PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 58948

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

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

A	For the	2012 calendar year, or tax year beginning and e	ending		
В	Check If applicable:	C Name of organization		D Employer identific	cation number
	Address change	INSTITUTE OF HEARTMATH			
	Name change	Doing Business As		95-4	023617
Ļ	Initial return	1 '	Room/suite	E Telephone number	
	Termin- ated	P.O. BOX 1463		(831	4
<u>_</u>	Amende	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,514,926.
L_	Applica- tion pending	BOOLDER CREEK, CA 35000		H(a) Is this a group re	
	portaing	F Name and address of principal officer:BKIAN KABAKER		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		npt status: 501(c)(3)	or 527	1	list. (see instructions)
		: ► WWW.HEARTMATH.ORG rganization: X Corporation Trust Association Other ►	1	H(c) Group exemption	
CONTRACTOR OF THE PARTY OF THE	Annonno monte	rganization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1991 N	1 State of legal domicile: CA
9	1 E	riefly describe the organization's mission or most significant activities: ${ m TO}$ H	ELP PE	OPLE AROUND	THE WORLD
Activities & Governance	E	STABLISH HEART-BASED LIVING AND GLOBAL (COHERE	NCE.	
Ĕ	2 0	theck this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
8	3 1	umber of voting members of the governing body (Part VI, line 1a)		3	7
<u>م</u>	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	4
es	5 T	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	22
Ξ	6 T	otal number of volunteers (estimate if necessary)		6	40
Acti	7 a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b N	let unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		444,832.	281,669.
Revenue		rogram service revenue (Part VIII, line 2g)		475,904.	758,606.
Ŗ		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		6,044.	1,448.
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		947,750.	869,479.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,874,530.	1,911,202.
		arants and similar amounts paid (Part IX, column (A), lines 1-3)		51,677.	66,217.
		lenefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ses	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		699,111.	714,899.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Exp	b l	otal fundraising expenses (Part IX, column (D), line 25)		071 170	1 040 000
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		971,172.	1,042,833.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,721,960.	1,823,949.
- 4	19	levenue less expenses. Subtract line 18 from line 12		152,570.	87,253.
ste	<u> </u>	Catalana da (Dant V. B. 1940)		ginning of Current Year	End of Year
Net Assets or	20 7	otal assets (Part X, line 16) otal liabilities (Part X, line 26)		2,170,204. 1,348,228.	2,216,139.
et	22 1	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20		821,976.	1,306,910.
P	art II	Signature Block		021,970.	909,229.
		ies of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents and to the hest of m	v knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of wi			y knowledge and belief, it is
			non propuro	lac any anomicago.	
Siç	n l	Signature of officer		Date	
He	1	BRIAN KABAKER, CFO			
		Type or print name and title		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai		LAWRENCE S. KUECHLER LAWRENCE S. KUE	CHLER 1	1/06/13 of self-employ	P00233621
Pre	· L	Firm's name BERGER LEWIS ACCOUNTANCY CORP.		Firm's EIN ▶	94-2763139
Use	e Only	Firm's address 55 ALMADEN BLVD., STE 600	<u> </u>		
		SAN JOSE, CA 95113		Phone no. (408) 494-1200
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	*************		X Yes No

305,253.)

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

4e Total program service expenses

6,000 • including grants of\$

1,468,334.

) (Revenue \$

Form 990 (2012) INSTITUTE OF Part IV Checklist of Required Schedules

INSTITUTE OF HEARTMATH

			Yes	No
1	5			
_	If "Yes," complete Schedule A	1	X	
2		2	Х	
3	and the state of t			37
4	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
-1	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		Х	
5		4	Λ	
Ī	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6		-		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8				
	Schedule D, Part III	8		Х
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	by the state of th			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	**********	X
11	S which the state of the state			
	as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	 Part VI Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total 	11a	Х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110	Λ	<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1.0		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	Division of the state of the st	13		X
14		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		X	
18		14b	<u> </u>	-
•	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16		15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17		10		† <u></u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18				
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	X
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		F	. nnn	(2012)

Part IV Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 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 Schedule K. If "No", go to line 25 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? _____ 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 26 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 Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Х 33 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 Х 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Х

TERRETAR	990 (2012) INSTITUTE OF HEARTMATH	95-4023	<u>617</u>	Pa	age 5
Par					
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
		1a 20			
		1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	• •			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		2a 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	X	5755555555
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>
			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country:				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Ad				•••
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
L	any contributions that were not tax deductible as charitable contributions?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tox deductible?	•			
7	were not tax deductible?	***************************************	6b		
7	Organizations that may receive deductible contributions under section 170(c).		 		v
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a		X_
C	•		7b	-	
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	•	7-		x
d	· ·	7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7-		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			N/	
h	If the organization received a contribution of qualified intellectual property, and the organization file roll		7g 7h	N/	+
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did		/11	147	
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a		8	\$2000000000000000000000000000000000000	100000000
9	Sponsoring organizations maintaining donor advised funds.	ny amo duling the year?		<u> </u>	
а	Did the organization make any taxable distributions under section 4966?	N/A	9a	p:::::::::::::::::::::::::::::::::::::	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	57. / 5	10a			
b	· · · · · · · · · · · · · · · · · · ·	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
а	77 / 7	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
		11b			
12a			12a	opeociations	400000000000000000000000000000000000000
b	37/3	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1		
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				
		13ь			
С		13c			
14a			14a		Х

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

INSTITUTE OF HEARTMATH 95-4023617 Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ... Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Х 8a b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? Х 13 13 14 Did the organization have a written document retention and destruction policy? X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Х 15a **b** Other officers or key employees of the organization Х 15b 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? Х 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

12-10-12

95006

LYNN LIPPOLD - (831) 338-8719 P.O. BOX 1463, BOULDER CREEK, CA

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

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

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

- 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.

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

- 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.

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average	Position (do not check more than or			than e	one	Reportable	Reportable	Estimated	
	hours per week		box, unless person officer and a direct					compensation from	compensation from related	amount of other
	(list any	żg						the	organizations	compensation
	hours for	rdire				pa		organization	(W-2/1099-MISC)	from the
	related	stee	rustee			ensa		(W-2/1099-MISC)	·	organization
	organizations	ם	onal t		oloye	comi				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		·	organizations
(1) BRIAN KABAKER	15.00	-	┝╧╌	10	포	X 55	ď.			-
CFO & BOARD MEMBER		X		Х				30,720.	0.	387
(2) KATHERINE FLORIANO	5.00	ļ								
EXE. DIR/ CHAIRMAN		Х		Х				6,264.	0.	5,957
(3) SANDRA ROYALL	17.50									•
SECRETARY/GRAPHIC ARTIST		X		X				18,180.	0.	5,957
(4) HOBART JOHNSON	1.00									
BOARD MEMBER		X		ļ		<u> </u>		0.	0.	. 0
(5) TONI ROBERTS	1.00									
BOARD MEMBER		X		ļ		ļ		0.	0.	0
(6) CLAIRE SHAFE	1.00	1	ļ						_	
BOARD MEMBER	1 00	X		<u> </u>				0.	0.	0
(7) DONNA KOONTZ	1.00									_
BOARD MEMBER	10000	X	ļ		ļ			0.	0.	0
(8) SARA CHILDRE	20.00	-						20 000		4 601
PRESIDENT/CEO	20.00	-		Х		ļ		28,800.	0.	4,681
(9) ROLLIN MCCRATY	20.00	-		X				56 160		4 750
VICE PRESIDENT, DIR RESEAR		-		^	ļ			56,160.	0.	4,758
		1								
			-							
		1								!
		-		ļ	ļ	-				
									-	
		_		-	 					
			_							
		\parallel								
232007 12-10-12			Ц.,	ــــــــــــــــــــــــــــــــــــــ	<u></u>	1			<u> </u>	Form 990 (201)

232007 12-10-12

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employee	es (continued)		
	(A) Name and title	(B) Average hours per	(do	not c	Pos heck	C) ition _{more}		one	(D) Reportable compensation	(E) Reportable	1	(F) stimated
		week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated this sign of sign	tee)	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	con C) f org ar	mount of other opensation rom the ganization id related anizations
											-	
-			-									
							-					
							-					
							<u> </u>		140 104			1 = 1 .
	Sub-total Total from continuation sheets to Part V						>		140,124.		0.	21,740.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but							no r	140,124. eceived more than \$100	,000 of reportable		21,740.
	compensation from the organization						-					Yes No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for								highest compensated e		3	X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	le c	omp	ens	atio	n and	d ot	her compensation from	the organization		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion	fron	any	y uni	elat	ted organization or indiv	idual for services		
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors											X
1	Complete this table for your five highest compensation. Report compensation for										pensation	from
	(A) Name and busines			ON:					(B) Description of s			(C) ensation
											•	
									•		•	
2	Total number of independent contractors	(including but 1	not l	imite	ed to	thc	se li	sted	d above) who received n	nore than		
	\$100,000 of compensation from the organ						0		,		_	000 (2010

	8.88.4		Check if Schedule O conta		nee i	o any question i	n this Part VIII			
10 (a)			Officer if Octification O Contra		T	o any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
in the	1		Federated campaigns							
S 5			Membership dues		-	78,551.				
A G			Fundraising events							
ᇐ		d	Related organizations	10	1					
Ş.Ë		е	Government grants (contribution	ons) 1e	•					
타		f	All other contributions, gifts, grant	s, and		i				
들			similar amounts not included abov	re 1f		203,118.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$		4,188.				
<u>a</u>		h	Total. Add lines 1a-1f				281,669.			
ice						Business Code				
	2		EDUCATION PROGRAMS			611600	596,708.	596,708.		
ue n		b	RESEARCH SERVICES			541700	161,898.	161,898.		
m S		C				•				
Re		d								
Program Service Revenue		е								
			All other program service rever							
			Total. Add lines 2a-2f				758,606.			
	3		Investment income (including	•						
			other similar amounts)				1,448.			1,448.
	4		Income from investment of tax	•			205 054		<u> </u>	
	5		Royalties				305,254.	305,254.		
	_		0	(i) Rea		(ii) Personal				
	0		Gross rents		525.					
			Less: rental expenses		673.					
			Rental income or (loss)		852.		<i></i>			
	_		Net rental income or (loss)			I .	61,852.			61,852.
	•	а	Gross amount from sales of	(i) Securi	ties	(ii) Other				
		L	assets other than inventory Less: cost or other basis							
		D								
		_	and sales expenses							
			Gain or (loss)			>				
			Gross income from fundraising							
Jue	١	а			Οŧ					
Š			including \$ contributions reported on line							
Ϋ́.			Part IV, line 18	,						
Other Revenu		h	Less: direct expenses							
δ			Net income or (loss) from func							
	۵		Gross income from gaming ac	_					1	
		_	Part IV, line 19							
		b	Less: direct expenses				1			
			Net income or (loss) from gam							
	10		Gross sales of inventory, less							
	1	-	and allowances		а	1,071,424.				
		b	Less: cost of goods sold				-			
			Net income or (loss) from sale				502,373	502,373		
			Miscellaneous Revenu		,	Business Code	***************************************			
	11	а								
		b								·
		c								
		d	All other revenue							
		е	Total. Add lines 11a-11d							
	12		Total revenue. See instructions.				1,911,202	1,566,233	. 0.	63,300.
2320	09 0-12									Form 990 (2012)

Form 990 (2012) INSTITUTE OF HEARTMATH Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A).	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
	Check if Schedule O contains a respon-			(C) I	(B)
Do n 7b, 8	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	נט) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,632.	6,632.	See Schedule O for Column C	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	58,297.	58,297.	The state of the state of	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,288.	1,288.	production of the second	And the second of
4	Benefits paid to or for members			A to two	A GAR STORY
5	Compensation of current officers, directors,				
•	trustees, and key employees Compensation not included above, to disqualified	161,863.	122,096.	35,114.	4,653.
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	454 606	247 662	CF 04C	41 000
7	Other salaries and wages	454,686.	347,663.	65,046.	41,977.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,112.	3,112.		
9	Other employee benefits	49,737.	38,952.		1,586. 3,391.
10	Payroll taxes	45,501.	34,987.	7,123.	3,391.
11	Fees for services (non-employees):				
а	Management				
	Legal	1,483.	1,483.		
	Accounting	17,383.	_ ,	17,383.	· · · · · · · · · · · · · · · · · · ·
			*		
d	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	393,566.	363,049.	1,339.	29,178.
12	Advertising and promotion	8,227.	7,572.		655.
13	Office expenses See Schedule O	151,827.	101,449.	27,230.	23,148.
14	Information technology	70,133.	54,323.	12,965.	2,845.
15	Royalties				
16	Occupancy	135,957.	112,031.	23,079.	847.
17	Travel	77,114.	75,233.	398.	1,483.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,596.	23,596.		
20	Interest	327.	303.	6.	18.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,013.	61,145.	14,340.	528.
23	Insurance	11,660.	6,117.	4,876.	667.
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.)	11 1FO	26 642	15 005	0 045
	MAINTENANCE	44,152.	26,642.		2,245.
b	DUES AND SUBSCRIPTIONS	19,603.			2,382.
C	LICENSES, FEES AND TAXE	5,364.	3,561.		693.
d	AUTO EXPENSE	3,698.		3,698.	
е	All other expenses	2,730.	2,730.		·
25	Total functional expenses. Add lines 1 through 24e	1,823,949.	1,468,334.	239,319.	116,296.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
			4,757.	0.	4,074

		Check if Schedule O contains a response to any question in this Part X		· · · · · · · · · · · · · · · · · · ·		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		50,563.	1	59,746.
	2	Savings and temporary cash investments		402,000.	2	414,444.
	3	Pledges and grants receivable, net			3	
		Accounts receivable, net		112,287.	4	56,608.
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contemployers and sponsoring organizations of section 501(c)(9) voluntary	under ributing			
ts	-	employees' beneficiary organizations (see instr). Complete Part II of Sch		717.	6	440
Assets	7	Notes and loans receivable, net		/1/•	 	448.
ă	8	Inventories for sale or use		24 241	8	11 145
	9	Prepaid expenses and deferred charges		24,241.	9	11,145.
	10a	Land, buildings, and equipment: cost or other	101			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation 10b 1,134,		1,299,132.	10c	1,349,547.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11	244,500.	12	244,500.	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	11,764.		54,701.	
	15	Other assets. See Part IV, line 11	25,000.		25,000.	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16	2,216,139.
	17	Accounts payable and accrued expenses		118,508.	17	144,646.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
S.	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
Liabilities	22	Loans and other payables to current and former officers, directors, trus	ees,			
abi		key employees, highest compensated employees, and disqualified pers				
		Complete Part II of Schedule L		85,000.	22	85,000.
	23	Secured mortgages and notes payable to unrelated third parties		1,094,720.		1,077,264.
	24	Unsecured notes and loans payable to unrelated third parties				0.
	25	Other liabilities (including federal income tax, payables to related third			† - '	
		parties, and other liabilities not included on lines 17-24). Complete Part	X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,348,228.		1,306,910.
		Organizations that follow SFAS 117 (ASC 958), check here ► X		1/010/220	20	1/300/310.
s		complete lines 27 through 29, and lines 33 and 34.	and			
ဥ	27	Unrestricted net assets		684,715.	27	841,971.
alar	28	Temporarily restricted net assets		137,261.		67,258.
m	29			137,201.	1	01,230.
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here			29	
Ē		. "				
s o	20	and complete lines 30 through 34.				
Şe	30	Capital stock or trust principal, or current funds			30	
74	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
As		Retained earnings, endowment, accumulated income, or other funds			32	
Net Assets or Fund Balances	32			001 076		000 000
Net As	32 33 34	Total net assets or fund balances Total liabilities and net assets/fund balances		821,976. 2,170,204.		909,229. 2,216,139.

Both consolidated and separate basis

Separate basis

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

2c X

Form 990 (2012)

3a

X

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. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INSTITUTE OF HEARTMATH

Employer identification number

95-4023617 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ____ Type I c ____ Type III - Functionally integrated **b** ____ Type II d Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (vi) Is the organization in col. (III) Type of organization (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your organization in col. organization (described on lines 1-9 (i) organized in the support governing document? (i) of your support? above or IRC section. (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	ction A. Public Support	•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	506,919.	464,409.	488,217.	444,832.	281,669.	2186046.
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						<u> </u>
4	Total. Add lines 1 through 3	506,919.	464,409.	488,217.	444,832.	281,669.	2186046.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						654,283.
	Public support. Subtract line 5 from line 4.						1531763.
	ction B. Total Support					T	
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	506,919.	464,409.	488,217.	444,832.	281,669.	2186046.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	9,415.	3,264.	2 274	1 744	1 440	10 145
	and income from similar sources	9,413.	3,204.	3,274.	1,744.	1,448.	19,145.
9	Net income from unrelated business activities, whether or not the				}		
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11							2205191.
12		etc (see instructi	one)	le constant de la con	: I	12 9	,166,261.
13	·	•	,	rd fourth or fifth t	av vear as a sectio		1100/2011
	organization, check this box and sto					` ' ' '	
Se	ction C. Computation of Pub	lic Support Pe	rcentage			***************************************	
14	Public support percentage for 2012			column (fl)		14	69.46 %
15	Public support percentage from 201						60.25 %
16a	a 33 1/3% support test - 2012. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization	1			►X
ŀ	o 33 1/3% support test - 2011. If the						
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
ŀ	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructior	ns ▶
					Scho	edule A (Form 990	0 or 990-EZ) 2012

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

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

Section A. Public Support				,,		
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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					1	
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	i					
3 received from disqualified person	S .					
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	-					
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties		,				
and income from similar sources						
b Unrelated business taxable income					•	
(less section 511 taxes) from businesse	s .					
acquired after June 30, 1975						
c Add lines 10a and 10b	•					
11 Net income from unrelated busines						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain	•					
or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.	·					
14 First five years. If the Form 990 is						· —
						<u></u> ▶
Section C. Computation of Pu					<u> </u>	
15 Public support percentage for 2012						%
16 Public support percentage from 20	11 Schedule A, Par	<u>t III, line 15</u>			16	%
Section D. Computation of Inv						
17 Investment income percentage for						%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2012. If t	he organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2011. If t						
line 18 is not more than 33 1/3%, c						
20 Private foundation. If the organiza						

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

IN	INSTITUTE OF HEARTMATH 95-4023617							
Organization type (check or	ne):							
Filers of:	Section:							
Form 990 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 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in malete Parts I and II.							
Special Rules								
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rec b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one control of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or ederuelty to children or animals. Complete Parts I, II, and III.	- ·						
contributions for u If this box is check purpose. Do not co	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$5,000 or more during the year							
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part t 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) (2012)

Name of organization

Employer identification number

INSTITU	TE OF	HEARTM.	нта

95-4023617

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,832.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$8,414.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.

Employer identification number

INSTITUTE OF HEARTMATH

95-4023617

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f 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

ame of organ	nization			Employer identification number			
NSTITU Part III	UTE OF HEARTMATH Exclusively religious, charitable, etc., individua	contributions to section 501(c)	(7) (8) or (10) ornanizatio	95-4023617			
ran m	Exclusively religious, charitable, etc., individua year. Complete columns (a) through (e) and the foll the total of exclusively religious, charitable, etc., column Use duplicate copies of Part III if additional sp	ntributions of \$1,000 or less f or '	ns completing Part III, enter the year. (Enter this information once	\$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of gift					
-	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	Transferee's name, address, and Z	(e) Transfer of gift	er of gift Relationship of transferor to transferee				
(A)N							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
_							
·	Transferee's name, address, and Z	ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h				
		(e) Transfer of gif	of gift				
	Transferee's name, address, and Z	ZIP + 4	Relationship of tra	ansferor 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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emple	oyer identification number
15000000		TE OF HEARTMATH			95-4023617
Pē	irt I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	······································		> \$	
P	ert I-B Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
1					
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 4958	5 > \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 472	o for this year?		Yes No
4a	Was a correction made?	***************************************			Yes No
<u>k</u>	If "Yes," describe in Part IV.				
<u> </u>		ganization is exempt un			
	Enter the amount directly expended				
2	Enter the amount of the filing organ				
_	exempt function activities				
3				*	
	line 17b		***************************************	▶\$	
	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount par comptly and directly delivered to	aid from the filing organi o a separate political org	zation's funds. Also enter th ganization, such as a separa	e amount of political
	(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
			·	:	

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

232041 01-07-13

52,707.

52,999.

50,890.

Schedule C (Form 990 or 990-EZ) 2012

55,442.

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

212,038.

318,057.

Schedule C (Form 990 or 990-EZ) 2012 INSTITUTE OF HEARTMATH 95-402362 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)).

	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)
f the	lobbying activity.	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?				
D	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c d	Media advertisements? Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
a	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)?				
	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				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	ion 501(c)(5), or se	ection	
	501(c)(6).			Van	N.
1	Ware substantially all (90% or mars) duca received pendeductible by members?		4	Yes	No
2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
1	answered "Yes." Dues, assessments and similar amounts from members		1	<u> </u>	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5			5	1	
	Taxable amount of lobbying and political expenditures (see instructions)		<u> </u>	<u> </u>	
Pa	t IV Supplemental Information				
Pa i Com	TW Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			list); Part I	I-A, line 2
Pa i Com	t IV Supplemental Information			list); Part I	I-A, line 2
Pa i Com	TW Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			list); Part I	I-A, line 2
Pa i Com	TW Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			list); Part I	I-A, line 2
Pa i Com	TW Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			list); Part I	l-A, line 2
Pa i Com	TW Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			b list); Part l	I-A, line 2
Pa i Com	TW Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			b list); Part l	l-A, line 2
Pa i Com	TW Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			list); Part I	I-A, line 2
Pa i Com	TW Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F			b list); Part I	l-A, line

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

INSTITUTE OF HEARTMATH

Employer identification number 95-4023617

Par	t I	Organizations Maintaining Donor Advised		er Similar Funds or	Accou	nts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line 6				'
		·		dvised funds	(b) Fund	ds and other accounts
1	Total	number at end of year				
2		gate contributions to (during year)				
3		gate grants from (during year)				
4		gate value at end of year		,		
5		e organization inform all donors and donor advisors in wri	ting that the asse	ets held in donor advised fo	inds	
		e organization's property, subject to the organization's ex				Yes No
6		e organization inform all grantees, donors, and donor adv				
		aritable purposes and not for the benefit of the donor or c	-		•	
		missible private benefit?			~	Yes No
Par	t II	Conservation Easements. Complete if the organ				
1	ALCO PARENCE	se(s) of conservation easements held by the organization			.,	
		Preservation of land for public use (e.g., recreation or edu	· ——	Preservation of an historic	ally impo	ortant land area
		Protection of natural habitat		Preservation of a certified		
		Preservation of open space				
2		lete lines 2a through 2d if the organization held a qualified	d conservation co	ontribution in the form of a	conserva	ition easement on the last
		the tax year.		,		and it does not the last
	•	•				Held at the End of the Tax Year
а	Total	number of conservation easements			2a	
b						
C		er of conservation easements on a certified historic struc				
d.		er of conservation easements included in (c) acquired aft				
		in the National Register			2d	
3		er of conservation easements modified, transferred, relea				during the tax
	year					
4	Numb	er of states where property subject to conservation ease	ment is located	.		
5		the organization have a written policy regarding the period				
		ons, and enforcement of the conservation easements it h	-			Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, ar				
7		nt of expenses incurred in monitoring, inspecting, and en		· · · · · · · · · · · · · · · · · · ·		
8	Does	each conservation easement reported on line 2(d) above	satisfy the requir	ements of section 170(h)(4)(B)(i)	
	and s	ection 170(h)(4)(B)(ii)?	**********	***************************************		Yes No
9		t XIII, describe how the organization reports conservation				
		e, if applicable, the text of the footnote to the organizatio				
W	conse	rvation easements.	· · · · · · · · · · · · · · · · · · ·			
Pa	1 III	Organizations Maintaining Collections of A	Art, Historica	l Treasures, or Othe	r Simil	ar Assets.
		Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.			
1a	If the	organization elected, as permitted under SFAS 116 (ASC	958), not to repo	rt in its revenue statement	and bala	ance sheet works of art,
	histor	cal treasures, or other similar assets held for public exhib	oition, education,	or research in furtherance	of public	service, provide, in Part XIII,
	the te	xt of the footnote to its financial statements that describe	es these items.			
b	If the	organization elected, as permitted under SFAS 116 (ASC	958), to report in	its revenue statement and	d balance	sheet works of art, historical
	treas	res, or other similar assets held for public exhibition, edu	cation, or researc	ch in furtherance of public	service, p	provide the following amounts
		g to these items:				•
	(i) R	evenues included in Form 990, Part VIII, line 1			▶	\$
		ssets included in Form 990, Part X				\$
2		organization received or held works of art, historical treas				е
	the fo	llowing amounts required to be reported under SFAS 116	6 (ASC 958) relati	ng to these items:	-	
а	Reve	nues included in Form 990, Part VIII, line 1			>	\$
b		s included in Form 990, Part X				\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Part VI Land, Buildings, and Equip	ment. See Form 990, Part X	, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		191,645.		191,645.
b Buildings		1,093,000.	611,915.	481,085.
c Leasehold improvements				
d Equipment		438,795.	316,575.	122,220.
e Other		760,661.	206,064.	554,597.
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, colui	mn (B), line 10(c).)		1,349,547.

Describe in Part XIII the intended uses of the organization's endowment funds.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization					Employer identifi	cation number
INSTITUTE OF HE	ARTMATH				95-402361	7
		ctivities Out	tside the United States. Comple	ete if the organ		
to Form 990, Par						······································
			ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	issistance, and	the selection criteria used to award the	grants or ass	stance? X	Yes L No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s aranta and a	thar appletonics output	ide the
United States.	inde in Fait V the	organization s	procedures for monitoring the use of it	s grants and o	iner assistance outs	ade the
	ne following Part	I. line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures for and
	in the region	independent contractors	services, investments, grants to recipients located in the region)		e specific type ce(s) in region	investments
		in region	recipients located in the region)		-	in region
			TYGEN LED L. GLODA		COLLECTS DATA	
			INSTALLED A GLOBAL COHERENCE MONITORING SITE	ON THE EAR!	TH S TO FIELDS IN	
NORTH AMERICA	0	0	IN CANADA.		AND SENDS IT	55,773.
					TS REGIONAL	30,,,,
			REPAIRS AND UPGRADES TO	EARTH GEO-I	MAGNETIC FIELD	
MIDDLE EAST AND			GLOBAL COHERENCE MONITORING	DATA AND SI	ENDS IT TO	
NORTH AFRICA	0	0	SITE INSTALLED IN 2010.	IHM'S RESEA	ARCH FACILITY.	5,760.
•				i i		
•						
			-			
3 a Sub-total	() 0				61 -22
3 a Sub-total b Total from continuation		1	 	+		61,533.
sheets to Part I		0				٥.
c Totals (add lines 3a						•
and 3b)		0				61 533

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Page 2

INSTITUTE OF HEARTMATH

Schedule F (Form 990) 2012

Partition Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								·
				·		·		
 2 Enter total number of recipient organizations listed s the IRS, or for which the grantee or counsel has pro 3 Enter total number of other organizations or entities 	recipient organizatior he grantee or counse other organizations o	Enter total number of recipient organizations listed above that are recog the IRS, or for which the grantee or counsel has provided a section 501 Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country,	recognized as tax-ex	empt by		
	,						Schedu	Schedule F (Form 990) 2012

95-4023617

Page 3

INSTITUTE OF HEARTMATH

Schedule F (Form 990) 2012

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

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) 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) 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

for Form 5713) Yes X No

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2012

6

Schedule I (Form 990) (2012) Employer identification number **ջ** 95-4023617 HEARTMATH TOOLS TO MORE Open to Public OMB No. 1545-0047 OF THEIR CONSTITUENTS. Inspection ORGANIZATION TO TEACH (h) Purpose of grant or assistance TO FACILITATE THE X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance PRODUCT AND EDUCATION MATERIALS TRAINING, (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 6,632,COST Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant ö Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) INSTITUTE OF HEARTMATH Enter total number of other organizations listed in the line 1 table 26-4327907 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization RASUR FOUNDATION INTERNATIONAL or government ARLINGTON, TX 76015 Name of the organization Department of the Treasury P.O. BOX 150134 Internal Revenue Service SCHEDULE ! (Form 990)

232101 12-18-12

INSTITUTE OF HEARTMATH

Page 2

95-4023617

Schedule I (Form 990) (2012) INSTITUTE OF HEARTMATH

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GAVE PRODUCTS FREE OF CHARGE TO INDIVIDUALS	2144	0.	13,479.	COST	CHALLENGED INDIVIDUALS SERVING
GAVE TRAININGS & TRAINING MATERIALS FREE OF CHARGE		c	0	H-0 C-1	TRAINERS SERVING UNDERSERVED POPULATIONS WERE GIVEN HEARTMATH TRAIN-THE-TRAINER TRAINTNGS FREE OF CHARGE ALONG
TO INDIVIDUALS	On The second		7.0-10 K-1	1605	
Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, Ii	ine 2, Part III, columr	(b), and any other additional in	ormation.
ן בי	INSTITUTE 1	AWARDS EDU	EDUCATION SPO	SPONSORSHIPS TO	
PROVIDE TRAININGS AND TRAINING MAT	MATERIALS TO	ORGANIZATIONS	AND	INDIVIDUALS	
IN THE EDUCATION FIELD FREE OF CHA	CHARGE. THE	INSTITUTE	AWARDS	MILITARY	
SERVICE SPONSORSHIPS TO PROVIDE TR	TRAININGS 1	AND/OR HEARTMATH		PRODUCTS TO	
ENLISTED PERSONS, VETERANS AND IND	INDIVIDUALS	OR ORGANI	ORGANIZATIONS WHO) PROVIDE	
SERVICES TO ENLISTED PERSONS AND V	VETERANS,	FREE OF C	CHARGE. THE	INSTITUTE	
ALSO AWARDS HEARTMATH FOR COMMUNITIES	- 1	SPONSORSHIPS TO	PROVIDE	TRAININGS AND	
TRAINING MATERIALS TO INDIVIDUALS	OR ORGAN	ORGANIZATIONS W	WHO PROVIDE	SERVICES TO	
UNDERSERVED POPULATIONS, FREE OF C	CHARGE. RI		OF SPONSORSHIPS	SHIPS FILL	
232102 12-18-12		34			Schedule I (Form 990) (2012)

SEE PART IV FOR COLUMN (F) DESCRIPTIONS

232102 12-18-12

SCHEDULE L

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Employer identification number 95-4023617

***************************************					ection 501(c)(4) orga		-					,
					rt IV, line 25a or 25b.	, or Form 990-EZ, P	art V, I	ine 40	b	1		
(a) Name of disqualified p	person (b)	Relationship bet			fied (c)	Description of tran	sactio	n				cted?
		person and o	rganiza	ation						Ye	S	No
										-		
				•						1		
											.	
2 Enter the amount of tax i			-									
section 4958								► \$ ► \$				
5 Litter the amount of tax,	in arry, on line 2,	above, reimburs	sed by	the ort	Janization		•••••	▶ \$				
Part II Loans to and	d/or From In	terested Per	sons								······································	
Complete if the	organization ans	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	orm 990, Part IV, lir	ne 26;	or if th	ne orga	nizatio	n	
reported an amo	ount on Form 99	0, Part X, line 5,				· · · · · · · · · · · · · · · · · · ·	,					
(a) Name of	(b) Relationship with	(c) Purpose		an to or	(e) Original	(f) Balance due		ln .	(h) App	roved ird or		ritten
interested person	organization	of loan	organi	ization?	principal amount			ault?	comm	ittee?	agree	ment?
ROLLIN MCCRATY		mo ner b		From	95 000	05 000	Yes	No	Yes	No	Yes	No
ROLLIN MCCRAIT		TO HELP	X		85,000.	85,000.		X	X		X	
				-								-
				7		····						
				ļ								
			-									ļ
			1	1		05 000		**********		********	500000000	**********
Total Part III Grants or As	seistance Re	nefiting Inte	roete	d Da	\$	85,000.						<u></u>
Complete if the		-				\$ *						
(a) Name of interested					(c) Amount of	(d) Type	of		(0)	Purp	000 0	f
(e) italia of intorociou	, s. s. s.	(b) Relationship interested per	son ar	en id	assistance	assistar				assista		1
		the organiz	ation									
				'								
		-								^		
								-				
								-			-	
												•
LHA For Paperwork Reduc	tion Act Notice	, see the Instru	ctions	for Fo	rm 990 or 990-EZ.	Sch	edule	L (Fo	rm 990	or 99	90-EZ	201

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 INSTITUTE OF HEARTMATH Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes"	on F	orm 99	o, Part I	V, line 2	28a, 28	3b, or 28c.			
(a) Name of interested person	(b) F	Relatio	onship I	oetweer he orga	intere	sted	(c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
	L								Yes	No
QUANTUM INTECH				RE,				LICENSE FEE		X
HEARTMATH LLC				PAR		CO		COSTS OF GO		X
HEARTMATH LLC	12		THE			CO		ROYALTIES -		X
HEARTMATH LLC	QΙ	IS	THE	PAR	ENT.	CO	86,523.	OTHER EXPEN		X
										<u> </u>
·									-	
	 									
Part V Supplemental Information Complete this part to provide additions	al info	matic	on for re	sponse	s to qu	estion	s on Schedule L (see	instructions).		
SCHEDULE L, PART II, LOANS	TC) A	ND F	ROM	INT	ERE	STED PERSON	is:		
(A) NAME OF PERSON: ROLLIN	I MC	CCR	ATY							
(C) PURPOSE OF LOAN: TO HE	!T.P	CA	SH F	'T _' OW						
(D) LOAN TO OR FROM ORGANI				: TO						
	,								· · · · · ·	
(E) ORIGINAL PRINCIPAL AMO	נימטכ	r ş	85,	000.	(F)]	BALANCE DUE	\$ 85,000.		
(G) LOAN IN DEFAULT? = NO						<u>.</u>				
(H) APPROVED BY BOARD OR C	OM	'TIL	TEE?	<u> = 7</u>	ES				******	
(I) WRITTEN AGREEMENT? = Y	ES									
SCH L, PART IV, BUSINESS T	'RAI	ISA	CTIC	NS 1	NVO	LVI	NG INTEREST	TED PERSONS:		
(A) NAME OF PERSON: QUANTU	JM I	INT	ECH							
(B) RELATIONSHIP BETWEEN	ITI	ERE	STEL	PEF	RSON	AN:	D ORGANIZAT	TION:		
DOC CHILDRE, CEO OF QUANTU	JM :	INT	ECH	(QI)	AN	D P	RESIDENT OF	IHM ARE MA	RRIE	 D
(C) AMOUNT OF TRANSACTION	\$ 2	291	,403							
(D) DESCRIPTION OF TRANSAC	CTIC	ON:	LIC	ENSE	e FE	ES	- INSTITUTE	E OF HEARTMA	TH	
(IHM) HAS GRANTED A WORLDW										EM
TO QI, WHICH IN TURN SUBLI										
INCLUDING HMLLC. IN RETURN										
ROYALTIES AND LICENSING FI							,		D	

- (A) NAME OF PERSON: HEARTMATH LLC
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
- QI IS THE PARENT COMPANY OF HEARTMATH LLC
- (D) DESCRIPTION OF TRANSACTION: OTHER EXPENSES PURCHASING SERVICES AND 232461 05-01-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

TNSTITUTE OF HEARTMATH

Employer identification number 95-4023617

INSTITUTE OF HEARTMATH	95-4023617
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ission:
STUDENTS, TEACHERS, ADMINISTRATORS, SCHOOL COUNSELORS, AS	WELL AS
NONPROFIT LEADERS, STAFF AND THOSE THEY SERVE, SOCIAL AND	COMMUNITY
SERVICE ORGANIZATIONS, LOCAL GOVERNMENT AGENCIES, MILITAR	Y SERVICE
MEMBERS AND VETERANS AND THEIR FAMILIES.	
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:	
A RESEARCH FUND WAS ESTABLISHED FOR EXPANDING, DISSEMINAT	ING AND
CARRYING OUT IHM'S RESEARCH.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
CHILD-RAISING: HEART-TO-HEART: CONNECTING WITH YOUR CHILD	
2. LAUNCHED A NEW PROGRAM TO TRAIN POLICE, FIREFIGHTERS,	OTHER FIRST
RESPONDERS: THE COHERENCE ADVANTAGE: BUILDING STRESS RESI	LIENCE AND
OPTIMIZING PERFORMANCE.	
3. FIELD TESTED AND REVISED TWO TRAINING PROGRAMS; THE RE	SILIENT
EDUCATOR - SKILLS FOR PERSONAL AND CLASSROOM EFFECTIVENES	S AND THE
RESILIENCE ADVANTAGE - SKILLS FOR PERSONAL AND PROFESSION	IAL
EFFECTIVENESS.	
4. DELIVERED THREE QUALIFIED INSTRUCTOR TRAINING PROGRAMS	S TO 48

CANDIDATES. THE QUALIFIED INSTRUCTOR PROGRAM IS A TRAIN-THE-TRAINER
PROGRAM DESIGNED FOR PROFESSIONAL TRAINERS, EDUCATORS AND CONSULTANTS

TO PROVIDE HEARTMATH SKILLS TO TEACHERS, ADMINISTRATORS AND OTHER

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

11. SOCIAL NETWORK SITES: FACEBOOK: 119,887 FANS, IHM TWITTER: 17,920

232212

10. NUMBER OF ACTIVE MEMBERS: 2,682

Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617
FOLLOWERS, HEARTHMATH MY KIDS!; 31,412 FANS; HEARTMATH FO	R TROOPS
VETERANS AND FAMILIES FACEBOOK: 20,625 FANS, IHM YOUTUBE	2,150
SUBSCRIBERS.	
12. RESILIENT EDUCATOR PROGRAM WAS PROVIDED ONLINE TO 30,	000 TEACHERS
IN SOUTH KOREA.	
	·
ABOUT 811,512 PEOPLE BENEFITED FROM THESE ACTIVITIES.	
	· · · · · · · · · · · · · · · · · · ·
THE EDUCATION SPONSORSHIP FUND IS SUPPORTED SOLELY BY IHM	DONORS AND
MEMBERS. THIS IHM CARING INITIATIVE PROVIDES SCHOLARSHIPS	FOR 1)
HEARTMATH TECHNOLOGY AND PRODUCTS FOR CLASSROOMS, SCHOOLS	, COLLEGES AND
UNIVERSITIES AND 2) PROVIDES TRAININGS AND WORKSHOPS FOR	EDUCATORS,
SCHOOL COUNSELORS, SOCIAL WORKERS, HEALTH CARE PROFESSION	IALS WORKING
WITH LOW-INCOME FAMILIES, STUDENTS WITH EMOTIONAL/BEHAVIO	PRAL
DISABILITIES SUCH AS ADHD, PROGRAMS FOR AT-RISK YOUTH, AC	CADEMIC STRESS
REDUCTION INTERVENTION, NO BULLYING PROJECTS, INCREASING	CONFIDENCE AT
SCHOOL, RAISING TEST SCORES AND IMPROVING OVERALL ACADEMI	C PERFORMANCE.
1. ASSISTED 13,800 STUDENTS AND HUNDREDS OF EDUCATORS.	•
2. AWARDED 18 SPONSORSHIPS FOR A TOTAL OF \$16,368.	
	· · · · · · · · · · · · · · · · · · ·
THE MILITARY SERVICE APPRECIATION FUND IS FUNDED BY DONOR	RS AND MEMBERS
WHO WANT TO SUPPORT OUR MILITARY SERVICE MEN, WOMEN AND I	FAMILIES IN THE
USE OF THE HEARTMATH MATERIALS. IHM'S MILITARY SERVICE AN	PPRECIATION
FUND PROVIDES FREE PROGRAMS, SERVICES AND RESOURCES TO VI	ETERANS AND
MILITARY FAMILIES TO HELP LESSEN MENTAL, EMOTIONAL AND PR 232212 01-04-13 Sche	· · · · · · · · · · · · · · · · · · ·
O 1-04-10	dule O (Form 990 or 990-EZ) (2012)

Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617
SUFFERING AND REINTEGRATION CHALLENGES, PTSD, ANGER MANAG	EMENT AND
MORE. IN ADDITION, SCHOLARSHIPS ARE AWARDED TO MILITARY H	EALTHCARE
PROVIDERS, THERAPISTS AND COUNSELORS WORKING WITH VETERAN	S, DEPLOYED,
DEPLOYING AND RETURNING MILITARY PERSONNEL.	
1. DISTRIBUTED MORE THAN TWO THOUSAND HEARTMATH EDUCATION	AND
RESILIENCE TRAINING (H.E.A.R.T.) PROGRAM DVDS TO SERVICE	MEMBERS,
VETERANS, VA CENTERS AND COLLEGES.	
2. PROVIDED 30 SPONSORSHIPS FOR MATERIALS AND TRAININGS T	O INDIVIDUALS
AND ORGANIZATIONS PROVIDING SERVICES TO PROVIDE HEARTMATH	TOOLS AND
TECHNIQUES TO VETERANS, SERVICE PERSONS AND THEIR FAMILIE	s.
ABOUT 5,968 PEOPLE BENEFIT FROM THE MILITARY SERVICE APPR	ECIATION FUND.
THE DONOR SUPPORTED HEARTMATH FOR COMMUNITIES FUND WAS ES	TABLISHED TO
PROVIDE SCHOLARSHIPS FOR INDIVIDUALS AND NONPROFIT REPRES	SENTATIVES TO
BE TRAINED AND LICENSED TO BECOME HEARTMATH DESTRESS WORK	SHOP QUALIFIED
INSTRUCTORS. ONCE TRAINED, THESE COMMUNITY ADVOCATES AND	NONPROFIT
REPRESENTATIVES OFFER FREE WORKSHOPS TO PEOPLE IN THEIR O	COMMUNITY.
	·
1. THE FUND AWARDED 18 SCHOLARSHIPS TOTALING \$10,741.	
2. AWARDEES TRAINED OVER 11,590 PEOPLE IN THEIR COMMUNITY	ES.
EDUCATION VIA MEDIA AND PUBLIC RELATIONS; AN ESTIMATED 11	9 MILLION WERE
REACHED DIRECTLY AND INDIRECTLY THROUGH PRINT, RADIO, TEL	LEVISION,
DOCUMENTARY MOVIES AND ONLINE MEDIA, AS WELL AS NUMEROUS	REFERENCES IN

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** INSTITUTE OF HEARTMATH 95-4023617 BOOKS BY WELL KNOWN AUTHORS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: A.) RESILIENCE TRAINING PROGRAM REDUCES PHYSIOLOGICAL AND PSYCHOLOGICAL STRESS IN POLICE OFFICERS, ROLLIN MCCRATY, PHD, UNITED STATES; MIKE ATKINSON, UNITED STATES. CITATION: GLOB ADV HEALTH MED. 2012;1(5):42-64. B.) BASIC RESEARCH: PSYCHOPHYSIOLOGY, HEART-BRAIN INTERACTIONS AND COHERENCE. THE GLOBAL COHERENCE INITIATIVE: CREATING A COHERENT PLANETARY STANDING WAVE ROLLIN MCCARTY, PHD; ANNETTE DEYHLE, PHD AND DOC CHILDRE, GLOBAL ADVANCES IN HEALTH AND MEDICINE 2012; 1(1):64-77 2. INDEPENDENT RESEARCH STUDIES A.) HRV STUDY OF SAUDI ARABIAN WOMEN. THIS HRV STUDY KEPT TRACK OF THE HRV OF 16 WOMEN WORKING AT THE PRINCE SULTAN CARDIAC CENTER IN HOFUF, A CITY IN THE COUNTRY'S EASTERN PROVINCE. THE STUDY WAS CONDUCTED UNDER THE DIRECTION OF DR. ABDULLAH AL ABDULGADER, THE CENTER'S DIRECTOR AND A RESPECTED CARDIOLOGIST WHO HAS BEEN ASSOCIATED WITH THE GLOBAL COHERENCE INITIATIVE AND DR. MCCRATY FOR SEVERAL YEARS. B.) NONLOCAL INTUITION IN REPEAT ENTREPRENEURS: A REPLICATION AND CO-SUBJECT EFFECTS USING ELECTROPHYSIOLOGICAL MEASURES, SAEED REZAEI: MARYAM MIRZAEI: MOHAMAD ZALI: FACULTY OF ENTREPRENEURSHIP, UNIVERSITY OF TEHRAN, TEHRAN, IRAN, RAYMOND BRADLEY: CENTER FOR ADVANCED RESEARCH, NEURON DYNAMICS, APPLETON, UNITED STATES OF AMERICA.

INSTITUTE OF HEARTMATH

Employer identification number 95-4023617

- C.) A PILOT STUDY OF HEART RATE VARIABILITY BIOFEEDBACK THERAPY IN THE

 TREATMENT OF PERINATAL DEPRESSION ON A SPECIALIZED PERINATAL PSYCHIATRY

 INPATIENT UNIT, A. JENNA BECKHAM & TAMMY B. GREENE & SAMANTHA

 MELTZER-BRODY.
- D.) A PILOT STUDY OF THE EFFECT OF ZIKIR ON THE PERFORMANCE PSYCHOLOGY

 USING HEART RATE VARIABILITY (HRV), MOHD ROZALI SENIK AND MUHAMMAD

 NUBLI ABDUL WAHAB CENTRE FOR MODERN LANGUAGE & HUMAN SCIENCES

 UNIVERSITY MALAYSIA PAHANG, LEBUHRAYATUNRAZAK, GAMBANG PAHANG,

 MALAYSIA.
- E.) THE INVESTIGATION OF VISUAL ATTENTION AND WORKLOAD BY EXPERTS AND NOVICES IN THE COCKPIT, WEN-CHIN LI1, 1 AIR TRANSPORT DEPARTMENT,

 CRANFIELD UNIVERSITY, UNITED KINGDOM FA-CHUNG CHIU, YING-SHINKUO,

 KA-JAY WU, 44 PSYCHOLOGY DEPARTMENT, NATIONAL DEFENSE UNIVERSITY,

 BEITOU DISTRICT, TAIPEI CITY 112, TAIWAN.
- F.) PARTICIPATED IN A STUDY AT A NAVY SCHOOL FOR INDEPENDENT DUTY

 CORPSMEN TO ASSESS RESILIENCE, SLEEP, STRESS AND GRADES.
- 3. PUBLISHED RESEARCH STUDIES IN 2012:
- A.) PSYCHOPHYSIOLOGY, HEART-BRAIN INTERACTIONS AND COHERENCE, THE

 GLOBAL COHERENCE INITIATIVE: CREATING A COHERENT PLANETARY STANDING

 WAVE, ROLLIN MCCRATY, PHD; ANNETTE DEYHLE, PHD AND DOC CHILDRE. GLOBAL

 ADVANCES IN HEALTH AND MEDICINE 2012; 1(1):64-77

05024581

INSTITUTE OF HEARTMATH

Employer identification number 95-4023617

- B.) BIOFEEDBACK AND COUNSELING FOR STRESS AND ANXIETY AMONG COLLEGE
 STUDENTS, PAUL RATANASIRIPONG, KEVIN SVERDUK, JUDY PRINCE, DIANE
 HAYASHINO. JOURNAL OF COLLEGE STUDENT DEVELOPMENT, VOLUME 53, NUMBER 5,
 SEPTEMBER/OCTOBER 2012, Pp. 742-749 (ARTICLE). PUBLISHED BY THE JOHN
 HOPKINS UNIVERSITY PRESS.
- C.) BIOFEEDBACK INTERVENTION FOR STRESS AND ANXIETY AMONG NURSING

 STUDENTS: A RANDOMIZED CONTROLLED TRIAL, PAUL RATANASIRIPONG,

 DEPARTMENT OF ADVANCED STUDIES IN EDUCATION AND COUNSELING, CALIFORNIA

 STATE UNIVERSITY, LONG BEACH, USA, NOP RATANASIRIPONG, STUDENT HEALTH

 SERVICES, CALIFORNIA STATE UNIVERSITY, LONG BEACH, CA AND DUANGRAT

 KATHALAE, DEPARTMENT OF NURSING, BOROMARAJONANI COLLEGE OF NURSING,

 NAKHORNRATCHASIMA 30000, THAILAND. ACADEMIC EDITORS: F.H. CHOU AND N.E.

 ERVIN.
- D.) COHERENCE: A NOVEL NONPHARMACOLOGICAL MODALITY FOR LOWERING BLOOD

 PRESSURE IN HYPERTENSIVE PATIENTS, ABDULLAH A. ALABDULGADER, DCH, MRCP,

 ABP, FRCP. CITATION: GLOBAL ADV HEALTH MED. 2012;1(2):54-62.
- E.) DRUG ADDICTION STUDENTS AND HEART RATE VARIABILITY BIOFEEDBACK: A

 STUDY ON SOLAT EFFECT URME BINTE SALAM AND MUHAMMAD NUBLI ABDUL WAHAB,

 FACULTY OF HUMANITIES TECHNOLOGY, UNIVERSITY MALAYSIA PAHANG, LEBUHRAYA

 TUN RAZAK, 26300, GAMBANG, KUANTAN, PAHANG, MALAYSIA.
- F.) TREATMENT OF ANXIETY AND STRESS WITH BIOFEEDBACK CHRISTINE DUNSTER,

 RN, MA, ST CAMILLUS CARE AND REHABILITATION CENTER, STAMFORD,

 CONNECTICUT, U.S.A. CITATION: GLOBAL ADV HEALTH MED. 2012;1(4):76-83.

05024581

232212 01-04-13

Employer identification number 95-4023617

8. PRESENTED OVER 44 TELESUMMITS, KEYNOTES AND LECTURES AT NUMEROUS CONFERENCES AND EVENTS AROUND THE WORLD.

ABOUT 243,879 PEOPLE BENEFITED FROM THE GLOBAL COHERENCE INITIATIVE.

OUTREACH VIA MEDIA/PUBLIC RELATIONS FOR THE GLOBAL COHERENCE INITIATIVE

IS LISTED SEPARATELY TO DISTINGUISH THE NATURE OF THE SERVICE PROVIDED

FOR THE NUMBER SERVED. IN 2012, AN ESTIMATED 4.8 MILLION WERE REACH

DIRECTLY AND INDIRECTLY THROUGH PRINT, RADIO, TELEVISION, DOCUMENTARY

MOVIES AND ONLINE MEDIA, AS WELL AS REFERENCES IN BOOKS BY WELL KNOWN

AUTHORS.

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

THE INSTITUTE OF HEARTMATH EXPANDED IT'S 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.

ABOUT 410,000 INDIVIDUALS BENEFITED FROM THE INSTITUTES EXPANDED OUTREACH PROGRAM.

EXPENSES \$ 6,000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 305,253.

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 DECIDES THERE IS TO BE A CHANGE IN SALARIES/WAGES, THE BOARD 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, THEN ADVANCE PAYMENT OF A COPY FEE OF \$.20 USD

PER PAGE IS REQUIRED PLUS ACTUAL POSTAGE AND VALID POSTAL ADDRESS(IF

MAILING THE DOCUMENTS). INDIVIDUALS MAY VIEW THE DOCUMENTS ONSITE DURING

OFFICE HOURS BARRING UNUSUAL CIRCUMSTANCES. REQUESTS ARE FULFILLED WITHIN 2

WEEKS OF RECEIPT OF THE REQUEST OR PAYMENT OF REQUIRED FEES(IF APPLICABLE),

AND THE INFORMATION REQUIRED TO FULFILL THE REQUEST. ADDITIONAL CHARGES

AND/OR TIME MAY BE ADDED FOR REQUESTS FOR NON-STANDARD DOCUMENTS THAT INCUR

ADDITIONAL RETRIEVAL COSTS FOR THE ORGANIZATION.

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	354,563.
MANAGEMENT AND GENERAL EXPENSES	1,339.
FUNDRAISING EXPENSES	29,178.
TOTAL EXPENSES	385,080.
COMMISSIONS:	
PROGRAM SERVICE EXPENSES	8,486.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,486.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	393,566.
FORM 990 PART IX COLUMN C	
STATEMENT OF FUNCTIONAL EXPENSE - MANAGEMENT AND GENERAL	
\$197,166 OF THE \$239,319 MANAGEMENT AND GENERAL EXPENSES	S ARE INDIRECT
COSTS. INDIRECT COSTS ARE EXPENSES SHARED BY THE ENTIRE	ORGANIZATION,
SUCH AS: EXPENSES FOR MANAGERIAL, FACILITIES AND CLERICA	AL STAFF
POSITIONS THAT SERVE THE WHOLE ORGANIZATION, CONTRIBUTING	NG TO PROGRAM
ACTIVITIES AS WELL AS SUPPORT ACTIVITIES. MANY NONPROFIT	IS ALLOCATE
INDIRECT COSTS TO PROGRAMS SO THEIR MANAGEMENT AND GENER	RAL EXPENSES
APPEAR LOWER. IF WE ALLOCATED THE \$197,166 INDIRECT COST	rs, THEN \$22,341
WOULD GO TO MANAGEMENT AND GENERAL AND FUNDRAISING AND	\$174,825 WOULD
GO TO PROGRAMS, MAKING OUR TOTAL SUPPORT EXPENSE \$180,79	90 OR 10% AND
PROGRAMS \$1,643,159 OR 90% OF TOTAL EXPENSES.	

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization INSTITUTE OF HEARTMATH	Employer identification number 95-4023617
FORM 990 PART IX LINE 13	
STATMENT OF FUNCTIONAL EXPENSES - OFFICE EXPENSE	
OFFICE EXPENSE INCLUDES TELEPHONE, SUPPLIES, PRIN	TING, AND POSTAGE
EXPENSES WHICH ARE LARGELY USED FOR PROGRAM ACTIV	ITIES, NOT OUR
OFFICES.	
	,
•	
·	

Asset No.	Description	Date Acquired	Method	Life	No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
r.	BHILDINGS	VARTES		000.	16	1093000.			1093000.	575,544.		36,371.
)	* 990 PAGE 10 TOTAL BUILDINGS					1093000.		0	1093000.	575,544.	0	36,371.
	FURNITURE &											
4	FIALURES FURNITURE & FIXTURES	VARIES	•	000.	16	76,515.			76,515.	51,227.		2,613.
o,	9EOUI PMENT	VARIES		000*	16	93,695.			93,695.	72,467.		7,660.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR MACHINERY &					170,210.		0	210	123,694.	0	10,273.
2	SEQUIPMENT	VARIES	·	000.	16	239,228.			239,228.	129,745.		7,745.
မ	OMPUTERS	VARIES	•	000.	16	74,527.			74,527.	52,833.		7,713.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM TRANSPORTATION					313,755.		0.	313,755.	182,578.	0	15,458.
0	EQUIPMENT	77 D T E		000	16	125 040			125.040.	110.103.		8.436.
o	* 990 PAGE 10 TOTAL TRANSPORTATION EQU	GHT WAY	•	**********	· · · · ·	1 (A)		0.	5,040	-	.0	,436
	LAND											
H	LAND * 990 PAGE 10 TOTAL	VARIES	*	000.	9	191,645.			191,645.			0.
						191,645.		0	191,645.	0.	0	.0
	OTHER											
228102						. :		!		(

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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2012 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

066

Current Year Deduction	0.	7,150.	2,313.	583.	0	4,167.	14,213.	84,751.						
							•							
Current Sec 179														
Accumulated Depreciation		64,947.	386.	917.	17,274.		83,524.	1075443.						
Basis For Depreciation	455,330.	135,121.	11,567.	1,500.	17,274.	50,000.	670,792.	2564442.				-		
* Reduction In Basis							•0	0.						
Bus % Excl														
Unadjusted Cost Or Basis	455,330.	135,121.	11,567.	1,500.	17,274.	50,000.	670,792.	2564442.						
No.	16	16	43	44 W	43	42								
Life	000.	000.	М09	36м	М09	36M								
Method			161	161	161									
Date Acquired	VARIES	VARIES	102711461	031510461	110707461	100112461								
Description	CONSTRUCTION IN 2PROCESS	TLAND IMPROVEMENT	12MORTGAGE LOAN FEE	13MORTGAGE LOAN FEE	14MORTGAGE LOAN FEE	RESEARCH VIDEO	* 990 PAGE 10 TOTAL OTHER	* GRAND TOTAL 990 PAGE 10 DEPR & AMOR						
Asset No.	2	7	12	13	14	15								

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Attachment Sequence No. 179

OMB.No. 1545-0172

Business or activity to which this form relates

990

Identifying number

INSTITUTE OF HEARTMA	TH.	FOR	M 990 P.	AGE 10		95-4023617
Part I Election To Expense Certain Pro	perty Under Section 17				/ before y	
1 Maximum amount (see instructions)						500,000.
2 Total cost of section 179 property p						
3 Threshold cost of section 179 prope						2,000,000.
4 Reduction in limitation. Subtract line						
5 Dollar limitation for tax year. Subtract line 4 from						
6 (a) Description of		(b) Cost (busin		(c) Elected		
	-					
	-					
7 Listed property. Enter the amount fr	rom line 29	***************************************	7			
8 Total elected cost of section 179 pr						
9 Tentative deduction. Enter the small	ller of line 5 or line 8 .				9	
10 Carryover of disallowed deduction f						
11 Business income limitation. Enter th	e smaller of business	income (not less than ze	ro) or line 5		11	
12 Section 179 expense deduction. Ad	ld lines 9 and 10, but	do not enter more than li	ne 11		12	
13 Carryover of disallowed deduction t			🖊 13			
Note: Do not use Part II or Part III below						
Part II Special Depreciation Allo	wance and Other De	preciation (Do not inclu	de listed prope	erty.)		
14 Special depreciation allowance for o	qualified property (oth	er than listed property) pl	laced in service	e during		
the tax year					14	
15 Property subject to section 168(f)(1)					15	
16 Other depreciation (including ACRS				· · · · · · · · · · · · · · · · · · ·	16	77,688.
Part III MACRS Depreciation (Do	not include listed pro	perty.) (See instructions	.)			
		Section A			,	
17 MACRS deductions for assets place	ed in service in tax ye	ars beginning before 201	2	· · · · · · · · · · · · · · · · · · ·	17	
18 If you are electing to group any assets placed in]	
Section B - Ass		During 2012 Tax Year	Using the Ger	eral Deprecia	tion Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	· MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
				MM	S/L	
	ts Placed in Service	During 2012 Tax Year U	sing the Alter	native Deprec	iation Sy	stem
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year		· · · · · · · · · · · · · · · · · · ·	40 yrs.	MM	S/L	
Part IV Summary (See instruction						
21 Listed property. Enter amount from			•••••		21	
22 Total. Add amounts from line 12, lin						
Enter here and on the appropriate li			ations - see inst	r	22	77,688.
23 For assets shown above and place						
portion of the basis attributable to s 216251 12-28-12 LHA For Paperwork Reduc		separate instructions.	23			Form 4562 (2012)

Form 4562 (2012)

Part V

Listed Property (Include automobiles, certain other vehicles, 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)

		on and Other In							**********				1	
24a Do you have evidence to s			use cia	imed?	Ye		_l No	24b If "Y					│ Yes ∟	N
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) Cost or er basis		(e) s for depre iness/inve use only	stment	(f) Recovery period	(9 Meth Conve	od/	(t Depred dedu	ciation	Elec section co	n 179
25 Special depreciation allo	wance for q	ualified listed pr	operty	placed	n servic	e during	the t	ax year an	d					
used more than 50% in										25				
26 Property used more tha														
	<u> </u>	%												
	i i i .	%												
	<u> </u>	%												
27 Property used 50% or le	ess in a quali	fied business us	se:											
	<u> </u>	%							S/L -					
		%							S/L-					
	<u> </u>	%							S/L-					
28 Add amounts in column	(h), lines 25	through 27. Ent	er here	and on	line 21,	page 1				28				
29 Add amounts in column	ı (i), line 26. E	nter here and o	n line 7	, page 1								29		
	Total business/investment miles driven during the		(a Veh	-		o) iicle	· \	(c) /ehicle	(d Vehi		(e Veh	-	(f) Vehicle	
year (do not include commuting miles)			Ven	icie	vei	licie	\ \ \	/enicle	y GITICIE		Vehicle		Vehicle	
31 Total commuting miles														-
32 Total other personal (no driven	ncommuting) miles												
33 Total miles driven during Add lines 30 through 32	g the year.													
34 Was the vehicle availabduring off-duty hours?	le for person	ıal use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used p than 5% owner or relate	rimarily by a	more												
36 Is another vehicle availa	able for perso	onal												
		- Questions for	r Empl	overs W	ho Pro	vide Vel	nicles	for Use b	v Their F	mnlove			<u> </u>	
Answer these questions to owners or related persons.												e not n	ore than	5%
37 Do you maintain a writte employees?											r		Yes	N
38 Do you maintain a writte						· · · · · · · · · · · · ·					· · · · · · · · · · · · · · ·			
employees? See the ins						ehicles,	excep	ot commut	ting, by yo	our				

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
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?		
		Access and the second	*************

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

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 you	ır 2012 tax year:					
RESEARCH VIDEO	100112	50,000.	461	36M	-	4,167.
43 Amortization of costs that began before you	ır 2012 tax year	***************************************			43	2,896.
44 Total. Add amounts in column (f). See the in	structions for whe	re to report	·····		44	7,063.

216252 12-28-12