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# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

2009

Open to Public Inspection

			r, or tax year beginning 07-01-2009				dentification number				
Check if a	• •	Please	C Name of organization Seva Foundation								
Address ch	_	use IRS label or	Doing Business As			38-22312 E Telephone					
Name cha —	_	print or type. See				(510) 845	:_7382				
Inıtıal retu —		Specific Instruc-	Number and street (or P O box if mail is 1786 Fifth Street	not delivered to street addre	ess) Room/suite		ts \$ 3,299,170				
Terminate	d	tions.	1700 FIItii Sueet								
Amended	return		City or town, state or country, and ZIP + Berkeley, CA 94710	4							
Application	n pending		,,								
			ne and address of principal officer		H(a) Is th	• Is a group retu					
		JA C K B 1786 F	LANKS Ifth Street		affilia	tes?	⊤Yes ▼ No				
		Berkele	y,CA 94710		H(b) Are al	l affiliates inclu	uded?				
				_	If"N	o," attach a lis	st (see instructions)				
Tax-exem	npt status	<b>✓</b> 501(c)	(3) ◀ (insert no )	527	H(c) Grou	ıp exemptıon ı	number 🟲				
Website	e: 🟲 wwv	v seva org									
Form of org	ganızatıon	Corporat	ion		<b>L</b> Year of fo	rmation 1978	<b>M</b> State of legal domicile CA				
Part I	Sumr	nary									
3 4	equipme for the li- partners disease Check t Number Number Total nu	ent to local ocal progra s with Nativ prevention  his box  of voting n of indepen	desh, PAKISTAN, Guatemala and Tally run programs whose purpose is to ims to become self-sustaining and page American grassroot organizations by strengthening and recovering and recovering and recovering and rembers of the governing body (Particle of the	o restore sight and prevents or	ent blindness are to local res to increase he	The goal is customers. In the salthy commun.  25% of its ne	Iltural preservation and USA, the Foundation nities and address				
			ted business revenue from Part VII:				7a (				
	_		ness taxable income from Form 990		-		<b>7b</b> (				
					Prio	r Year	Current Year				
8	Contrib	outions and	grants (Part VIII, line 1h)			3,398,900	3,112,381				
를 <b>9</b>	Progra	m service i	revenue (Part VIII, line 2g)				0				
9 10 11 11 11 11 11 11 11 11 11 11 11 11	Invest	ment incon	ne (Part VIII, column (A), lines 3, 4	, and 7d)		-584,688	-85				
<sup>II</sup> 11		· ·	art VIII, column (A), lines 5, 6d, 8c			174,741	113,225				
12			id lines 8 through 11 (must equal P	e	2,988,953	3,225,521					
13			r amounts paid (Part IX, column (A			383,170	456,312				
14			F ( (	•		/	,				
15		s paid to o	r for members (Part IX, column (A),	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-							
10	Salarıe		r for members (Part IX, column (A), impensation, employee benefits (Pa		5 –		0				
8	10)	s, other co	mpensation, employee benefits (Pa	rt IX, column (A), lines	5-	1,971,397	1,160,932				
9 16a	10) Profes:	s, other co	mpensation, employee benefits (Pa	rt IX, column (A), lines	5 -	1,971,397	1,160,932				
65   16a   1	10) Profes: Total fur	es, other co sional fund ndraising expe	raising fees (Part IX, column (A), lirenses (Part IX, column (A))	rt IX, column (A), lines ! ne 11e)		12,000	30,078				
Sec	10) Profess Total fur	es, other co sional fund ndraising expe expenses (	raising fees (Part IX, column (A), lir enses (Part IX, column (A) benses (Part IX, column (D), line 25) • 374,3 Part IX, column (A), lines 11a-11d	rt IX, column (A), lines ! ne 11e) 304 , 11f-24f)		12,000	30,078 1,228,947				
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16a b 17 18 19	10) Profess Total fur Other	es, other co sional fund indraising expo expenses ( expenses A	raising fees (Part IX, column (A), lir enses (Part IX, column (A), line 25) *374,3 Part IX, column (A), lines 11a-11d Add lines 13-17 (must equal Part I	rt IX, column (A), lines : ne 11e) 304 , 11f-24f) X, column (A), line 25)	Beginnin	12,000 1,732,429 4,098,996	1,228,947 2,876,269				
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#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Foundation's primary mission is to alleviate suffering caused by disease and poverty by building partnerships that respond to locally defined health problems with culturally sustainable solutions

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									
	If "Yes," describe these new services on Schedule O									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?									
	If "Yes," describe t	hese changes on Sched	ule O							
4	Section 501(c)(3)		ions and section	4947(a)(1) trusts are	rgest program services by ex required to report the amour rvice reported					
	(Code	) (Expenses \$	1,033,040	ıncludıng grants of \$	233,587 ) (Revenue \$	)				
		helped restore sight and prev ania, Bangladesh, Guatemala			nology, training and equipment to k	ocally run programs in				
4b	(Code	) (Expenses \$	372,947	ıncludıng grants of \$	) (Revenue \$	)				
	Seva Foundation prov	ides educational materials su	ch as newsletters an	d literature as part of its de	velopment education					
4c	(Code	) (Expenses \$	531,043	including grants of \$	187,725 ) (Revenue \$	)				
	institutions around the		s development of be	est practices that increase e	Working with major eye care orga ye care services and their sustainab					
	Other program se	rvices (Describe in Sch	edule O ) <b>See al</b> s	so Additional Data for	Description					
	(Expenses \$	182,806 inc	luding grants of	\$ 45,00	00 ) (Revenue \$	)				
4e	Total program ser	vice expenses►\$	2,119,836							

Part TV	Chec	klist of	Require	d Sche	dules
	CIICC	NIISL UI	Require:	u Schie	Juuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form	990 (2009)					Page !
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	е				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable					
		1a	22	2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	27	,		
b	If at least one is reported on line 2a, did the organization file all required federal emp <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule	0	3Ь		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities ac account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CB, NP, CH					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, I Financial Accounts	Repor	t of Foreign Bank and	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sl	nelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?	xemp	t Entity Regarding	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a navment in excess of \$75 made partly as a contributi	ıon an	d partly for goods and	7a	Yes	

1786 Fifth Street Berkeley, CA 94710 (510) 845-7382

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

Sa	ection A. Governing Body and Management			
36	ction A. Governing body and Management		Yes	No
			165	140
1a	Enter the number of voting members of the governing body   1a   15			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a		No
ь	governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	75		110
	year by the following		V	
a	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed 🗠 CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	Deborah Moses			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did i	not compen	ffice	r, dırector, trustee	or key employee						
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		<b>(D)</b> Reportable compensation from the	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

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<b>1</b> b	Total	0		6,84		
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0					
			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual					
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4		Νο		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person					
_ <u>s</u>	ection B. Independent Contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization					
	(A) Name and business address (B) Description of services		(C) Compen			
1100	KES BAY D LARKSPUR LANDING CIRCLE SUITE KSPUR, CA 94939  CATALOG PRINT PROD , RENTA MAIL LIST CO	L		222,851		
		$\dashv$				
		丰				
	Total number of independent contractors (including but not limited to those listed above) who received more than	$\dashv$				

Form **990** (2009)

\$100,000 in compensation from the organization 🗗

Form 99			( David and )					Page <b>9</b>
	<b>/</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts Lis	1a	Federated cam	paigns 1a					
er E	ь	Membership du	es 1b					
∰.	C	Fundraising eve	ents 1c					
<u>∓</u> =	d		ations 1d					
έŒ	e	Government grants						
uatio er:	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	2,809,262				
音色	g	6	butions included in					
Contributions, gifts, grants and other similar amounts	h	· <del>-</del>	,074  s 1a-1f	▶	3,112,381			
<u>O @</u>		Total. Add filles	, id-11		3,112,331			
Ee	2a			Business Code				
еме	ь							
or GE	°							
¥.	d	_						
Ä	e							
Jran	f	All other progra	ım service revenue					
Program Service Revenue								
	g 3		ome (including dividen					
			ar amounts)		3,237			3,237
	4		tment of tax-exempt bond					
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents		900				
	Ь	Less rental expenses						
	C	Rental income or (loss)		900				
	d	Net rental inco	me or (loss)		900	900		
	7a	Gross amount	(ı) Securities	(II) O ther				
	' "	from sales of assets other						
	١.	than inventory		2 222				
	Ь	Less cost or other basis and		3,322				
	c c	sales expenses Gaın or (loss)		-3,322				
	d	Net gaın or (los	s)		-3,322	-3,322		
e E	8a	Gross income f events (not inc \$	_					
Other Revenue		of contributions	reported on line 1c)					
æ		See Part IV, lin	e 18 a	116,687				
ъ Н	ь	Less directex	penses <b>b</b>	70,327				
ŏ	c	Net income or (	(loss) from fundraising		46,360			46,360
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo	unventory, less owances .					
	ь	Less cost of a	a oods sold b					
	c	_	(loss) from sales of inve	entory ►				
		Miscellaneous		Business Code				
	11a	other income		900,099	35,965			35,965
	ь	Management S	ervice Inc	541,200	30,000	30,000		
	С							
	d	All other reven						
	e	Total. Add lines	s 11a-11d		65,965			
	12	Total revenue.	See Instructions	▶	3,225,521	27,578	0	85,562

Form	990 (2009)				Page <b>10</b>
Par	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,		(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	232,725		успена ехрепосо	САРСИВСЬ
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	·		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	223,587	223,587		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	211,326	99,066	50,615	61,645
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	211,320	33,000	30,013	02,013
7	Other salaries and wages	720,795	598,791	65,088	56,916
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				<u> </u>
9	Other employee benefits	166,995	88,269	64,273	14,453
10	Payroll taxes	61,816	32,674	23,792	5,350
11	Fees for services (non-employees)				
а	Management				
b	Legal				_
С	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17	30,078			30,078
f	Investment management fees				
g	Other	55,989		55,989	
12	Advertising and promotion	309		309	
13	Office expenses	14,316	2,738	1,355	10,223
14	Information technology				
15	Royalties				
16	Occupancy	102,431	42,113	27,228	33,090
17	Travel	112,687	111,847	182	658
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,075		31,075	
23	Insurance	12,565	4,712	3,363	4,490
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Gift of Services	255,052	226,683		28,369
b	Program Equipment	163,487	163,487		
c	Community Outreach	106,273	106,273		
d	Year End Appeal	46,297			46,297
е	Eye Camps	42,563	42,563		
f	All other expenses	285,903	144,308	58,860	82,735
25	Total functional expenses. Add lines 1 through 24f	2,876,269	2,119,836	382,129	374,304
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,315,715	1	1,505,642
	2	Savings and temporary cash investments	751,481	2	587,096
	3	Pledges and grants receivable, net	679,226	3	820,399
	4	Accounts receivable, net	892	4	2,091
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees  Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
8	8	Inventories for sale or use	1,634	8	2,924
⋖	9	Prepaid expenses and deferred charges	22,644	9	49,150
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D  155,10	7		
	ь	Less accumulated depreciation 10b 142,14	47,360	10c	12,963
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	410,053	15	58,675
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,229,005	16	3,038,940
	17	Accounts payable and accrued expenses .	511,033	17	117,715
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>.</u>	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,018,436	25	892,998
	26	Total liabilities. Add lines 17 through 25	1,529,469	26	1,010,713
ري داد		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27			
ĕ		through 29, and lines 33 and 34.	140 200		944 627
Fund Balance	27	Unrestricted net assets	440,396		841,637
<u> </u>	28	Temporarily restricted net assets	1,239,140		1,166,590
ĭ	29	Permanently restricted net assets	20,000	29	20,000
Ţ		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
o.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
S S	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net 4	33	Total net assets or fund balances	1,699,536		2,028,227
ž	34	Total liabilities and net assets/fund balances	3,229,005		3,038,940
. ——		otal napincies and net assets/falla palances	5,229,005	34	5,050,540

#### Part XI Financial Statements and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo		
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both					
	Separate basis Consolidated basis Both consolidated and separated basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				

Form **990** (2009)

OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

h

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

**Public Charity Status and Public Support** 

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

Inspection

Name of the organization Seva Foundation

Employer identification number

38-2231279 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 section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 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 Type III - Other Type I **b** Type II 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the 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? 11g(iii)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v)  Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
	ıı		Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

# Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5, 7	/, or 8 of Part I	.)			
	ection A. Public Support	1		Г	Т		——	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 20	09	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	4,966,24	8 4,543,920	4,031,460	3,398,900	3,	,112,381	20,052,909
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	4,966,24	8 4,543,920	4,031,460	3,398,900	3,	,112,381	20,052,909
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							
6	(f) <b>Public Support.</b> Subtract line 5 from line 4							20,052,909
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	09	<b>(f)</b> Total
7	A mounts from line 4	4,966,248	104,567	4,031,460	3,398,900	3,	112,381	20,052,909
8	Gross income from interest,					<u> </u>		
	dividends, payments received on securities loans, rents, royalties and income from similar sources	36,756	104,567	85,273	41,822		3,237	271,655
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets				20,666		109,903	130,569
11	Total support (Add lines 7 through 10)							20,455,133
12	Gross receipts from related activiti	ies, etc (See ins	tructions )			12		128,445
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	ifth tax year as a !	501(c)(3	) organız	eation, ▶☐
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200			11 column (fl)		14		98 030 %
- · 15	Public Support Percentage for 200	•						
	33 1/3% support test—2009. If the	•	•	on line 13 and l	ina 14 is 33 1/20%	or more	check +	98 310 % his hox
b	and <b>stop here.</b> The organization qua <b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organizatio	alifies as a public e organization did n qualifies as a p	ly supported orga not check the box ublicly supported	nızatıon k on line 13 or 16 organızatıon	a, and line 15 is 3	3 3 1/3% (	or more, (	<b>►</b>  ✓
ı/a	10%-facts-and-circumstances test is 10% or more, and if the organiza in Part IV how the organization med organization	tion meets the "f	acts and circumst	ances" test, chec	ck this box and <b>st</b>	op here.	Explain	ed
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the organ	nızatıon meets th	e "facts and cırcu	mstances" test, o	heck this box and	stop he	re.	·
18	Explain in Part IV how the organiza supported organization <b>Private Foundation</b> If the organizat							<b>▶</b> □
	instructions							<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID: Software Version:

**EIN:** 38-2231279

Name: Seva Foundation

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

prevention by strengthening and recovering ancestral food practices

4d. Other program services										
(Code	) (Expenses \$	182,806	ıncludıng grants	of \$ 45,000	) (Revenue \$	)				
In East Asia, the S	Seva Foundation creates a replic	able model fo	or managing CMV	Retinitis at the primary	care level by making i	t easy for				
primary care docto	ors to examine and diagnose the	eyes of their	aids patients. Se	va Foundation's Native	American projects hav	e focused on				
community-based	projects with grassroot organiza	tions to build	their capacity to	increase healthy comm	nunities and address di	sease				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours		(( tion ( hat a	(che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Michael Bird Board Member	1 00	X						0	0	0
Wavy Gravy Board Member	1 00	X						0	0	0
David Green Board Member	1 00	X						0	0	0
Gary Hahn Board Member	1 00	X						0	0	0
T Stephen Jones Board Member	1 00	X						0	0	0
Mıchael Lemle Board Member	1 00	X						0	0	0
Steve Miller Board Member	1 00	X						0	0	0
Sandra Nathan Board Member	1 00	X						0	0	0
Marına Rıfkın Board Member	1 00	X						0	0	0
Jahanara Romney Board Member	1 00	X						0	0	0
Maura Santangelo Board Chaır	1 00	X						0	0	0
Marty Spencer Board Member	1 00	X						0	0	0
Dr M Srinivasan Board Member	1 00	X						0	0	0
Ken Wilson Board Member	1 00	X						0	0	0
Mariano Yee Board Member	1 00	X						0	0	0
JONATHAN BRILLIANT Board Member	1 00	X						0	0	0
LISA LAIRD Board Member	1 00	X						0	0	0
MICHEL MAURER BOARD MEmber	1 00	Χ						0	0	0
PENNY LYONS EX OFFICE ED SEVA CANADA	1 00	X						0	0	0
Deborah Moses DEPUTY ED & FIN DIRECTO	40 00			Х				91,512	0	6,847
JACK BLANKS Executive Director	40 00			Х				29,649	0	0

#### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Gift of Services	255,052	226,683		28,369
Program Equipment	163,487	163,487		
Community Outreach	106,273	106,273		
Year End Appeal	46,297			46,297
Eye Camps	42,563	42,563		

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As Filed Data

DLN: 93493348012060

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization Seva Foundation 38-2231279 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during

- the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**▶** \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

☐ Yes

<u>Part</u>	1111 Organizat	<u>ions Maintaining Co</u>	ollections of Art	, His	<u>tori</u>	<u>cal Tr</u>	easur	es, or C	)the	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organizat	non's accession and othe at apply)	r records, check an	y of th	e foll	owing t	hat are	a sıgnıfıca	ant u	se of its col	lection	า	
а	Public exhibition	on		d	Γ	Loan	orexch	ange progi	rams				
b	Scholarly resea	arch		e	$\Gamma$	Other							
c	Preservation fo	or future generations											
4	Provide a description	on of the organization's c	ollections and expla	ın hov	v the y	/ furthe	r the or	ganızatıor	n's ex	empt purpo	se in		
5		the organization solicitoralse funds rather than								ıılar	Г	Yes	Г No
Par		r <b>ow and Custodial</b> e 9, or reported an ar						nization a	insw	ered "Yes'	' to Fo	orm 99	90,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?												
b	If "Yes," explain wh	y in Part XIV and comple	ete the following tab	le				_					
								_			A mou	ınt	
c	Beginning balance								1c				
d	Additions during th	e year							1d				
е	Distributions during	g the year							1e				
f	Ending balance								<b>1</b> f				
2a	Did the organization	n include an amount on F	orm 990, Part X, lın	e 21?							$\vdash$	Yes	∏ No
b	If "Yes," explain the	e arrangement in Part XI\	J										
Par	rt V Endowme	<b>nt Funds.</b> Complete											
_			(a)Current Year	(b)	Prior Y	/ear	(c)Two	Years Back	(d)	Three Years Ba	ack (e	)Four Ye	ars Back
1a	Beginning of year b	alance	753,484										
Ь	Contributions .		11.555						+				
<b>c</b>	Investment earning		-11,656										
d	Grants or scholarsh	•											
е	Other expenditures and programs .												
f	Administrative exp		-150,000										
g	End of year balance		591,828										
2	Provide the estimat	ed percentage of the yea	ar end balance held a	as									
а		r quasi-endowment 🕨	96 620 %										
ь	Permanent endowm												
c 3a	Term endowment Are there endowme	• nt funds not in the posse	ssion of the organiz	ation t	hat a	re held	and ad	ministere	d for	the			
	organization by	ne ranas not in the posse	Solon of the organiz	4011			ana aa		u 101			Yes	No
	(i) unrelated organi	zations								[	3a(i)		Νο
	• •	ations								[	3a(ii)		Νο
		re the related organizatio	•						•	[	3b		
4		V the intended uses of th											
Par	t VI Investme	nts—Land, Building	s, and Equipme	nt. S				l '		1		Ι	
	Descript	ion of investment				a) Cost o sis (inves		(b)Cost or basis (oth		(c) Deprec	ation	( <b>d</b> ) Bo	ok value
<b>1</b> a L	and			•									
b E	Buildings			•									
c L	_easehold ımprovem	ents					47,104				37,081		10,023
d E	Equipment						108,003			1	05,063		2,940
e	Other		<u> </u>										

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		4.2
Part VIII Investments—Program Related. Se	· · · · · · · · · · · · · · · · · · ·	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, I	ine 15.	
(a) Descr	ıptıon	( <b>b)</b> Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part		
(a) Description of Liability	( <b>b)</b> A mount	I
Federal Income Taxes		
Due to Other Agencies	892,998	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25)	892,998	

	<b>t XI</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,225,521
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,876,269
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	349,252
4	Net unrealized gains (losses) on investments	4	-14,487
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-6,074
9	Total adjustments (net) Add lines 4 - 8	9	-20,561
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	328,691
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,897,405
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities 2b 686,371		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	671,884
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,225,521
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	3,225,521
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	3,568,714
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 6,074		
e	Add lines 2a through 2d	2e	692,445
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,876,269
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	2,876,269
Par	t XIV Supplemental Information		

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

Ident if ier	Ret urn Reference	Explanation
Part XI, Line 8 - Other Adjustments		donated properties -6074
Part XIII, Line 2d - Other Adjustments		donated properties 6074

DLN: 93493348012060

OMB No 1545-0047

**SCHEDULE F** (Form 990)

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

**Statement of Activities Outside the United States** 

	tment of the Treasury al Revenue Service	ions.	Open to Public Inspection				
	ne of the organization a Foundation				Employer ide	ntification number	
					38-2231279		
Pa		<b>formation on Ac</b> n 990, Part IV, lin		ide the United States	s. Complete if the organ	ızatıon answered	
1	For grantmakers. [	Does the organiza	the amount of the grants	or			
	assistance, the grai	ntees' eligibility fo	or the grants or	assistance, and the se	lection criteria used to av	wa rd	
	the grants or assist						
For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States							
3	Activites per Region	(Use Schedule F-1	(Form 990) ıf adı	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region	
South Asia		1	3	Local fundraising, program services and grants to partner institutions	Prevention of blindness in the region by building local capacity to provide sustainable eye care services, including eye health education, refractive services, treatment of eye ailments and sight restoring surgeries Staff training	726,119	
East Asia and the Pacific		2		Local fundraising, program services and grants to partner institutions	Preventiion of blindness in the region by building local capacity to provide sustainable eye care	483,213	

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method o valuation (book, FMV appraisal, oth
		South Asia	Enhancement of Eye Care	64,815	Wire Transfer			
		East Asia	Enhancement of Eye Care	•	Wire Transfer			
		SUB-SAHARAN AFRICA	Enhancement of Eye Care		Wire Transfer			
		North A merica	To support native american grassroot organizations to build their capacity to increase healthy communities and address disease prevention by strengthening and recovering ancestral food practices		Wire Transfer			
		Central America	Enhancement of Eye Care	26,226	Wire Transfer			

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. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Part IV Supplemental Infor	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.					
Identifier	ReturnReference	Explanation				
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Seva receives regular reports and has onsite employees who monitor the use of grants				
Outside the 0-3		onsite employees wild monitor the use of grants				

**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

OMB No. 1545-0047 2009

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

t required	d to com	plete th any of the e f g	foll 「マ マ		38-2231279 O Form 990, Part IV, ck all that apply government grants ernment grants	tification number , line 17.
ot required alsed funds s	d to com	plete th any of the e f g	foll 「マ マ	oart.  Iowing activities Che  Solicitation of non  Solicitation of gov	o Form 990, Part IV, ck all that apply government grants ernment grants	, line 17.
ot required alsed funds s	d to com	plete th any of the e f g	foll 「マ マ	oart.  Iowing activities Che  Solicitation of non  Solicitation of gov	ck all that apply -government grants ernment grants	, line 17.
s or oral agre	eement wi	e f g	디 디	Solicitation of non Solicitation of gov	government grants	
or oral agre		,	고 고	Solicitation of gov	ernment grants	
or oral agre		,	ᄓ	_		
		,	,	Special fundraising	g events	
		th any inc	1			
		th any ind	4			
					nts under which the fun red to complete this tab	
ctivity	custo	er have dy or rol of	(i	iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Yes	No				
ng		No		67,137	53,060	14,077
				67,137	53,060	14,077
	ng	fundrais custo contribe Yes	fundraiser have custody or control of contributions?  Yes No  No	fundraiser have custody or control of contributions?  Yes No  No	fundraiser have custody or control of contributions?  Yes No  No 67,137	fundraiser have custody or control of contributions?  Yes No  No 67,137  fundraiser have (iv) A mount paid to (or retained by) fundraiser listed in col (i)  53,060

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

CA

Pa	rt II	Fundraising Events. Comp more than \$15,000 on Form	plete if the organizati 990-EZ, line 6a. List	on answered "Yes" to events with gross rece	Form 990, Part IV, line into the series of t	e 18, or 1 000.	report	:ed
			(a) Event #1  WAVY'S ALLSTAR  JAM  (event type)	(b) Event #2  VALENTINES DAY  CONCERT  (event type)	(c) O ther Events  1 (total number)	(d) Tot (Add col col		
Revenue	1 2	Gross receipts  Less Charitable contributions	36,494	58,592	34,174		129	9,260
<u>~</u>	3	Gross income (line 1 minus line 2)	36,494	58,592	34,174		129	9,260
	4	Cash prizes						
ရှ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	6,500	8,250	5,450		20	0,200
	7	Food and beverages						
Direct	8	Entertainment						
Δ	9	Other direct expenses .	15,66	29,704	17,331		62	2,700
	10	Direct expense summary Add line	es 4 through 9 in column	ı(d)	🛌		82	2,900
	11	Net income summary Combine lin						6,360
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more	e than	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1	Gross revenue						
Ses	2	Cash prizes						
sesued	3	Non-cash prizes						
Direct Dy	4	Rent/facility costs						
툽	5	Other direct expenses						
	6	Volunteer labor	│ Yes <u>%</u> No	│ Yes <u>%</u>	│ Yes% │ No			
		Direct expense summary Add lines						
	8	Net gaming income summary Comb	bine lines 1, column d, a	nd line 7	<u> <del>F</del></u>		Yes	No
9 a	Is ti	er the state(s) in which the organiza he organization licensed to operate				· 9a		
b		No," Explain						
10a b		e any of the organization's gaming li (es," Explain	ıcenses revoked, susper	nded or terminated during	the tax year?	10a		
11 12	Is t	s the organization operate gaming a he organization a grantor, beneficiar	ry or trustee of a trust or			11		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States OMB No 1545-0047

2009

DLN: 93493348012060

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Name of the organization						Employer identifi	cation number
Seva Foundation						38-2231279	
Part I General Inform	nation on Grants	and Assistance				1	
<ul><li>Does the organization mainst the selection criteria used</li><li>Describe in Part IV the organization</li></ul>	to award the grants o	or assistance?					Г Yes Г N
Part II Grants and Oth Form 990, Part I	er Assistance to V, line 21 for any r	Governments and ecipient that received o) if additional space i	Organizations in more than \$5,000.	<b>the United States</b> Check this box if n		ved more than \$5,0	00. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Intertribal Friendship House 523 International Blvd oakland, CA 94606	946042089	501(c)(3)	15,000		FM∨		for Native American Program
American Indian Youth Running Strong (For Braveheart Society)2550 Huntington Ave Suite 200 Alexandria,VA 22303	541594578	501(c)(3)	15,000		FMV		for Native American Program
Ilinniagvik AttautchikunPO Box 12 Kiana, AK 99749	030604944		15,000		FMV		for Native American Program

Schedule I	(Form 990) 2009
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 2
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information	on. Complete this part to pro	yide the information requi	red in Part I, line 2, and a	ny other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Both Jack Blanks, Executive Director and Bonney Hartley, Native American Community Health (NACH) Program Manager, monitor the use of and compliance with the NACH program requirements

#### OMB No 1545-0047

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization **Employer identification number** Seva Foundation 38-2231279

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Wavy Gravy and Jahanara Romney are husband and wife who both serve on the board
Form 990, Part VI, Section B, line 11		An electronic version of the Form 990 is distributed to all board members prior to filing. The treasurer is responsible for a thorough review
Form 990, Part VI, Section B, Iine 12c		Every board member, officer, committee chair, committee member and senior manager of the organization shall sign a conflict of interest statement that will be kept on file with the Organization records. If any board member, officer, committee chair, committee member or senior manager of the Organization has any direct or indirect interest in, or relationship to, any individual or organization which proposes to enter into a transaction with the Organization, such person shall provide prompt written notice of such interest or relationship to the Board of Directors of the Organization, and shall refrain from participating in any discussion or voting on that particular transaction and shall not otherwise attempt to exert any influence on the organization to affect the outcome of the decision making process.
Form 990, Part VI, Section B, line 15		The CEO/ED and the Board have responsibility to ensure that salaries are fair and reasonable. Using appropriate market comparisons (local, regional, or national) for comparable positions in comparable organizations, Seva will target salaries in the range from the 50th to the 75th percentile depending on performance and experience. All salaries must be approved by the CEO/ED or the COO. In specific cases, the CEO/ED or COO may approve salaries beyond the 75th percentile. Reasons may include specific advanced credentials, key position for strategic or growth reasoning, or inability to recruit at reported market level. Salaries in excess of the 75th percentile need to be reviewed with the Executive Committee. Salaries in excess of the 90th percentile need written rationale and prior approval of the Executive Committee. The Salary of the CEO/ED is set by the Executive Committee using the same principles. Each year, the CEO/ED will review the salaries of the five (5) highest paid staff with the Executive Committee and the full Board. Each employee's salary is determined at the time of hire. Adjustments are made at the discretion of the employee's supervisor in collaboration with the Executive Director Cost of living adjustments (COLAs) if approved by the Board in the annual budget will be implemented in July. New staff who are hired between March and June 30th of that year are not eligible for COLA or merit increases until July of the following year.
Form 990, Part VI, Section C, line 19		Upon written request, the organization will provide copies of financial statements and filed tax returns. The organization relies on Guidestar to publish their tax return on the internet
Form 990 Part XI Line 2C		No change to the organization's oversight process or selection process during the tax year
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	SEVA CONTRACTED WITH DRAKES BAY FUNDRAISING(DBF), TO PROVIDE STRATEGIC CONSULTATION REGARDING FUNDRAISING EFFORTS DBF DID NOT CONDUCT DIRECT FUNDRAISING ACTIVITIES ON BEHALF OF SEVA DURING THE CURRENT YEAR