PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 58948

Return of Organization Exempt From Income Tax

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑΙ	or tr	ie 2015 calendar year, or tax year beginning and	enaing							
В	Check i	f C Name of organization		D Employer identif	ication number					
Г	Addı	ess INSTITUTE OF HEARTMATH								
Ē	Nam char	e D IIEADOMADII TNICOTOIDE		95-4	.023617					
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	er					
	☐Fina retur	n/ 1.00 DOX 1403		(831	.) 338-8500					
	term ated			G Gross receipts \$	3,132,624.					
	retur			H(a) Is this a group r						
	Appl tion pend	F Name and address of principal officer: BRIAN KABARER		for subordinates	s? Yes X No					
	· .	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No					
		xempt status: \overline{X} 501(c)(3) $\overline{}$ 501(c) () \blacktriangleleft (insert no.) $\overline{}$ 4947(a)(1) o	or 527	If "No," attach a	a list. (see instructions)					
_		ite: ► WWW.HEARTMATH.ORG		H(c) Group exemption						
		of organization: X Corporation Trust Association Other	L Year	of formation: 1991	M State of legal domicile: CA					
Pa	art I	Summary		0DI E 1001010	EIIE LIODI D					
ě	1	Briefly describe the organization's mission or most significant activities: TO HI			THE WORLD					
Activities & Governance		ESTABLISH HEART-BASED LIVING AND GLOBAL C								
ērn	2	Check this box if the organization discontinued its operations or dispos		1	sets. 7					
õ	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		4						
∞ ∞	5	Total number of individuals employed in calendar year 2015 (Part V, line 1a)			21					
ties	6	Total number of volunteers (estimate if necessary)			30					
Ĕ	7.	a Total unrelated business revenue from Part VIII, column (C), line 12								
Ą	';	Net unrelated business taxable income from Form 990-T, line 34			_					
	 	The difficultied business taxable moome from cool 1, line 64		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		563,059.	 					
nue	9	Program service revenue (Part VIII, line 2g)		802,722.	807,987.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		691.	2,381.					
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		756,607.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,123,079.	2,574,607.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		51,653.	52,898.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		768,699.	882,806.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
x	. k	Total fundraising expenses (Part IX, column (D), line 25)	86.							
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,035,216.	1,226,991.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,855,568.	2,162,695.					
	19	Revenue less expenses. Subtract line 18 from line 12		267,511.	411,912.					
Net Assets or			Ве	ginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		2,552,207.	2,953,330.					
etA	21	Total liabilities (Part X, line 26)		1,578,340.	1,567,551.					
Z D	22 art II	Net assets or fund balances. Subtract line 21 from line 20		973,867.	1,385,779.					
		nalties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	anta and to the heat of m	v knowledge and belief it is					
		ect, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kilowieuge aliu bellei, it is					
truc	, 6011	Lact, and complete. Declaration of preparer (other than officer) is based on an information of whi	non proparoi	ilas arīy Kriowicuge.						
Sig	n	Signature of officer		Date						
Her		BRIAN KABAKER, CFO								
	•	Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Paid	j		CHLER 1	0/31/16 if self-emplo	p00233621					
	parer	Firm's name ▶ ARMANINO LLP								
	Only	Firm's address 50 W. SAN FERNANDO ST, STE 500			94-6214841					
_		SAN JOSE, CA 95113		Phone no. 4 0	8-200-6400					
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No					

Form	1 990 (2015) INSTITUTE OF HEARTMATH 95-402	23617	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	IHM'S MISSION IS TO INSPIRE PEOPLE TO CONNECT WITH THE INTELLIG	BENCE	
	AND GUIDANCE OF THEIR OWN HEARTS TO HELP ESTABLISH PERSONAL AND		
	COHERENCE. THIS IS ACCOMPLISHED BY CREATING AND DELIVERING EDUC	CATION	AL
	RESOURCES AND TRAINING PROGRAMS FOR: PRE-K THROUGH COLLEGE AGE		
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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, an	ıd
	revenue, if any, for each program service reported. (Code:) (Expenses \$1, 105, 906. including grants of \$51, 998.) (Revenue \$\$	1,098,	210
4a	(Code:) (Expenses \$1,105,906. including grants of \$51,998.) (Revenue \$\$ EDUCATION DIVISION- TOOLS AND TECHNOLOGIES HELP CHILDREN, PAREN		<u> </u>
	SENIORS, NON-PROFIT CONSTITUENTS, INDIVIDUALS, TEENS, FIRST RES		
	VETERANS, MILITARY PERSONAL AND FAMILIES LEARN HOW TO SELF-REGU		χο,
	EMOTIONS, INCREASE EMOTIONAL INTELLIGENCE AND REDUCE STRESS. AC		TES
	OF THIS DIVISION INCLUDE: DISSEMINATING EDUCATIONAL AND RESEARCH		
	INFORMATION VIA E-TECHNOLOGY, SOCIAL MEDIA, PRODUCTS, LECTURES		
	CONFERENCES, MEMBERSHIP PROGRAM, COLLABORATION, PROGRAM DEVELOR		
	PROGRAM MATERIALS AND PRODUCT DEVELOPMENT, TRAINING AND EDUCAT		
	PROGRAMS; SOME HIGHLIGHTS OF 2015 ARE:		
	1. PILOT PROGRAMS FOR SMART BRAIN WISE HEART FOR BOYS & GIRLS (CLUBS,	A
	HEARTMATH SOCIAL AND EMOTIONAL LEARNING PROGRAM FOR AGES 9-16,		
4b	(Code:) (Expenses \$	<u> 164,</u> :	<u> 200.</u>
	RESEARCH DIVISION		
	THE RESEARCH CENTER CONDUCTS BASIC RESEARCH INTO PSYCHOPHYSIOLO		
	NEUROCARDIOLOGY AND BIOPHYSICS, AND OUTCOME STUDIES IN CLINICAL	٠,	
	WORKPLACE, EDUCATIONAL AND MILITARY SETTINGS, FREQUENTLY IN		
	COLLABORATION WITH UNIVERSITIES, RESEARCH CENTERS AND HEALTH-CARE-SYSTEM PARTNERS.		
	RESEARCH INTERESTS ALSO INCLUDE THE ELECTROPHYSIOLOGY OF INTUI	וג אסדי	MD.
	EXPLORING HOW WE ARE ALL GLOBALLY INTERCONNECTED AT A DEEP, FUI		
	LEVEL VIA ELECTROMAGNETIC FIELDS AND BIOFIELDS.	IDAMILIN.	тип
	FOLLOWING ARE SOME OF THE ENDEAVORS AND SUCCESSES OF THE HEARTY	 ИТАТН	
	INSTITUTE RESEARCH CENTER AND TEAM IN 2015:		
4c	(Code:) (Expenses \$198,654 •including grants of \$215 •) (Revenue \$	90.	469.
	GLOBAL COHERENCE INITIATIVE		
	THE GLOBAL COHERENCE INITIATIVE HAD THESE NOTABLE ACCOMPLISHMEN	NTS IN	
	2015:		
	1. INSTALLED A NEW GLOBAL COHERENCE MONITORING SYSTEM SENSOR ST	TE IN	
	KWAZULU NATAL. SOUTH AFRICA. COMPLETED REPAIRS AT THE SAUDI ARA	ABIA	

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

6,000 • including grants of \$ 172,700.)) (Revenue \$

SAUDI ARABIA, CANADA, NEW ZEALAND AND LITHUANIA.

SENSOR SITE AND CONDUCTED TESTING FOR A POTENTIAL NEW SITE IN COSTA RICA. GCMS STAFF ALSO MAINTAINED AND COLLECTED CONTINUOUS DATA FROM GLOBAL COHERENCE MONITORING SYSTEM SENSOR SITES IN THE UNITED STATES,

1,817,639. Total program service expenses ▶ 4e

Form 990 (2015) INSTITUTE OF HEARTMATH
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
3		5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-		122
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·		11c		x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u		444		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	3		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	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 and XII 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
14a	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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
.5		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19	,	19		x
	complete Schedule G. Part III	ו וש	L	_ 41

Form 990 (2015) INSTITUTE OF HEARTMATH Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			v
	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	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	200		
_	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	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):			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		7.7	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_X_	37
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			, .
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		_^
JZ	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	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, Part II, III, or IV, and	"		
-	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015) INSTITUTE OF HEARTMATH Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	33		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?	······	1c		
2 a	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	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	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," to line 3b, provide an explanation in Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).			
					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pay			X
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		\ v
	to file Form 8282?		<u>7c</u>		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			N/	_
g h	If the organization received a contribution of qualified intellectual property, did the organization file Fo If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes,	•		N/	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	,_		11/	Ħ
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	by the 1472	8		
9	Sponsoring organizations maintaining donor advised funds.				
		N/A	9a		
		N/A			
10	Section 501(c)(7) organizations. Enter:		··· UD		
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders N/A	11a			
	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	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			
	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	e O	14b	_	
			Г	aan	(0045

Form 990 (2015) INSTITUTE OF HEARTMATH 95-402361 / Pag
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.

	to mile ca, co, or real selection and encounterances, proceeded, or changes in contents of the selection.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management			·					
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No					
та	The first the number of veiling members of the governing body at the cital 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 0. Enter the number of voting members included in line 1a. above, who are independent 4								
b	9	1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х					
•	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2							
3		_		х					
4	of officers, directors, or trustees, or key employees to a management company or other person?	4		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X					
5 6									
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х					
1 a		7a		x					
b	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		21					
b		7b		x					
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75							
а		8a	х						
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		ļ.						
	(This Section B requests information about policies not required by the internal nevertie Gode.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	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	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	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 take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►CA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	Э						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records:								
	LYNN LIPPOLD - (831) 338-8719								
	P.O. BOX 1463, BOULDER CREEK, CA 95006								

532007 12-16-15

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organizatio (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,,	Position do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week	_	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(***2/1099****100)		and related
	below	Individual trustee or director	Institutional trustee	ъ	Key employee	Highest compensated employee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) BRIAN KABAKER	28.00]								
CFO & BOARD MEMBER		Х		Х				57,600.	0.	407.
(2) KATHERINE FLORIANO	22.00	1							_	
DIR. PLANNED GIFTS/CHAIRMAN		Х		Х				31,104.	0.	349.
(3) SANDRA ROYALL	32.00	1								
SECRETARY/GRAPHIC ARTIST		Х		Х				35,530.	0.	349.
(4) TONI ROBERTS	1.00	J								
BOARD MEMBER	1 22	Х						0.	0.	0.
(5) CLAIRE SHAFE	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) DONNA KOONTZ	1.00								•	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) JEDDAH MALI	1.00	.,							_	0
BOARD MEMBER (8) SARA CHILDRE	24.00	Х						0.	0.	0.
PRESIDENT/CEO	24.00	1		Х				44,125.	0.	5,055.
(9) ROLLIN MCCRATY	30.00		\vdash	^				44,123.	0.	3,033.
VICE PRESIDENT, DIR RSCH	30.00	1		Х				93,600.	0.	5,055.
VICE TREBIBERT, DIR ROCK								33,000.	0.	3,033.
		1								
		1								
		1								
		1								
		L	L	L	L	L				
]								
			l	1	l	1		1		

Form **990** (2015)

ı uı	Section A. Officers, Directors, Trus	itees, Key Em	oloy	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	S (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than d	one	Reportable	Reportable	,	Es	timate	: d
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	วท	an	ount (of
		week	—	Cer ar	ia a a	recic	or/trus	iee)	from	from related		l	other	
		(list any hours for	irecto						the	organization		1	pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)	l	om the anizati	
		organizations	Individual trustee or director	l trus		99	npen		(***2/1099*****130)				d relate	
		below	dual t	ntiona	_	nploy	st col	- in				l	ınizatio	
		line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
						_								
			1											
			-											
							\vdash							
			1											
			_											
			1											
						_	\vdash							
1b	Sub-total	l		_		<u> </u>			261,959.		0.	1:	1,2	15.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)							•	261,959.		0.	1:	1,2	15.
2	Total number of individuals (including but r							o re	•	000 of reportable	 e			
	compensation from the organization								,					0
													Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the se	=		-					· · · · · · · · · · · · · · · · · · ·	-				
	and related organizations greater than \$15	•		,								4		X
5	Did any person listed on line 1a receive or													37
Soc	rendered to the organization? If "Yes," control B. Independent Contractors	nplete Schedul	e J f	or su	ıch <u>ı</u>	oers	on					5		X
1	Complete this table for your five highest co	mnensated inc	lone	nda	ot co	ntr	acto	re th	nat received more than \$	100 000 of com	nenea ^s	tion fro	m	
•	the organization. Report compensation for										Jensa	LIOIT IIC	,,,,,	
	(A)	<u></u>							(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	С	omper		ก
											<u> </u>			
2	Total number of independent contractors (ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🕨				()						000	

95-4023617

Form 990 (2015) INSTITUTE OF HEARTMATH
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	in this Part VIII			
		Grident in Cornocatio C Corne	anio a response	or rioto to driy iiilo	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
ωω	1 a	Federated campaigns	1a					012 011
ant	. u	Membership dues		57,422.				
2 5	Č	Fundraising events	·····					
ifts,	d	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributi						
Sir	f	All other contributions, gifts, grant						
uti her	•	similar amounts not included abov		920,661.				
g ţ	а	Noncash contributions included in lines		2,500.				
Son	9 h	Total. Add lines 1a-1f			978,083.			
<u> </u>		Total Add In to Ta 11		Business Code	,			
•	2 a	EDUCATION PROGRAMS		611600	553,317.	553,317.		
Ņ.	2 u b	DDGDADGU GDDUTGDG		541700	254,670.	254,670.		
ser iue	c	-						
m S	d							
gra Re	u _							
Program Service Revenue	f	All other program service reve	nue					
		Total. Add lines 2a-2f			807,987.			
	3	Investment income (including			7 7 7 7			
	•	other similar amounts)			2,381.			2,381.
	4	Income from investment of tax			, -			, -
	5	Royalties			172,700.	172,700.		
	J	rioyanics	(i) Real	(ii) Personal				
	6 a	Gross rents	96,150.					
		Gross rents Less: rental expenses	27,586.					
		Rental income or (loss)	68,564.					
		Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·		68,564.			68,564.
		Gross amount from sales of	(i) Securities	(ii) Other	00,001.			33,331.
	1 a	assets other than inventory	(i) Securities	(ii) Other				
	h	Less: cost or other basis						
	b	and sales expenses						
	•	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
ine	o a	including \$						
ver		contributions reported on line						
Other Revenu		Part IV, line 18						
her	h	Less: direct expenses						
ŏ		Net income or (loss) from fund						
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		1,075,323.				
	b	Less: cost of goods sold						
		Net income or (loss) from sales			544,892.	544,892.		
		Miscellaneous Revenue		Business Code	,	,		
	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
		Total revenue See instructions			2 574 607.	1 525 579.	0.	70 945.

Form 990 (2015) INSTITUTE OF HEARTMATH Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	X
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		олроново	gerrerai experiess	одрание
•	and domestic governments. See Part IV, line 21	41,976.	41,976.		
2	Grants and other assistance to domestic	22,5700	11/3/00		
_	individuals. See Part IV, line 22	4,583.	4,583.		
3	Grants and other assistance to foreign	1,3031	1,3031		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	6,339.	6,339.		
4	Benefits paid to or for members	0,333.	0,333.		
5	Compensation of current officers, directors,				
3	•	278,627.	203,855.	62,734.	12,038.
•	trustees, and key employees	270,027•	203,033.	02,754.	12,030.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	498,841.	419,475.	73,398.	5,968.
7	Other salaries and wages	490,041.	419,470.	13,390.	3,300.
8	Pension plan accruals and contributions (include	2 770	2 770		
_	section 401(k) and 403(b) employer contributions)	2,778. 43,942.	2,778. 33,840.	0.063	220
9	Other employee benefits		33,840.	9,863.	239. 1,367.
10	Payroll taxes	58,618.	47,140.	10,111.	1,30/.
11	Fees for services (non-employees):				
а	Management				
	Legal	15 550		15 550	
С	Accounting	17,750.		17,750.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	0	-0- 100	40 505	4.6.04.0
	column (A) amount, list line 11g expenses on Sch O.)	551,975.	525,138.	10,795.	16,042.
12	Advertising and promotion	14,098.	8,962.	10.110	5,136.
13	Office expenses	156,587.	114,737.	19,160.	22,690.
14	Information technology	93,373.	80,049.	11,001.	2,323.
15	Royalties	2,431.	2,431.		
16	Occupancy	124,030.	102,041.	21,218.	771.
17	Travel	52,681.	48,085.	152.	4,444.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,496.	20,496.		
20	Interest	54.	49.	3.	2.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	94,468.	82,985.	11,015.	468.
23	Insurance	13,125.	7,846.	4,995.	284.
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 0.)				
а	MAINTENANCE	49,415.	41,138.	7,516.	761.
b	DUES AND SUBSCRIPTIONS	12,060.	9,974.	662.	1,424.
С	LICENSES, FEES AND TAXE	8,576.	4,325.	3,803.	448.
d	OTHER	6,131.	3,352.	2,698.	81.
е	All other expenses	9,741.	6,045.	3,696.	
25	Total functional expenses. Add lines 1 through 24e	2,162,695.	1,817,639.	270,570.	74,486.
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 ► X if following SOP 98-2 (ASC 958-720)	2,488.	1,570.	0.	918.
		-			

Form 990 (2015) Part X Balance Sheet

Га	πX	balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			244,045.	1	354,373.
	2	Savings and temporary cash investments			336,661.	2	761,423.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			145,921.	4	158,943.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated emp	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect					
ι		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	5			28,111.	9	45,274.
	10a	Land, buildings, and equipment; cost or other					
		basis. Complete Part VI of Schedule D	10a	2,623,956.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,347,485.	1,311,528.	10c	1,276,471.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		294,500.	12	294,500.	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		16,741.	14	8,951.	
	15	Other assets. See Part IV, line 11			174,700.	15	53,395.
	16	Total assets. Add lines 1 through 15 (must equ	2,552,207.	16	2,953,330.		
	17	Accounts payable and accrued expenses	109,477.	17	111,101.		
	18	Grants payable		18			
	19	Deferred revenue			188,645.	19	339,364.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete		l l	99,700.	21	
ý	22	Loans and other payables to current and former	officers	, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and c	lisqualified persons.			
abil		Complete Part II of Schedule L			85,000.	22	85,000.
Ë	23	Secured mortgages and notes payable to unrela	ted third	d parties	1,038,107.	23	1,032,086.
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			57,411.	25	0.
	26	Total liabilities. Add lines 17 through 25			1,578,340.	26	1,567,551.
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 an	d 34.				
ű	27	Unrestricted net assets			736,145.	27	845,628.
ala	28	Temporarily restricted net assets	237,722.	28	540,151.		
ē B	29	Permanently restricted net assets		<u></u> .		29	
臣		Organizations that do not follow SFAS 117 (A	SC 958)	, check here 🕨 🔲			
<u>_</u>		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\ss(31	Paid-in or capital surplus, or land, building, or ed	quipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances			973,867.	33	1,385,779.
	34	Total liabilities and net assets/fund balances .			2,552,207.	34	2,953,330.

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,57		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,16		
3	Revenue less expenses. Subtract line 2 from line 1	3				12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		97	3,8	67.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	L,38	5,7	79.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line 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				2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:	ĺ				
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	_		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
	, , , , , , , , , , , , , , , , , , , ,					

Form **990** (2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

95-4023617

Open to Public Inspection

Name of the organization

INSTITUTE OF HEARTMATH

raiti	neason for Public (onanty Status (All organizations must c	ompiete th	is part.) Se	e instructions.		
ne orgar	nization is not a private found	ation because it is: (F	For lines 1 through 11, o	heck only	one box.)			
1 🔲	A church, convention of ch	urches, or associatio	n of churches described	d in sectio	n 170(b)(1)(A)(i).		
2 🗌	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 99	90-EZ).)			
з 🔙	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4 🔲	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 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). (C	Complete Part II.)						
6 🖳	A federal, state, or local government	-						
7 X	An organization that norma		ntial part of its support f	rom a gove	ernmental	unit or from the general p	oublic described in	
	section 170(b)(1)(A)(vi). (C	•						
8	A community trust describe			•				
9 📖	An organization that norma	•	•	-		· ·		
	activities related to its exen							
	income and unrelated busin		(less section 511 tax) fro	om busines	sses acquii	red by the organization a	Ifter June 30, 1975.	
	See section 509(a)(2). (Con	•				201 1141		
<u> </u>	An organization organized a	•	•	•				
1 📖	An organization organized a	· ·	•			•		
	more publicly supported or	~					Sheck the box in	
	lines 11a through 11d that or Type I. A supporting orga	* *			-	· · · · ·	aivina	
a <u> </u>	the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-			
	organization. You must o			i majority c	n the direc	tors or trustees or the sc	ipporting	
ь	Type II. A supporting org	•		tion with it	s sunnorte	d organization(s) by hav	rina	
	control or management o	•					-	
	organization(s). You mus			атто рогоо	110 11141 001	mor or manage the supp	Jortou	
с Г	Type III functionally inte			in connect	tion with. a	and functionally integrate	d with	
	its supported organization	-				• •	4 ,	
d [Type III non-functionally		·				zation(s)	
	that is not functionally int					• • • •	* *	
	requirement (see instructi	-		-				
е 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III		
	functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f Ent	er the number of supported o	organizations						
	vide the following information			In				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	rganization in your	(v) Amount of monetary support (see	(vi) Amount of other support (see	
	organization		above (see instructions))	governing		instructions)	instructions)	
				Yes	No	,	,	
otal								

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.)

Sed	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	444,832.	281,669.	235,498.	563,059.	978,083.	2503141.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	444 000	221 552	005 400	560 050	252 222	0500111
	Total. Add lines 1 through 3	444,832.	281,669.	235,498.	563,059.	978,083.	2503141.
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,						050 054
_	column (f)						852,054.
	Public support. Subtract line 5 from line 4.						1651087.
		(a) 2011	(h) 0010	(a) 2012	(4) 2014	(a) 201 <i>E</i>	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2011 444,832.	(b) 2012 281,669.	(c) 2013 235, 498.	(d) 2014 563, 059.	(e) 2015 978,083.	(f) Total 2503141.
	Amounts from line 4 Gross income from interest,	111,052.	201,005.	233,430.	303,033.	210,003.	2303141.
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	97,894.	97,973.	97,292.	96 841.	271,231.	661 231.
a	Net income from unrelated business	3,70310	3173730	3772320	30,011	27172310	001/2310
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3164372.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 9	,882,115.
13	First five years. If the Form 990 is for	the organization's				501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2015 (li					14	52.18 %
15	Public support percentage from 2014	Schedule A, Part I	I, line 14			15	67.05 %
16a	33 1/3% support test - 2015. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	ū					•
	and if the organization meets the "fac		•	-	•	•	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the		•		• •		·
40	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n ala not check a l	oox on line 13, 16a	a, 160, 1/a, or 1/b	, cneck this box ar	ia see instructions	· P

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(4) 2311	(5) 2012	(6) 2010	(4) 2011	(6) 2515	(i) rotar
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	anguired ofter June 20, 1075						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	first second thir	t fourth or fifth ta	l Ny voar as a section	1 501(c)(3) organiza	ation
17	check this box and stop here	•		*	•	. , . ,	
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2015 (I			olumn (f))		15	%
	Public support percentage from 2014					16	/ 6
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
						18	/ 0 %
18	Investment income percentage from a 33 1/3% support tests - 2015. If the			on line 14, and line			
136							, 19 HOL
L	more than 33 1/3%, check this box ar						
K	33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	an ala not check a	DUX UH III IC 14, 198	a, or 190, crieck th	iio dux aliu see ins		

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
20		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9с		
10a		
401		
10b n 990 or 9	990-F71	2015

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,	<i>:</i>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	tructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.			
Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting orga	nization (see		
	instructions).		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	,		

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type in Non-Functionally integrated 509	aj(s) supporting orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а	,, ,, ,, , ,, ,, ,, ,			
b				
С				
	From 2013			
е	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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7b; Part III, line 12; and 2: Part IV. Section C.
Section B, line 1e; Part V,
ll information.

Schedule A	(Form 990 or 990-EZ) 2015 INSTITUTE OF HEARTMATH	95-4023617	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section ırt V, Section B, line 1e; Par	C,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

2015

OMB No. 1545-0047

Name of the organization

Employer identification number

INSTITUTE OF HEARTMATH 95-4023617

Organization type (cneck one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

INSTITUTE OF HEARTMATH

95-4023617

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		_ \$676,945. _	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

INSTITUTE OF HEARTMATH

95-4023617

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				

NSTITU	UTE OF HEARTMATH				95-4023617
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the f	ollowing line e	NTTV. For organizations	
	Use duplicate copies of Part III if addition	al space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer of		ationship of tran	sferor to transferee
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
-	Transferee's name, address, a	(e) Transfer of		ationship of tran	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
-		(e) Transfer of	gift		
-	Transferee's name, address, a	nd ZIP + 4	Rel	ationship of tran	sferor to transferee
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
— <u> </u>		(a) Transferred	aries		
	Transferee's name, address, a	(e) Transfer of		ationship of tran	sferor to transferee
-					

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III			
	ne of organization	dons. Complete Fart III.		Em	oloyer identification number
	INSTITU	TE OF HEARTMATH			95-4023617
Pa	rt I-A Complete if the org	anization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	· 		>	\$
Pa	art I-B Complete if the org	anization is exempt unde	er section 501(c)(3).	
1 2 3 4a b Pa	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section was a correction made? If "Yes," describe in Part IV. Int I-C Complete if the organization of the filing organization activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and en made payments. For each organization received that were pro-	incurred by the organization und incurred by organization manage in 4955 tax, did it file Form 4720 particular and a second by the filing organization for second and a second by the filing organization for second by the fi	er section 4955 ers under section 4955 for this year? er section 501(c), etion 527 exempt function for section for section for section for section for section for form 1120-POL	except section 501(tion activities ection 527 figure 1 ditical organizations to whice the section	\$ No Yes No No C)(3). \$ Yes No
	political action committee (PAC). If (a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
					1

Schedule C (Form 990 or 990-EZ) 2015	· TNSTTTTTF O	г нгартматн		95-4	023617 Page 2
Part II-A Complete if the or section 501(h)).	ganization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ection under
A Check if the filing organi	zation belongs to an affil	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	are of excess lobbying e				
	zation checked box A ar	•	visions apply.		
Lir	nits on Lobbying Exper nditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence public opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to in	fluence a legislative bod	ly (direct lobbying)		0.	
c Total lobbying expenditures (add				0.	
d Other exempt purpose expenditu				1,817,639.	
e Total exempt purpose expenditu	res (add lines 1c and 1d)		1,817,639.	
f _Lobbying nontaxable amount. Er	nter the amount from the			240,882.	
If the amount on line 1e, column (a		bying nontaxable am			
Not over \$500,000	20% of t	the amount on line 1e.			
Over \$500,000 but not over \$1,0	00,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1		00 plus 10% of the exce			
Over \$1,500,000 but not over \$1		00 plus 5% of the exces			
Over \$17,000,000	\$1,000,0	000.	, ,		
			•		
g Grassroots nontaxable amount (enter 25% of line 1f)			60,221.	
h Subtract line 1g from line 1a. If z	,			0.	
i Subtract line 1f from line 1c. If ze				0.	
j If there is an amount other than a reporting section 4911 tax for th	zero on either line 1h or l		ation file Form 4720		Yes No
	•	eraging Period Under		_	
(Some organizations	that made a section 50		nave to complete all o	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	221,767.	226,124.	226,153.	240,882.	914,926.
b Lobbying ceiling amount					

 2a Lobbying nontaxable amount
 221,767.
 226,124.
 226,153.
 240,882.
 914,926.

 b Lobbying ceiling amount (150% of line 2a, column(e))
 1,372,389.

 c Total lobbying expenditures
 55,442.
 56,531.
 56,538.
 60,221.
 228,732.

 e Grassroots ceiling amount (150% of line 2d, column (e))
 343,098.

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015 INSTITUTE OF HEARTMATH 95-4023617 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e 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 similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		(a	1)	(b	<u>)</u>
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 11 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If "He filing organization incurred a section 4912 tax, did it file Form 4720 for this year? If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Tit III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Tit III B Carryover		Yes	No	Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c throug	gh 1i)?				
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
j Total. Add lines 1c through 1i					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 49	912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	(4), section	501(c)(ō), or sec	tion	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior	r year?		3		
	nswered "I	No," OR	(b) Part	III-A, line	3, IS
1 Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount	nts of politica	ıl			
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year			2b		
c Total			2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162	!(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portio	on of the exces	ss			
does the organization agree to carryover to the reasonable estimate of nondeductible lob	bying and poli	tical			
			4		
			5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affile	iliated group lis	st); Part II-	A, lines 1 a	nd 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A					
DURING 2015, THERE WERE NO LOBBYING ACTIVITIES C	CONDUCTE	ED.			
					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INSTITUTE OF HEARTMATH

Employer identification number 95-4023617

Part			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV,		(1) = 1
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors	_	
	are the organization's property, subject to the organization		
	Did the organization inform all grantees, donors, and dono		
	for charitable purposes and not for the benefit of the dono		
Part	impermissible private benefit? t II Conservation Easements. Complete if the		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiz		torically important land area
	Preservation of land for public use (e.g., recreation of Protection of natural habitat	. —	torically important land area tified historic structure
	Preservation of open space	Freservation of a cer	tilled Historic Structure
2	Complete lines 2a through 2d if the organization held a qu	valified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	damed conservation contribution in the form	Held at the End of the Tax Year
	Total number of conservation easements		
			_
	Number of conservation easements on a certified historic	structure included in (a)	
	Number of conservation easements included in (c) acquire		
	listed in the National Register	*	
	Number of conservation easements modified, transferred,		
	year	Toloadea, extinguished, or terminated by the	organization daming the tax
	Number of states where property subject to conservation	easement is located	
	Does the organization have a written policy regarding the		
	violations, and enforcement of the conservation easement		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting		
	•	, ,	Ç ,
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conserva	ition easements during the year
	▶ \$,
8	Does each conservation easement reported on line 2(d) ab	pove satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserv		
	include, if applicable, the text of the footnote to the organi	ization's financial statements that describes	the organization's accounting for
	conservation easements.		
Part	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 ((ASC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that des	scribes these items.	
b	If the organization elected, as permitted under SFAS 116 ((ASC 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	, education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical	treasures, or other similar assets for financia	
	the following amounts required to be reported under SFAS	S 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		_

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Sim	ilar Asse	ts _{(continu}	r age =
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a si	gnifica	nt use of its	collection it	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ev further th	ne organizatio	n's exer	nat pu	rpose in Pai	t XIII.	
5	During the year, did the organization solicit o									
_	to be sold to raise funds rather than to be ma							_	Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	'Yes" on	Form	990. Part IV		
	reported an amount on Form 990, Pai			3				,	,,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contribution	s or other ass	sets not	include	ed		
	on Form 990, Part X?							_	Yes	X No
b	If "Yes," explain the arrangement in Part XIII									
	, ,	•	J						Amount	
С	Beginning balance						1	С		
	Additions during the year							d		
е	Distributions during the year							е		
f	Ending balance							f		
	Did the organization include an amount on Fe								X Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			X
Par										
	·	(a) Current year		rior year	(c) Two yea			ee vears bac	k (e) Four y	ears back
1a	Beginning of year balance	(,	(-)	,	(-))		(-,		(3,1.1.1.)	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1c	r column (a)) held as:					
a	Board designated or quasi-endowment		%	,,	,,,					
b	Permanent endowment	%	_^~							
	Temporarily restricted endowment									
•	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	tion tha	t are held ar	nd administer	ed for th	ne orga	nization		
	by:								<u></u>	res No
	(i) unrelated organizations									
	feet and a second secon								- (11)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X,	line 10).		
	Description of property	(a) Cost or o			t or other		ccumu		(d) Book	value
	,	basis (investr	nent)		(other)		preciat			
1a	Land			19	1,645.				191	,645.
	Buildings				8,059.		729,	102.		,957.
С	Leasehold improvements									
d	Equipment	I		58	6,033.		385,	021.	201	,012.
е	Other				8,219.		233,	362.	484	,857.
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1	00.)				1,276	

Schedule D (Form 990) 2015 INSTITUTE OF	HEARTMATH		95-	-4023617	Page
Part VII Investments - Other Securities.	5 5 11/-				
Complete if the organization answered "Yes" o				of voor morket v	, alua
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	or-year market v	/aiue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) DONATED INVESTMENT	294,50	0. END-OF-Y	EAR MARKET	VALUE	
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	294,50	0.			
Part VIII Investments - Program Related.	•	'			
Complete if the organization answered "Yes" o	on Form 990 Part IV I	line 11c See Form 990 I	Part X line 13		
(a) Description of investment	(b) Book value		aluation: Cost or end-	of-vear market v	/alue
	(2) 20011 10.00	(c) mamaa ar r		or your marrier .	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes" o	on Form 990, Part IV, I	ine 11d. See Form 990,	Part X, line 15.		
(a) D	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>				
Part X Other Liabilities.					
Complete if the organization answered "Yes" o	on Form 990, Part IV, I		990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					

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

^{2.} Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII X

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Reveni	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,602,193.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
			2e	0.
3	Subtract line 2e from line 1			2,602,193.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b -2	7,586.	
	Add lines 4a and 4b		4c	-27,586.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	(2.)	5	2,574,607.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With Exper	ises per Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	2,190,281.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 2	7,586.	
е	Add lines 2a through 2d		2e	27,586.
3	Subtract line 2e from line 1			2,162,695.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
	, is a miss in all a missing in		<u>+</u>	2,162,695.

Part XIII Supplemental Information.

TO THE WILLIAM A. TILLER FOUNDATION.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

DURING THE YEAR ENDED DECEMBER 31, 2013 HMI SERVED AS A FISCAL AGENT FOR

FUNDS FROM HOLOS INSTITUTE OF HEALTH, INC. (HIH) AMOUNTING TO \$126,000.

ALL FUNDS RECEIVED FROM HIH, WITH THE EXCEPTION OF A ONE-TIME 5% SERVICE

FEE, TAKEN BY HMI, WERE DEPOSITED IN A CASH ACCOUNT MAINTAINED BY HMI AND

INCLUDED IN THE STATEMENT OF FINANCIAL POSITION AS "FISCAL AGENCY FUND"

WITH A CORRESPONDING LIABILITY UNDER CURRENT LIABILITIES. AS PER HIH

REQUEST, THESE FUNDS WERE TO BE DISBURSED TO THE WILLIAM A. TILLER

FOUNDATION, THE PARENT ORGANIZATION FOR THE WILLIAM A. TILLER INSTITUTE OF

PSYCHOENERGETIC RESEARCH. DISBURSEMENTS WERE \$99,700 FOR THE YEAR ENDED

DECEMBER 31, 2015. AS OF DECEMBER 31, 2015, ALL THE FUNDS WERE DISTRIBUTED

Part XIII | Supplemental Information (continued)

PART X, LINE 2:

UNCERTAINTY IN INCOME TAXES - ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS FEDERAL AND STATE TAX RETURNS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION.

THE ORGANIZATION FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND STATE OF CALIFORNIA. THE ORGANIZATION'S FEDERAL RETURNS FOR THE TAX YEARS 2012 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE ORGANIZATION'S CALIFORNIA RETURNS FOR THE TAX YEARS 2011 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE FRANCHISE TAX BOARD.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES -27,586.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE 27,586.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

EN:	STITUTE OF HE					95-402361	
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organi	zation answered "Y	es" on
	Form 990, Part IV						
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other a		
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assist	ance? X	Yes No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's เ	procedures for monitoring the use of its	s grants and oth	er assistance outsi	de the
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
	(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)	is a prog describe	ity listed in (d) gram service, specific type e(s) in region	(f) Total expenditures for and investments in region
SUB-	-SAHARAN AFRICA	0	0	PROGRAM SERVICES	GLOBAL; INST GLOBAL COHER MONITORING S AFRICA. THE	RENCE SITE IN SOUTH	42,480.
							,
3 a	Sub-total	0	0				42,480.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				42,480.

Part II	Grants and Othe	er Assistance to Org	ganizations or Entities (Outside the United States. C	omplete if the o	rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
	recipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	ded.				
1 (a) Name	e 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)
				ecognized as charities by the 1		recognized as tax-ex	empt by		

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(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)
						L	ESTIMATED COST
EDUCATION SPONSORSHIP AWARD	SOUTH ASIA	1	0.		2,033.	EDUCATION MATERIALS	OF GOODS SOLD
							ESTIMATED COST
EDUCATION SPONSORSHIP AWARD	NORTH AMERICA	1	0.		1,346.	EDUCATION MATERIALS	OF GOODS SOLD
						EDUCATOR TRAINING &	ESTIMATED COST
EDUCATION SPONSORSHIP AWARD	SOUTH ASIA	1	0.		797.	MATERIALS	OF GOODS SOLD
							ESTIMATED COST
EDUCATION SPONSORSHIP AWARD	SOUTH AMERICA	1	0.		750.	EDUCATOR TRAINING	OF GOODS SOLD
		_					
	EAST ASIA AND THE		_				ESTIMATED COST
EDUCATION SPONSORSHIP AWARD	PACIFIC	1	0.		645.	EDUCATOR TRAINING	OF GOODS SOLD
	SUB-SAHARAN						ESTIMATED COST
EDUCATION SPONSORSHIP AWARD	AFRICA	1	0.		297.	EDUCATION MATERIALS	OF GOODS SOLD
	NORTH AMERICA -						
	CANADA AND MEXICO, BUT NOT						ESTIMATED COST
EDUCATION SPONSORSHIP AWARD	THE UNITED STATES	1	0.		296.	EDUCATOR TRAINING	OF GOODS SOLD
		_					
			_				ESTIMATED COST
EDUCATION SPONSORSHIP AWARD	NORTH AMERICA	1	0.		175.	EDUCATION MATERIALS	OF GOODS SOLD

Page 4

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Page 5

Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

SCHEDULE L

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

QU IO
Open To Public

Inspection

Name of the organization

Employer identification number

OF HEADMANN

OF 1022617

INSTITUTE OF HEARTMATH 95-4023617 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No Enter the amount of tax incurred by 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 Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (a) Name of (d) Loan to or (i) Written (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No ROLLIN MCCRATY OFFICER TO HELP Х 85,000. 85,000. Х Х Х 85,000. **Total** ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involv			JJ 4025	<u>017</u>	raye z	
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, 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?		
		1 - 1 - 1 - 1		Yes	No	
QUANTUM INTECH	DOC CHILDRE, CEO OF	151,125.			Х	
HEARTMATH LLC	QI IS THE PARENT CO	512,374.	PAID COGS-C		X	
HEARTMATH LLC	QI IS THE PARENT CO	54,216.	SOLD SERVIC		X	
QUANTUM INTECH	DOC CHILDRE, CEO OF	148,872.	PREPAYMENT		Х	
HEARTMATH LLC	QI IS THE PARENT CO	113,484.	IHM PAID TR		Х	
Part V Supplemental Information						
Provide additional information for response	onses to questions on Schedule L (see	instructions).				
SCHEDULE L, PART II, LOANS	TO AND FROM INTERES	TED PERSONS	:			
(A) NAME OF PERSON: ROLLIN	MCCRATY					

- (B) RELATIONSHIP WITH ORGANIZATION: OFFICER
- (C) PURPOSE OF LOAN: TO HELP CASH FLOW
- (D) LOAN TO OR FROM ORGANIZATION? = TO
- (E) ORIGINAL PRINCIPAL AMOUNT \$ 85,000. (F) BALANCE DUE \$ 85,000.
- (G) LOAN IN DEFAULT? = NO
- (H) APPROVED BY BOARD OR COMMITTEE? = YES
- (I) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: QUANTUM INTECH
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
- DOC CHILDRE, CEO OF QUANTUM INTECH (QI) AND PRESIDENT OF IHM ARE MARRIED
- (C) AMOUNT OF TRANSACTION \$ 151,125.
- (D) DESCRIPTION OF TRANSACTION: RCVD LICENSE FEES INSTITUTE OF

HEARTMATH (IHM) HAS GRANTED A WORLDWIDE EXCLUSIVE LICENSE FOR THE

HEARTMATH SYSTEM TO QI, WHICH IN TURN SUBLICENSES IT TO PARTNERS AROUND

THE WORLD, INCLUDING HMLLC. IN RETURN, THE INSTITUTE RECEIVES A

PERCENTAGE OF ROYALTIES AND LICENSING FEES FROM THE TRADEMARKED AND/OR

Part V Supplemental Information

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

COPYRIGHTED MATERIALS AND PUBLICATIONS.

- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: HEARTMATH LLC
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
- OI IS THE PARENT COMPANY OF HEARTMATH LLC
- (C) AMOUNT OF TRANSACTION \$ 512,374.
- (D) DESCRIPTION OF TRANSACTION: PAID COGS-COSTS OF GOODS SOLD -

INSTITUTE OF HEARTMATH PURCHASES PRODUCTS FROM HEARTMATH LLC FOR SALE AND

SHIPPING REIMBURSEMENTS.

- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: HEARTMATH LLC
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
- QI IS THE PARENT COMPANY OF HEARTMATH LLC
- (C) AMOUNT OF TRANSACTION \$ 54,216.
- (D) DESCRIPTION OF TRANSACTION: SOLD SERVICES INSTITUTE OF HEARTMATH

PROVIDED TRAINING SERVICES TO HEARTMATH LLC

- (E) SHARING OF ORGANIZATION REVENUES? = NO
- (A) NAME OF PERSON: QUANTUM INTECH
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
- DOC CHILDRE, CEO OF QUANTUM INTECH (QI) AND PRESIDENT OF IHM ARE MARRIED
- (C) AMOUNT OF TRANSACTION \$ 148,872.
- (D) DESCRIPTION OF TRANSACTION: PREPAYMENT OF LICENSE FEES INSTITUTE
- OF HEARTMATH (IHM) HAS GRANTED A WORLDWIDE EXCLUSIVE LICENSE FOR THE

HEARTMATH SYSTEM TO QI, WHICH IN TURN SUBLICENSES IT TO PARTNERS AROUND

THE WORLD, INCLUDING HMLLC. IN RETURN, THE INSTITUTE RECEIVES A

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
PERCENTAGE OF ROYALTIES AND LICENSING FEES FROM THE TRADEMARKED AND/OR
COPYRIGHTED MATERIALS AND PUBLICATIONS.
(E) SHARING OF ORGANIZATION REVENUES? = NO
(A) NAME OF PERSON: HEARTMATH LLC
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
QI IS THE PARENT COMPANY OF HEARTMATH LLC
(C) AMOUNT OF TRANSACTION \$ 113,484.
(D) DESCRIPTION OF TRANSACTION: IHM PAID TRAINING SRVCS, TRAINING & EDUC
MATERIALS
(E) SHARING OF ORGANIZATION REVENUES? = NO

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.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INSTITUTE OF HEARTMATH

Employer identification number 95-4023617

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TEACHERS, ADMINISTRATORS, SCHOOL COUNSELORS, AS WELL AS STUDENTS. NONPROFIT LEADERS, STAFF AND THOSE THEY SERVE, SOCIAL AND COMMUNITY SERVICE ORGANIZATIONS, LOCAL GOVERNMENT AGENCIES, MILITARY SERVICE MEMBERS AND VETERANS AND THEIR FAMILIES. PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, DEVELOPED AND SUCCESSFULLY LAUNCHED. BEGAN DEVELOPMENT OF THE SUNSHINE SECRET E-LEARNING PROGRAM, AN INNOVATIVE AND HIGHLY IN⊘TERACTIVE PROGRAM FOR AGES 3-7 THAT USES AN ENTERTAINING ANIMATED STORY AND TODAY'S COMPUTER TECHNOLOGY TO ENGAGE AND GENTLY CHALLENGE CHILDREN. A SERIES OF INTERACTIVE SUPPORT ACTIVITIES TEACHES THEM HOW TO RECOGNIZE, SELF-REGULATE AND CONTROL THEIR EMOTIONS WITH VIRTUAL PUZZLES, COLORING, EMOTION FACE-MATCHING AND EMOTION VOCABULARY. 3. LAST YEAR 143 PEOPLE RECEIVED HEARTMATH COACH/MENTOR CERTIFICATION; 45 RECEIVED HEARTMATH INTERVENTIONS PROGRAM CERTIFICATION; AND 89 PEOPLE BECAME HEARTMATH CERTIFIED TRAINERS. TRAINERS DELIVER HEARTMATH RESILIENCE TRAININGS TO NONPROFITS, GOVERNMENT SERVICE AGENCIES, EDUCATORS, COUNSELORS, TEACHERS, ADMINISTRATORS, SCHOOL STAFF, VETERANS, FIRST RESPONDERS AND OTHER SERVICE PROVIDERS TO TEACH OR INCORPORATE HEARTMATH TECHNIQUES INTO THEIR EXISTING TRAINING PROGRAMS.

Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617
INSTITUTIONS AROUND THE WORLD IMPLEMENTED HEARTMATH TECHNO	LOGY AND
PROGRAMS. CLINICS AND/OR EDUCATIONAL CENTERS PARTNERING WI	TH BEHAVIORAL
HEALTH CENTERS USED HEARTMATH EDUCATION TECHNOLOGY AND SKI	LL SETS TO
ENHANCE THEIR OFFERINGS AND THE INSTITUTE PARTNERED WITH C	R ASSISTED
TRAINING PEOPLE TO DELIVER PROGRAMS TO ACTIVE-DUTY MILITAR	Y AND
VETERANS AND LAW ENFORCEMENT.	
5. ATTENDED AND PRESENTED AT 8 NATIONAL EDUCATION CONFEREN	ICES AND
EVENTS IN 2015	
6. NUMBER OF ACTIVE MEMBERS: 2,132	
7. ADDED NEW FREE RESOURCES, WEBINARS AND VIDEOS, INCLUDIN	G THE
'IMPORTANCE OF RESILIENCE' VIDEO WITH 15,000 VIEWS IN 2015	•
# SERVED 1,124,856	
HEARTMATH EDUCATION PROJECT	
THE HEARTMATH EDUCATION PROJECT IS SUPPORTED SOLELY BY IHM	DONORS AND
MEMBERS. THIS IHM CARING INITIATIVE PROVIDES HEART-FOCUSED	TOOLS AND
PROGRAMS TO PUBLIC- AND PRIVATE-SCHOOL REGULAR CLASSROOMS	AND SPECIAL
EDUCATION AND GIFTED PROGRAMS. SPONSORSHIPS ARE AWARDED TO	TEACHERS,
PARENTS, COUNSELORS, PSYCHOLOGISTS, ADMINISTRATORS AND OTH	ERS INVOLVED
IN EDUCATING CHILDREN. IN 2015, WE DISTRIBUTED 35 SPONSORS	HIP AWARDS.
# SERVED 12,072	

Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617
MILITARY SERVICE APPRECIATION INITIATIVE	
THE FUND WAS CREATED TO GIVE BACK TO THOSE WHO'VE GIVEN SO	MUCH BY
AWARDING SCHOLARSHIPS FOR HEARTMATH SERVICES, PROGRAMS AND	MATERIALS TO
VETERANS IN NEED OF ASSISTANCE. HEARTMATH AWARDED 21 OF TH	ESE
SPONSORSHIPS LAST YEAR ALONG WITH 840 FREE H.E.A.R.T. (HEA	RTMATH
EDUCATION AND RESILIENCE TRAINING) DVDS TO ACTIVE-DUTY PER	SONNEL,
VETERANS AND THEIR FAMILIES.	
# SERVED 6,529	
HEARTMATH FOR COMMUNITIES PROJECT	
THE DONOR SUPPORTED HEARTMATH FOR COMMUNITIES PROJECT HEAR	TMATH JUST
RESTARTED TO ASSIST COMMUNITIES AND LOCAL SERVICE ORGANIZA	TIONS IN A
VARIETY OF WAYS. THE PROJECT PROVIDES ASSISTANCE TO NONPRO	FIT
ORGANIZATIONS, SENIOR CARE FACILITIES, SOCIAL-SERVICE AGEN	CIES AND
RESCUE, POLICE AND FIREFIGHTER PERSONNEL. FOUR SPONSORSHIP	S WERE
AWARDED LAST YEAR.	
# SERVED 80	
SMARTBRAINWISEHEART PROJECT	
CONTINUED DEVELOPING THE SMARTBRAINWISEHEART LEARNING PROG	RAM FOR
MIDDLE AND HIGH SCHOOL STUDENTS. A SERIES OF PILOTS FOR TH	E SMART BRAIN
WISE HEART SOCIAL AND EMOTIONAL LEARNING PROGRAM FOR AGES	9-16 WERE
GIVEN IN SEVERAL BOYS AND GIRLS CLUBS OF AMERICA, THE OPTI	MIST YOUTH

Name of the organization INSTITUTE OF HEARTMATH	95-4023617
HOMES & FAMILY SERVICES IN LOS ANGELES AND BIG BROTHERS, B	IG SISTERS OF
THE OKANAGAN IN BRITISH COLUMBIA, CANADA. DESIGNED FOR SMA	LL CLASSES
SUPPORTED BY TELEMENTORS, THE PROGRAM USES WHITEBOARD ANIM	ATIONS,
INFORMATIVE ARTICLES, WORKSHEETS, POSTERS AND HEARTMATH TO	OLS TO TEACH
CORE CONCEPTS AND POSITIVE BEHAVIORS.	
# SERVED 350	
HEARTSMARTS PROJECT	
BEGAN DEVELOPMENT FOR NEW HEARTSMARTS LEARNING PROGRAMS FO	R PRE-K,
KINTERGARTEN AND GRADE SCHOOL STUDENTS. THE SUNSHINE SECRE	T E-LEARNING
PROGRAM IS A HIGHLY INTERACTIVE PROGRAM FOR AGES 3-7 USING	AN
ENTERTAINING ANIMATED STORY AND COMPUTER TECHNOLOGY TO ENG	AGE AND
GENTLY CHALLENGE CHILDREN. A SERIES OF INTERACTIVE SUPPORT	ACTIVITIES
TEACHES THEM HOW TO RECOGNIZE, SELF-REGULATE AND CONTROL T	HEIR
EMOTIONS. VIRTUAL PUZZLES, COLORING, EMOTION FACE-MATCHING	AND EMOTION
VOCABULARY ALL CONTRIBUTE TO A LEARNING EXPERIENCE KIDS LO	VED DURING
BETA TESTING.	
# SERVED 25	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
1. CREATED AND PUBLISHED A FREE TWO-HOUR E-LEARNING COURSE	ON THE
BASICS OF HEART RATE VARIABILITY.	

Name of the organization **Employer identification number** INSTITUTE OF HEARTMATH 95-4023617 HEART RATE VARIABILITY AND A NEW VIDEO - MYSTERIES OF THE HEART WITH 104,000 VIEWS. 3. CONDUCTED PHASE I OF A NEW PROJECT TO DETECT THE EMOTIONAL STATES OF DOGS. THIS INCLUDED TESTING VARIOUS PHYSICAL LOCATIONS ON DOGS FROM WHICH THE ECG, OR PULSE SIGNALS COULD POTENOTIALLY BE OBTAINED AS WELL AS COLLECTING HRV DATA FROM A NUMBER OF DOGS IN DIFFERENT CONTEXTS AND CONDITIONS. 4. THE RESEARCH TEAM EXPANDED ON SOME TREE RESEARCH STARTED A FEW YEARS AGO BY CONTINUING RECORDING TREE POTENTIALS THROUGHOUT THE YEAR FROM TWO TREES AND INITIATING A NEW MULTI-TREE RECORDING PROJECT. 5. REVISED SLIDES AND CONTENT DELIVERED IN THE HEARTMATH INTERVENTIONS CERTIFICATION PROGRAM FOR HEALTH PROFESSIONALS. THIS REVISION INCLUDED THE ADDITION OF A NEW COURSE TO THE SERIES. 6. AMONG THE NUMEROUS HMI, COLLABORATIVE AND INDEPENDENT RESEARCH ARTICLES AND STUDIES PUBLISHED IN PROFESSIONAL JOURNALS IN 2015 WERE THE FOLLOWING: ISSUES OF THE HEART, IN THE NEUROPSYCHOTHERAPIST; HUMAN HEART RHYTHM SENSITIVITY TO EARTH LOCAL MAGNETIC FIELD FLUCTUATIONS, IN JOURNAL OF VIBROENGINEERING; THE ENERGETIC HEART: BIOMAGNETIC COMMUNICATION WITHIN AND BETWEEN PEOPLE, IN BIOELECTROMAGNETIC AND SUBTLE ENERGY MEDICINE, SECOND EDITION; THE GLOBAL COHERENCE INITIATIVE: INVESTIGATING THE DYNAMIC RELATIONSHIP BETWEEN PEOPLE AND EARTH'S ENERGETIC SYSTEMS, IN BIOELECTROMAGNETIC AND SUBTLE ENERGY MEDICINE, SECOND EDITION; AND EFFECTS OF HEART RATE VARIABILITY BIOFEEDBACK ON EEG ALPHA ASYMMETRY AND ANXIETY SYMPTOMS IN MALE

Name of the organization **Employer identification number** INSTITUTE OF HEARTMATH 95-4023617 ATHLETES: A PILOT STUDY, IN APPLIED PSYCHOPHYSIOLOGY AND BIOFEEDBACK. 7. THE HMI RESEARCH TEAM PROVIDED 778 24-HOUR AUTONOMIC ASSESSMENT REPORTS (AAR); 86 10-MINUTE SHORT-TERM AUTONOMIC ASSESSMENT REPORTS; 2,816 PERSONAL AND ORGANIZATIONAL QUALITY ASSESSMENT SURVEY FORMS FOR INDIVIDUALS, ORGANIZATIONS AND INDEPENDENT RESEARCHERS (POOA-R4); ANALYZED AND PROVIDED 2,500 POOA-R PRE AND POST PSYCHOMETRIC SURVEY REPORTS FOR ORGANIZATIONS AND RESEARCHERS. 8. ATTENDED AND PRESENTED AT 8 NATIONAL AND INTERNATIONAL CONFERENCES IN 2015. # SERVED 155,530 THE RESEARCH FUND ESTABLISHED IN 2012 TO EXPAND, DISSEMINATE AND CARRY OUT IHM'S RESEARCH. THESE ARE SOME HIGHLIGHTS FROM 2015: THE HEART'S INTUITIVE INTELLIGENCE: A PATH TO PERSONAL, SOCIAL AND GLOBAL COHERENCE VIDEO [CONTINUES TO EDUCATE THE PUBLIC ON LEADING EDGE RESEARCH ON THE ROLE OF THE HEART IN THE HUMAN SYSTEM WITH 444,800 VIEWS IN 2015 (OVER 1 MILLION VIEWS SINCE IT WAS RELEASED IN 2013). 2. FUNDS SUPPORTED ONGOING RESEARCH, COLLABORATIONS WITH UNIVERSITIES AND OTHER RESEARCHERS AROUND THE WORLD, SCIENTIFIC STUDIES AND RESULTING PUBLICATIONS. RESEARCH STAFF PUBLISHED FIVE RESEARCH PAPERS IN 2015, BEGAN A RESEARCH PROJECT TO DETECT EMOTIONAL STATES IN DOGS AND EXPANDED DATA COLLECTION OF MEASUREMENTS OF ELECTRICAL SIGNALS FROM

Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617
TREES.	
# SERVED 444,800	
INTERCONNECTIVITY PROJECT	
BEGAN NEW INTERCONNECTIVITY RESEARCH PROJECT BEGINNING WIT	TH CONDUCTING
A STUDY TO REPLICATE AND EXPAND ON THE FINDINGS OF A STUDY	THAT
EXAMINED THE RELATIONSHIPS BETWEEN SOLAR AND GEOMAGNETIC A	ACTIVITY AND
HUMAN AUTONOMIC NERVOUS-SYSTEM DYNAMICS AS REFLECTED IN HE	CART RATE
VARIABILITY (HRV). THE RESULTS OF THIS 30-DAY STUDY SUGGES	TED THAT
PARTICIPANTS WERE SYNCHRONIZING THEIR HEART RHYTHMS TO AN	EXTERNAL
SIGNAL - ON A GLOBAL SCALE. THE AUTHORS CONCLUDED THAT THE	RESULTS
SHOWED WE ARE SYNCHRONIZED NOT ONLY WITH EACH OTHER, BUT A	ALSO WITH
EARTH'S ENERGETIC SYSTEMS.	
# SERVED 1,600	
ADOPTED SCIENTIST FUND	
THE ADOPTED SCIENTIST FUND WAS ESTABLISHED IN 2013 TO HIRE	E A NEW DATA
ANALYSIS SCIENTIST WHO IS NOW FULLY ENGAGED IN ANALYZING I	ATA FOR THE
RESEARCH TEAM, THE NEW INTERCONNECTIVITY PROJECT AND THE G	LOBAL
COHERENCE INITIATIVE.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	ITS:
2. CONDUCTED A NEW STUDY TO REPLICATE AND EXPAND ON THE FI	INDINGS OF A
STUDY THAT EXAMINED THE RELATIONSHIPS BETWEEN SOLAR AND GE	OMAGNETIC

Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617									
ACTIVITY AND HUMAN AUTONOMIC NERVOUS-SYSTEM DYNAMICS AS RE	FLECTED IN									
HEART RATE VARIABILITY (HRV). THE RESULTS OF THIS 30-DAY STUDY										
SUGGESTED THAT PARTICIPANTS WERE SYNCHRONIZING THEIR HEART RHYTHMS TO										
AN EXTERNAL SIGNAL - ON A GLOBAL SCALE. THE AUTHORS CONCLUDED THAT THE										
RESULTS SHOWED WE ARE SYNCHRONIZED NOT ONLY WITH EACH OTHER, BUT ALSO										
WITH EARTH'S ENERGETIC SYSTEMS.										
3. MERGED THE GCI WEBSITE INTO HMI'S WEBSITE INCLUDING THE	GLOBAL CARE									
ROOM, WHERE PEOPLE FROM AROUND THE GLOBE UNITE IN SYNCHRON	OUS HEART									
COHERENCE SESSIONS.										
4. PROVIDED FREE INFORMATION INCLUDING WEBINARS, TRAINING	AND RESOURCES									
ON WEBSITE AND SOCIAL MEDIA.										
5. HOSTED THE FOURTH EVENT AT THE TAO RESORT AND WELLNESS	CENTER IN THE									
RIVIERA MAYA ON THE YUCATAN PENINSULA, MEXICO FOR 85 PARTI	CIPANTS. THIS									
EVENT WAS DESIGNED TO HELP PEOPLE LEARN HOW TO INCREASE AC	CESS TO THEIR									
HEART'S INTUITIVE INTELLIGENCE AND MORE EFFECTIVELY INCREA	SE PERSONAL,									
SOCIAL AND GLOBAL COHERENCE .										
6. HOSTED 12 GCI CARE FOCUSES IN THE GLOBAL CARE ROOM.										
7. SPOKE AT 10 EVENTS AND CONFERENCES AROUND THE WORLD, IN	ADDITION TO									
PRESENTING NUMEROUS FREE TELESEMINARS AND WEBINARS.										
# SERVED 268,535										

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization **Employer identification number** INSTITUTE OF HEARTMATH 95-4023617 LICENSING AND ROYALTIES THE INSTITUTE OF HEARTMATH EXPANDED ITS OUTREACH TO MANY MORE PEOPLE THROUGH LICENSING AND PUBLISHING AGREEMENTS WITH OTHER ORGANIZATIONS FOR TRAINING INDIVIDUALS AND DISSEMINATING INFORMATION ABOUT HEARTMATH. IN RETURN THE INSTITUTE RECEIVES A SMALL PERCENTAGE OF ROYALTIES AND LICENSING FEES FROM THE TRADEMARKED AND/OR COPYRIGHTED MATERIALS AND PUBLICATIONS. SERVED 250,000 EXPENSES \$ 6,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 172,700. FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FINAL DRAFT ARE EMAILED TO BOARD OF DIRECTORS FOR REVIEW BEFORE THE 990 IS APPROVED AND FILED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST DISCLOSURE FORM IS SENT ANNUALLY TO OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST. COMPLIANCE OFFICER SERVES ON THE BOARD AND ISSUES ARE EXAMINED FOR POTENTIAL CONFLICT OF INTEREST. BOARD MEMBERS ARE RECUSED FROM DISCUSSION AND VOTE ON ANY AND ALL ISSUES THAT HAVE OR MAY POTENTIALLY HAVE A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15:

COMPARABILITY DATA IS ASSEMBLED FOR BOARD BY NON-INVOLVED STAFF (MORE THAN ONE SOURCE FOR EACH POSITION - SAME SOURCES FOR ALL POSITIONS - REVIEWED FROM COPIES OF DOCUMENTS FROM SOURCES NOT COMPILED REPORTS). WHEN THE BOARD

Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617									
DECIDES THERE IS TO BE A CHANGE IN SALARIES/WAGES, THE BOA	RD REVIEWS THE									
COMPARABILITY DATA FOR OFFICERS, MANAGEMENT AND KEY EMPLOYEE STAFF AND										
DELIBERATES AND DECIDES ON THE COMPENSATION. THE BOARD ALSO ISSUES										
GUIDELINES TO MANAGERS FOR COMPENSATION CHANGES TO BE APPLIED UNIVERSALLY										
FOR NON-MANAGEMENT STAFF. MANAGEMENT STAFF THAT SERVE ON THE BOARD ARE										
RECUSED FROM REVIEWS, DISCUSSION AND VOTING PERTAINING TO THEMSELVES.										
PROCESS IS RECORDED IN BOARD MINUTES.										
FORM 990, PART VI, SECTION C, LINE 19:										
DOCUMENTS ARE AVAILABLE ON REQUEST. IF REQUESTER WILL NOT	OR CAN NOT SUPPLY									
AN EMAIL ADDRESS WHERE THE DOCUMENTS CAN BE DELIVERED, THE	N ADVANCE PAYMENT									
OF A COPY FEE OF \$.20 USD PER PAGE IS REQUIRED PLUS ACTUAL	POSTAGE AND									
VALID POSTAL ADDRESS(IF MAILING THE DOCUMENTS). INDIVIDUAL	S MAY VIEW THE									
DOCUMENTS ONSITE DURING OFFICE HOURS BARRING UNUSUAL CIRCU	MSTANCES.									
REQUESTS ARE FULFILLED WITHIN 2 WEEKS OF RECEIPT OF THE RE	QUEST OR PAYMENT									
OF REQUIRED FEES(IF APPLICABLE), AND THE INFORMATION REQUI	RED TO FULFILL									
THE REQUEST. ADDITIONAL CHARGES AND/OR TIME MAY BE ADDED F	OR REQUESTS FOR									
NON-STANDARD DOCUMENTS THAT INCUR ADDITIONAL RETRIEVAL COS	TS FOR THE									
ORGANIZATION.										
FORM 990, PART IX, LINE 11G, OTHER FEES:	-									
OUTSIDE SERVICES:	100 207									
PROGRAM SERVICE EXPENSES	199,397.									
MANAGEMENT AND GENERAL EXPENSES	10,535.									
FUNDRAISING EXPENSES	13,973.									
TOTAL EXPENSES	223,905.									

Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617
PROGRAM SERVICE EXPENSES	2,129.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	79.
TOTAL EXPENSES	2,208.
OUTSIDE SERVICES 1099:	
PROGRAM SERVICE EXPENSES	321,646.
MANAGEMENT AND GENERAL EXPENSES	260.
FUNDRAISING EXPENSES	1,990.
TOTAL EXPENSES	323,896.
SALES COMMISSIONS:	
PROGRAM SERVICE EXPENSES	1,966.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,966.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	551,975.
FORM 990 PART IX COLUMN C	
\$205,176 OF THE \$270,570 MANAGEMENT AND GENERAL EXPENSES A	ARE INDIRECT
COSTS. INDIRECT COSTS ARE EXPENSES SHARED BY THE ENTIRE OF	RGANIZATION,
SUCH AS: EXPENSES FOR MANAGERIAL, FACILITIES AND CLERICAL	STAFF
POSITIONS THAT SERVE THE WHOLE ORGANIZATION, CONTRIBUTING	TO PROGRAM
ACTIVITIES	
AS WELL AS SUPPORT ACTIVITIES. SOME NONPROFITS ALLOCATE IN	NDIRECT COSTS
TO PROGRAMS SO THEIR MANAGEMENT AND GENERAL EXPENSES APPEA	AR LOWER. IF
WE ALLOCATED THE \$205,176 INDIRECT COSTS, THEN \$12,047 WO	JLD GO TO
MANAGEMENT AND GENERAL AND FUNDRAISING (SUPPORT) AND \$193	, 129 WOULD GO

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	unadjuste Cost Or Bas	Bus is % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
3	BUILDINGS	VARIOUS		.000	HY1	61,128,059				1,128,059.	691,253.		37,849.	729,102.
	* 990 PAGE 10 TOTAL BUILDINGS					1,128,059				1,128,059.	691,253.		37,849.	729,102.
	FURNITURE & FIXTURES												,	
4	FURNITURE & FIXTURES	VARIOUS		.000	нү1	50,918				50,918.	49,315.		73.	49,388.
9	EQUIPMENT	VARIOUS		.000	HY1					100,442.	86,526.		3,224.	89,750.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					151,360				151,360.	135,841.		3,297.	139,138.
	MACHINERY & EQUIPMENT													
5	EQUIPMENT	VARIOUS		.000	нү1	6 372,361				372,361.	165,503.		22,870.	188,373.
6	COMPUTERS	VARIOUS		.000	нү1	6 86,132				86,132.	63,380.		8,896.	72,276.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					458,493				458,493.	228,883.		31,766.	260,649.
	TRANSPORTATION EQUIPMENT													
8	AUTOS	VARIOUS		.000	нү1	6 127,540				127,540.	123,039.		1,333.	124,372.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT					127,540				127,540.	123,039.		1,333.	124,372.
	LAND													
1	LAND	VARIOUS		.000	ну1	6 191,645				191,645.			0.	
	* 990 PAGE 10 TOTAL LAND					191,645				191,645.	0.		0.	0.
	OTHER													

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	CONSTRUCTION IN PROCESS	VARIOUS		.000	нұ16	423,151.				423,151.			0.	
7	LAND IMPROVEMENT	VARIOUS		.000	НУ16	143,708.				143,708.	86,501.		7,723.	94,224.
12	MORTGAGE LOAN FEE	04/28/15	461	60 M	НУ42	14,520.				14,520.			5,569.	5,569.
13	MORTGAGE LOAN FEE	03/15/10	461	36 M	НУ43	1,500.				1,500.	1,500.		0.	1,500.
14	MORTGAGE LOAN FEE	11/07/07	461	60 M	НУ43	17,274.				17,274.	17,274.		0.	17,274.
15	RESEARCH VIDEO	10/01/12	461	36 M	НУ43	50,000.				50,000.	37,500.		12,500.	50,000.
	* 990 PAGE 10 TOTAL OTHER					650,153.				650,153.	142,775.		25,792.	168,567.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					2,707,250.				2,707,250.1	,321,791.		100,037.	L,421,828.
	CURRENT ACTIVITY													
	BEGINNING BALANCE					2,692,730.			0.	2,692,730.1	,321,791.			
	ACQUISITIONS					14,520.			0.	14,520.	0.			
	DISPOSITIONS					0.			0.	0.	0.			
	ENDING BALANCE					2,707,250.			0.	2,707,250.1	,321,791.			
	ENDING ACCUM DEPR									1	,421,828.			
	ENDING BOOK VALUE									1	,285,422.			

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

990

INST	TITUTE OF HEARTMATH			FORM	99	90 I	PAGE 10		95-4023617
Part	Election To Expense Certain Property	/ Under Section 17	'9 Note : If you	have any liste	ed pro	operty,	complete Part	V before	you complete Part I.
1 Ma	ximum amount (see instructions)							1	500,000.
2 Tot	al cost of section 179 property placed	d in service (see	instructions)					2	
3 Thr	reshold cost of section 179 property b	efore reduction	in limitation					3	2,000,000.
4 Re	duction in limitation. Subtract line 3 fr	4							
5 Doll	ar limitation for tax year. Subtract line 4 from line 1.	If zero or less, enter -	0 If married filing se	eparately, see inst	truction	ns		5	
6	(a) Description of prop	perty		(b) Cost (business	s use o	nly)	(c) Elected	d cost	
	ted property. Enter the amount from li				-	7		Τ.	
	al elected cost of section 179 proper								
	ntative deduction. Enter the smaller of								
	rryover of disallowed deduction from I								
	siness income limitation. Enter the sm		-	-					
	ction 179 expense deduction. Add line rryover of disallowed deduction to 20					13		12	
	Do not use Part II or Part III below for					13			
Part					e liste	ed prop	perty.)		
	ecial depreciation allowance for qualif		-						
	tax year		-				-	14	
	pperty subject to section 168(f)(1) elec								
								16	01 000
Part								10	0=70000
		·		ion A					
17 MA	CRS deductions for assets placed in	service in tax ye	ars beginning b	efore 2015				17	,
	u are electing to group any assets placed in service	•					▶ □		
	Section B - Assets F	Placed in Servic	e During 2015	Tax Year Us	ing t	he Ge	neral Deprecia	tion Sys	tem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inves only - see ins	stment use		Recovery period	(e) Convention	(f) Metho	d (g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property								
d	10-year property								
_е	15-year property								
f	20-year property								
g	25-year property				2	5 yrs.		S/L	
h	Residential rental property	/			27	.5 yrs.	MM	S/L	
	Tiodidorniai Fornai property	/			27.5 yrs.		MM	S/L	
i	Nonresidential real property	/			39	9 yrs.	MM	S/L	
		/					MM	S/L	
	Section C - Assets Pla	aced in Service	During 2015 T	ax Year Usir	ng the	e Alter	native Depreci	T	rstem
<u>20a</u>	Class life							S/L	
<u> </u>	12-year					2 yrs.		S/L	
Dart	40-year	/			40	0 yrs.	MM	S/L	
Part	,							Π.	. T
	ted property. Enter amount from line 2		10 00 :-					2	
	tal. Add amounts from line 12, lines 1 ter here and on the appropriate lines of							22	81,968.
23 For	assets shown above and placed in s	ervice during the	current year, e	nter the					
por	tion of the basis attributable to section	n 263A costs	<u></u>			23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? No Yes Nο Yes (b) (c) (e) (i) (f) (g) **(a)** Type of property Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use only) use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L -S/L -% % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes Yes Yes Yes Yes 34 Was the vehicle available for personal use No No No No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

Part VI Amortization											
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year					
42 Amortization of costs that begins during your 2015 tax year:											
MORTGAGE LOAN FEE	042815	14,520.	461	60M		5,569.					
	: :										
43 Amortization of costs that began before your 2	43	12,500.									
44 Total. Add amounts in column (f). See the inst	44	18,069.									

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.