f | Q Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). . . . ▶

%

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list 28 (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)

Schedule	A (Eases	nan\	1000
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Page 4

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N		
		'\	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other	<u> </u>	┼─	_
	governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	49.00		
	catalogues, and other written communications with the public dealing with student admissions, programs, and			
	scholarships?	30	1	1
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves?	31	X (0000) (000	.160000000g
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	777	1	
	in roa, product accombe, in roa, product explains (in you need more opened, and on a departure statement)			
		-		
		- 🚟		
		- 1999		
20		-		
32	Does the organization maintain the following:			000000000000000000000000000000000000000
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	4	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory		-	
	basis?	32Ł	<u>1</u>	<u> </u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?	320	<u>:</u>	<u> </u>
þ	Copies of all material used by the organization or on its behalf to solicit contributions?	320	il —	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	0613		
		-		
33	Does the organization discriminate by race in any way with respect to:	- 1		
а	Students' rights or privileges?	33a	: 180,800,00	\$200e06.8
- 4	Students lights of phylleges: ,,	336	' 	\vdash
h	Admissions policies?	33E	J	[
IJ	Admissions policies:,	331	' 	├
_	Employment of faculty or administrative staff?	330	J	
C	Employment of faculty or administrative staff?	330	 	├ ─
.1		امما	.	
q	Scholarships or other financial assistance?	330	 	
6	Educational policies?	33e	<u>'</u>	Ļ
		1 .	1	}
f	Use of facilities?	33f		<u> </u>
	·	İ		
9	Athletic programs?	339	<u> </u>	<u>L</u> _
h	Other extracurricular activities?	33h	1	
			1	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			.
	· · · · · · · · · · · · · · · · · · ·			
		.		
		. [
		, posesse	4383333	p::00/38888
345	Does the organization receive any financial aid or assistance from a governmental agency?	34a	J	1
JTA	Does the organization receive any intancial aid or assistance notifia governmental agency:	1578	+	
L	Use the eventiration's right to such aid over been reveled as supposed of	34t	.	
D	Has the organization's right to such aid ever been revoked or suspended?	34L) (0.80208283
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		, jaron jaro	
. -			10000	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		1	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	Ш_	<u>Ļ_</u>
CAA	9 990A34 NTF 25468 GLD 3275 Schedul	A (Foi	m 990) 1999

CAA

0					
Schedule A (Form 990) 19 Part VI-A Lobby	ing Expenditures	by Electing Bublic	Charities (See in	structions)	Page 5
**************************************	completed ONLY by ar			structions.)) P
	f the organization belong				-
F-4	f you checked "a" above		ovisions apply.		
(The t	Limits on Lobbyi	•		(a) Affiliated group totals	(b) To be completed for ALL electing
36 Total lobbying expend				<u> </u>	organizations
37 Total lobbying expend		· •	· • —	7	
38 Total lobbying expend	_	•	· •	8	
39 Other exempt purpose				9	
40 Total exempt purpose	•			0	
41 Lobbying nontaxable	•		·		
If the amount on line		he lobbying nontaxable	P0000		
	20		100.00		
	t over \$1,000,000 \$1		1 19033		
	ot over \$1,500,000 . \$1		2777	1	3.795.70.30.303.00003.7003.703.703.003.0000003.705.703.70
Over \$1,500,000 but r	ot over \$17,000,000 s2	25,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000	, \$ 1	1,000,000			
42 Grassroots nontaxable	•	•		2	
43 Subtract line 42 from I				0	, O
44 Subtract line 41 from I	ine 38. Enter -0- if line 4	1 is more than line 38		4 0	0
Coutings // those is an	amount on aither line 43	e line 44 vev mount file	Form 4720		
Caution: ir there is an	amount on either line 43	r Averaging Perio		501/h\	
(Some o	organizations that made	• •	do not have to comp	lete all of the five columns b	pelow.
		Lobbying Expen	ditures During 4-Yea	ar Averaging Period	
Calendar year (or fiscal	(a)	(ь)	(c)	(d)	(e)
year beginning in)	1999	1998	1997	1996	Total
45 Lobbying				Į į	
nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying					
expenditures		<u> </u>			
48 Grassroots				1	
nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

	(a jopaning only b) digamation and the contribution of the contri			
	ng the year, did the organization attempt to influence national, state or local legislation, including any opt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
C	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
ì	Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

NTF 25469

Part V	Information R Exempt Orga	legarding Tra	ansfers To and Transaction instructions.)	ons and Relationships With Non	charita	ble	-3-
51 Did				ng with any other organization described in	section 5	01(c)	of
			zations) or in section 527, relating		_		
a Tran		~	noncharitable exempt organization		1=3 78	Yes	No
(i) (::)				• • • • • • • • • • • • • • • • • • • •	51a(i)		X_
	Other assets				a(ii)		X
(i)		assate with a non	ocharitable exampt organization	• • • • • • • • • • • • • • • • • • • •	b(i)	·	Х
(i) (ii)	•				b(ii)		X
(iii)			-		b(iii)		X
(iv)					b(iv)		X
(v)					b(v)		Х
(vi)	Performance of service	s or membership	or fundraising solicitations		b(vi)		X
	-	_			C		_X_
good	ds, other assets, or servi	ces given by the		lumn (b) should always show the fair mark nization received less than fair market valu			ction
		w iii coidiiii (d) i					_
(a) Line no.	(b) Amount involved	Name of non	(c) charitable exempt organization	(d) Description of transfers, transactions, & si	naring arr	angen	nents
	<u> </u>						
							_
	 	 	}				
			 				
							
		10					
	<u> </u>			<u> </u>			
				 			
	 		 	 		<u> </u>	
			 ·				
	-				-	_	
secti	ion 501(c) of the Code (c	other than section		tax-exempt organizations described in	Yes	X	No
D II TE	es," complete the following (a)	ng schedule:	(b)	(c)			
	Name of organization	on	Type of organization	Description of relationsh	ıîp .		
			 				
				<u> </u>			
							
			- N /:				
			-\-\				
							
	·						
CAA 9	990A56 NTF 25470	GLD 3276			. /=	000	4000
	999 Greatiand/Neico LP - Foi			Schedule	A (FOIN	1 990)	1999

Form: 990	Supplemental Schedule	For Tax Year 1999
Namie BRAHMA KU	MARI WORLD SPIRITUAL ORG.	Employer ID Number

Page 2, part II, Line 22

<u>Cash</u>

Class of activity

CHARITABLE

Donees name

LIVING VALUES

Donees address

Donees csz

Amount given

Relationship NONE

Description of property

Book value

How book determined Fair market value

How FMV determined

5,000

\$ 5,000

Page 2, part II, line 43

	Total	Program Services	Management and general	Fundraising
MEDICAL EXPENSES	15,872		15,872	
ADVERTISEMENT	12,722		12,722	·
PROPERTY TAX	60,492		60,492	
UTILITIES	98,816		98,816	
REPAIRS AND MAINTENANC	46,863		46,863	
BANK CHARGES	16,624		16,624	
OFFICE EXPENSES	23,593		23,593	
MISC. EXPENSES	13,590		13,590	
FOOD SUPPLIES	46,402		46,402	
INSURANCE	32,224		32,224	
PROFESSIONAL FEE	6,300		6,300	
	\$ 373,498		373,498	

STATEMENT I

Clients served by the Brahma Kumaris World Spiritual Organization January to December 1999

All clients were served free of charge through the following courses and programs:

Number of people introduced to Meditation	2313
Number of people who attended the Arts of Life -courses and seminars (Positive thinking, Self management, Values etc.)	4333
Number of people served thru' various Information services (exhibitions, fairs etc.)	6476
Number of people who benefited from Public lectures for Spirituality in daily life	21629
Television programs, broadcasts etc	46
Number of people benefiting from Raja Yoga & spiritual knowledge on a daily basis	1200
Number of people who benefited from Retreats and intensives for advanced practitioners	786
Locations where discourses and meditation sessions were held regularly everyday	27
Website	540000

The Organization's primary exempt purpose is to teach the methods of Raja Yoga meditation, character development and allied disciplines, spiritual and religious practices as enunciated by the parent Organization, Brahma Kumaris World Spiritual University, Mount Abu, India.

STATEMENT I

ROSTER OF THE PRESENT OFFICERS AND DIRECTORS OF THE BRAHMA KUMARIS WORLD SPIRITUAL ORGANIZATION, USA

December 31, 1999

Ms. Mohini Panjabi

Global Harmony House

46, S. Middle Neck Road Great Neck, NY 11021

Ms. Chandrika Desai

401, Baker Street

San Francisco, CA 94117

Ms. Kalarani Iyengar

46, S. Middle Neck Road

Great Neck, NY 11021

Mr. Ramesh Shah

121, Mahatma Gandhi Road

Mumbai, 400023, India

Ms. Dorothy Steinfeld

Peace Village Learning & Retreat Center

P.O. Box 99

Haines Falls, NY 12436-0099

President/Director

516 773 0971

Vice President/Director

415 563 4459

Secretary/acting Treasurer/Director

516 773 0971

Director

262 5825 / 262 5827

Director

518 589 5000

Land, buildings, and equipment

では、これには、日本のは、日本のは、日本のは、日本のは、日本のは、日本のは、日本のは、日本の	Cost or other.	Accumulated	Book value at-1	. Balance . B	Balance - end of
	basis	depreciation	erid of year	. pegipuing of	year
1 AUTO	78,176	17,071		8,141	61,105
2 FURNITURE & FIXTURES	93,657	51,731		49,101	41,926
BUILDINGS	3,912,942	276,273	3,636,669	1,848,906	3,636,669
LAND	494,940		494,940	284,111	494,940
5 IMPROVEMENTS	285,454	8,461	276,993		276,993
& MACHINERY & EQUIPMENT	40,719	5,817	34,902		34,902

Form: 990	Supplemental Schedule	For Tax Year 1999
Name BRAHMA K	UMARI WORLD SPIRITUAL ORG.	Employer ID Number 74-1946190

Page 3, part 4, line 58

<u>Description</u>	Amount
DEPOSIT & ADVANCE	55,655
ROUNDING	1
LOAN RECEIVABLE	92,274
OTHER LOANS	4,317
	<u> </u>
	<u>Φ 102,241</u>

Application for Extension of Time To File

Certain Excise, Income, Information, and Other Returns OMB No. 1545-0148 repartment of the Treasury File a separate application for each return Emeloyer idea BRAKMA KUMARIS WORLD SPIRITUAL ORGANISATION Please type or orint. File the Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address) original and one copy by the due WILDDIE date for filing NECK ROAD your return. See instructions on City, town or post office, state, and ZIP code. For a foreign address, see instructions. back. NECK GREAT Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041. I request an extension of time until \$\infty\$ \big| \big| \big| \big| \big| \big| \big| \big| to file (check only one): Form 8812 ☐ Form 706-GS(D) Form 990-T (sec. 401(a) or 408(a) trust) Form 1120-ND (sec. 4951 taxes) Form 990-T (trust other than above) Form 8613 ☐ Form 708-GS(T) ☐ Form 3520-A Form 990 or 990-EZ Form 1041 (estate) (see instructions) Form 4720 Form 8725 ☐ Form 1041-A ☐ Form 8804 ☐ Form 990-BL Form 5227 ☐ Form 6069 ☐ Form 8831 ☐ Form 990-PF Form 1042 If the organization does not have an office or place of business in the United States, check this box. 2a For calendar year 99, or other tax year beginning and ending and ending b If this tax year is for less than 12 months, check reason: initial return Final return Change in accounting period Has an extension of time to file been previously granted for this tax year? . . . PETURN COMPILIAL MORE 5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit c Balance due, Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form. K.K.Mohla Title ▶ FILE ORIGINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will return the copy. Notice to Applicant—To Be Completed by the IRS We HAVE approved your application. Please attach this form to your return. ☐ We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return. We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. U We cannot consider your application because it was filed after the due date of the return for which an extension was requested. Other: ___ Director you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent. Please

^{for Paperwork Reduction Act Notice, see back of form,}

Type ٥r Print

311

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)

City, lown or post office, state, and ZIP code. For a foreign address, see instructions

KIL

Cat. No. 11976R

Form 2758 (Per 6-95)