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Department of the Treasury

Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

Α	For	the 200	Grain calendar year, or tax year beginning 07.	/ 01 , 2009, and en ding		06/30/2010
В	Check	if applicable		· · · · · · · · - · · · ·	D	Employer identification number
Г		idress ange	use IRS			
		ame change	print or GRAM SEVA FOUNDATION, U.S.A.		5	6-2381639
\vdash	\dashv	itial return	type. Number and street (or P O box, if mail is not delivered to street address	ss) Room/suite	E	Telephone number
\vdash			See 2030 POST ROAD			847) 564-2030
\vdash	_	mination	Specific City or town, state or country, and ZIP + 4			047) 304 2030
\vdash	ret	um Plication	mstruc-			Group Exemption
1_	pe	nding	tions. NORTHBROOK, IL 60062			Number · · · Þ
	•	Section	501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must	attach G Accour	iting m	ethod Cash X Accrual
			a completed Schedule A (Form 990 or 990-EZ).	Other (specify	
				H Check	▶∟	If the organization is not
ı	Web	site: 🕨	·	require	d to at	tach Schedule B (Form 990,
J	Tax-	exempt :	tatus (check only one) - X 501(c) (3) ◀ (insert no) 4947(a)	(1) or 527 990-EZ	or 990)-PF)
K	Chec	xk▶	If the organization is not a section 509(a)(3) supporting organization a	nd its gross receipts are nom	nally no	ot more than \$25,000 A
	Form	1 990-EZ	or Form 990 return is not required, but if the organization chooses to fi			
			b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 99		▶ \$	223,986.
_	art l		enue, Expenses, and Changes in Net Assets or Fu			uctions for Part I.)
	1		ributions, gifts, grants, and similar amounts received		1	222,890.
	2		ram service revenue including government fees and contracts		2	
	3				3	
	4	INICII	bership dues and assessments		4	1,096.
	1			₹1} · + · · · · · · · · · ·	┝╼	
	5		s amount from sale of assets other than inventory			
			Cost of other basis and dates expenses		_	
Φ			or (loss) from sale of assets other than inventory (Subtract line 5b from		5c	
2	6		al events and activities (complete applicable parts of Schedule G) If any amount is from gaming			
Revenue			s revenue (not including \$ of contribution	ons		
ď	1	repo	rted on line 1) 6a		1	}
			direct expenses other than fundraising expenses			
			ncome or (loss) from special events and activities (Subtract line 6b from	n line 6a).	6c	
	7		s sales of inventory, less returns and allowances			
			cost of goods sold		. I	
		c Gro	s profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8		er revenue (describe >)	8_	202 205
	9		al revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9_	223,986.
	10) Gra	its and similar amounts paid (attach schedule) $\dots ext{ATC}$	ÇH.2	10	222,415.
	11	Ben	efits paid to or for members		11	
es		Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors				0.
Sue	13	B Prof	essional fees and other payments to independent contractors	13		
Expen	14	Occ	upancy, rent, utilities, and maintenance		14	
Ш	15	Prin	ting, publications, postage and shipping 1 8 2010	<u>.</u>	15	938.
	16	Oth	or expenses (describe ► T W ATC	CH 3)	16	2,020.
	17		al expenses. Add lines 10 through 16	<u> </u>	17	225,373.
ģ	18	B Exc	ess or (deficit) for the year (Subtract Intel 47 From June 9)		18	-1,387.
Se	19	Net	assets or fund balances at beginning of year (from line 27, column (A))	(must agree with]	
Net Assets		end	of-year figure reported on prior year's return)		19	96,659.
let	20	Oth	er changes in net assets or fund balances (attach explanation)		20	
_	21		assets or fund balances at end of year Combine lines 18 through 20 .		21	95,272.
P	art	Ва	ance Sheets. If Total assets on line 25, column (B) are \$1,250,00		ead of F	
			(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22	: c	ash, sav	ngs, and investments ATCH 4	96,659	. 22	95,417.
23			puildings		23	
24			ets (describe 🕨)		24	
25	T	otal ass	ets	96,659	. 25	95,417.
26	T	otal lial	ilities (describe ATCH 5		26	145.
27			ts or fund balances (line 27 of column (B) must agree with line 21)	96,659	. 27	95,272.

Form 990-EZ (2009),

8	0 - 1 - 1	1 (0 !! : 1 .!	(D (III)	_			- Tage 2
	rt III 'Statement of Program Service Accomplishm	ents (See the instruct	ons for Part III.)				penses
W'n	at is the organization's primary exempt purpose? ATCH 6			- 1		(Required	for section and 501(c)(4)
Des	cribe what was achieved in carrying out the organization's ex	empt purposes. In a clear	and concise mann	er.		organizatio	ons and section
	cribe the services provided, the number of persons benefited, and					4947(a)(1)	trusts, optional
	PROVIDE ASSISTANCE AND RELIEF TO POOR,					101 001013	
20	PERSONS IN INDIA.	SICK, AND DISK	000	—			
	PERSONS IN INDIA.		 _				
				1			
	(Grants \$) If this amount include	es foreign grants, check her	e ▶	-	28a		222,415
29							
				-			
			·····	—-l			
	(Grants \$) If this amount include	es foreign grants, check her	e >	Щ	29a		
30							
				_ i			
	(Grants \$) If this amount include	es foreign grants, check her		- ¬	30a		
	<u> </u>			\dashv	JVa		
31	Other program services (attach schedule)			 .]			
		es foreign grants, check her			31a		
	Total program service expenses (add lines 28a through 31a)			▶	32		222,415
Pa	rt IV List of Officers, Directors, Trustees, and Key Emp	oyees. List each one ever	if not compensated	(See	the in	structions	for Part IV.)
		(b) Title and average	(c) Compensation (If not paid,	(d) Contr	ibutions to	(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)			enefit plans & ompensation	account and other allowances
		devoted to position	<u> </u>	1			Other anowarioes
	TTACHMENT 7	-	-0-			-0-	-0-
_A	FTACHMENT 7			-			
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Part \	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but	- '		1
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	, ' '	٤٠	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			·
-	6033(e) notice, reporting, and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets	300		_
30	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	7,	* ' '	
		37b		
39 a	Did the organization file Form 1120-POL for this year?	3/0	* e = \forall	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	300		X
L	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	36.	<u>A</u>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	13.5		
39		12 m		19 P
a	Initiation fees and capital contributions included on line 9		<i>.</i>	
b	Gross receipts, included on line 9, for public use of club facilities	\;\bar{\sigma}{\sigma}.		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1006		S.
	section 4911 ▶, section 4912 ▶; section 4955 ▶			\$ 1.00 P
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	خكنا	1	نستثث
	transaction during the year or is it 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			v
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	**j == #1%	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
_	4955, and 4958		7	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	24 34 34 34 34 34 34 34 34 34 34 34 34 34		
	reimbursed by the organization	196		200
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	12542	سخشت	X
	transaction? If "Yes," complete Form 8886-T	40e	L	_^
41	List the states with which a copy of this return is filed PATEL The organization's books are in care of PDR. RODA PATEL Tolonbook 947-56	<u> </u>	30	
42 a	Telephone to			
_	Located at P - ZIP + 4 P			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No X
	account)?	42b	5545589·	A ************************************
	If "Yes," enter the name of the foreign county ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreing Bank			
	and Financial Accounts.		40.3	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	No the		
	Form 990-EZ	44	1215	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	تنسدا		
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	F	om 99	10-EZ	(2009)

	and complete the tables for lines 50 and	(a)(1) nonexempt cha 51.	ritable trusts mu	ble trusts only. A st answer question	ons 46-	-49b
46 Did	the organization engage in direct or indirect p	olitical campaign activit	es on behalf of o	r in opposition to		Yes No
	didates for public office? If "Yes," complete Sche				46	Х
47 Did	the organization engage in lobbying activities? I	If "Yes," complete Sched	ule C, Part II		47	X
48 Is ti	he organization a school as described in section	170(b)(1)(A)(II)? If "Yes,"	' complete Schedul	e E	48	X
	the organization make any transfers to an exem				49a	X
b If "\	Yes," was the related organization a section 527	organization?			49b	
	mplete this table for the organization's five high ployees) who each received more than \$100,00	0 of compensation from	the organization I	f there is none, ent	ter "Non	ne "
(a	n) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	àcco	xpense unt and llowances
NONE						
						,
f Tot	al number of other employees paid over \$100,0	00 NO	NE		l	
	(a) Name and address of each independent contractor paid	more than \$100,000	(b) Type	of service	(c) Comp	
NONE					(-,	ensation
						pensation
						ensation
						ensation
			 			ensation
	al number of other independent contractors rec			E		ensation
		eiving over \$100,000 this return, including accompan	ying schedules and state	ements, and to the best of	of my know	/ledge
d Tot	al number of other independent contractors rec Under penalties of perjury, I declare that I have examined and belief it is true, correct, and complete Declaration o	eiving over \$100,000 this return, including accompan f preparer (other than officer) is	ying schedules and state	ements, and to the best of which preparer has an	of my know	/ledge
	al number of other independent contractors rec Under penalties of perjury, I declare that I have examined and belief it is true, correct, and complete Declaration o	eiving over \$100,000 this return, including accompan	ying schedules and state	ements, and to the best of which preparer has an	of my know	/ledge
d Tot Sign Here	Under penalties of perjury, I declare that I have examined and belief it is true, correct, and complete Declaration of Signature of officer RODA CATELY Type or print name and title Preparer's signature	eiving over \$100,000. this return, including accompan f preparer (other than officer) is Preside W	ying schedules and state based on all information Check if self-employed	ements, and to the best of which preparer has an New System of which preparer has an New System of the	of my knowny knowled	vledge lge
d Tot Sign Here Paid	Under penalties of perjury, I declare that I have examined and belief it is true, correct, and complete Declaration of the RODA Type or print name and title Preparer's signature Firm's name (or yours if self-employed), Table Declaration of the ROST, RUTTENBER yours if self-employed).	eiving over \$100,000. this return, including accompan f preparer (other than officer) is Companded to the companies of the	ying schedules and state based on all information /D: Check if self- employed C. C.	ements, and to the best of which preparer has an end of which preparer has an end of which preparer's identifying in P00099 N > 36-340	of my knowny knowled of O	/ledge lge s instructions)
d Tot Sign Here Paid Preparer's Use Only	Under penalties of perjury, I declare that I have examined and belief it is true, correct, and complete Declaration of RODA RODA RODA Type or print name and title Preparer's signature Firm's name (or FROST, RUTTENBER	eiving over \$100,000. this return, including accompan f preparer (other than officer) is Compared to the compan of preparer (other than officer) is Date product of the compan of preparer (other than officer) is Compared to the compan of the compan of the companion of the co	ying schedules and state based on all information /D: Check if self- employed C. C.	Preparer's identifying n P00099 N \$47-23	of my knowny knowled of O	vledge lge a instructions)

SCHEDULE A (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

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GRAM SEVA FOUNDATION, U.S.A.

Employer identification number

56-2381639

Part I	Reason fo	or Public Chari	ty Status (All organ	ızations m	ust compl	lete this	part.) Se	e instruc	ctions.	
The orga			dation because it is (F							
1 🔲	A church, co	onvention of chui	rches, or association of	of churches	described	ın sectio	n 170(b)(1)(A)(i).		
2	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (Att	tach Sched	ule E)					
3	A hospital o	r a cooperative l	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii).		
4	A medical i	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	hospital's na	ame, city, and sta	ate							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170	(b)(1)(A)(iv). (Co	omplete Part II)							
6	A federal, st	tate, or local gov	ernment or governme	ental unit de	scribed in s	section 1	70(b)(1)(<i>i</i>	A)(v).		
7 X	An organiza	ation that norma	lly receives a substan	tial part of	its support	from a	governme	ental unit	or from t	he general public
	described in	section 170(b)((1)(A)(vi). (Complete F	Part II)						
8	A communit	ty trust described	d in section 170(b)(1)((A)(vi). (Co	mplete Par	tll)				
9	An organiza	ation that normal	lly receives. (1) more	than 331/3	% of its su	pport fro	m contrib	utions, n	nembersh	ip fees, and gross
	receipts from	m activities rela	ted to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more t	han 331/3% of its
	support from	m gross investr	ment income and un	related bus	siness taxa	able inco	me (less	section	511 tax)	from businesses
	acquired by	the organization	after June 30, 1975	See sectio	n 509(a)(2). (Compl	ete Part I	II)		
10	An organiza	ition organized a	ind operated exclusive	ly to test fo	or public saf	ety See s	section 5	09(a)(4).		
11 🔃	An organiza	ation organized	and operated exclusi	ively for th	e benefit	of, to pe	rform th	e functio	ns of, or	to carry out the
	• •	· ·	ublicly supported orga							
	509 <u>(a)(</u> 3). C	Check the box the	at describes the type o							
	a Typ				e III - Fund	•	_			pe III - Other
e	•	-	ertify that the organiz							
	•		ion managers and oth	er than on	e or more	publicly :	supported	dorganiz	ations de	scribed in section
		r section 509(a)(
f	_		d a written determina					ype II, o	r Type III	supporting
	organization	n, check this box								
g			the organization acce	epted any g	ift or contri	bution fro	m any of	the		
	following pe									[]
			or indirectly controls							
			erning body of the sup		anization?					
			erson described in (i) a							
			of a person described							11g(iii) X
<u>h</u>			ation about the suppo			T				
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the d	organization sted in your		ou notify		Is the tion in col.	(vii) Amount of support
3			above or IRC section		document?	the organization in col (i) of your		(i) organi	ized in the	
			(see instructions))	Yes	No	Yes	No No	Yes	S? No	
				163	140	168	NO	165	NO	
								-		
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Total		I	i	I	į .	1	I	ł	1	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you check				b)(1)(A)(iv) ar	nd 170(b)(1)(A	\)(vi)
Sect	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	275,286	260,389.	314,166.	245,054.	222,890.	1,317,785
2	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	Total. Add lines 1 through 3	275,286	260,389	314,166. 常文 水流为水源。	245,054	222,890	1,317,785.
5	The portion of total contributions by each	The straight of the		1 4 3 4 71 (3	1		
	person (other than a governmental unit or			7.53			
	publicly supported organization) included	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second of th			
	on line 1 that exceeds 2% of the amount		The same of the same of				
	shown on line 11, column (f)	10.00	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		四十歲十八十歲日	ルできるだけ、みと の 種	
6	Public support. Subtract line 5 from line 4	1898 July 18	多三、1965 · 模型。	1941、境中体製品	46 x , 2 24 14	we water out is	1,317,785.
	tion B. Total Support			r·			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	275,286	260,389	314,166.	245,054.	222,890	1,317,785.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,172	1,418	1,098	1,241	1,096	6,025
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					33	
11	Total support. Add lines 7 through 10	海州公司	了的复数像的特色	1988 A.S. 37 198	的发现了中心的		1,323,810.
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is	for the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here			<u> </u>	<u></u>	<u> </u>	🕨
Sec	tion C. Computation of Public Sup						00.54
14	Public support percentage for 2009 (line 6, column (1	f) divided by line	e 11, column (f))		14	99.54 % 99.58 %
15	Public support percentage from 2008	Schedule A, Pa	art II, line 14			15	
16a	331/3% support test - 2009. If the						
	this box and stop here. The organizat						
b	331/3% support test - 2008. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -						
	or more, and if the organization m						
	Part IV how the organization meets	the "facts-and-	circumstances" 1	test The organ	ızatıon qualıfies	as a publicly s	upported
	organization						▶□
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org Explain in Part IV how the organization	ion meets the '	'facts-and-circur	mstances" test	The organization	on qualifies as a	op here. a publicly
18	supported organization	on did not che	ck a box on lin	e 13. 16a. 16b	o. 17a. or 17b.	check this box	and see
	ato roundation in the organizati		-	, ,	,		

instructions

	Support Schedule for Orga (Complete only if you checke						
Section	on A. Public Support		1				
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						ļ
	nembership fees received (Do not include						
а	iny "unusual grants ")						
2 G	Gross receipts from admissions, merchandise						
s	old or services performed, or facilities						
fu	urnished in any activity that is related to the						
o	rganization's tax-exempt purpose						1
	Gross receipts from activities that are not an				·		
	nrelated trade or business under section 513						
	ax revenues levied for the organization's					1	
	enefit and either paid to or expended on			-			
	·						
	is behalf					 	
	urnished by a governmental unit to the						
	rganization without charge					ļ	
6 T	otal. Add lines 1 through 5		ļ				
7a A	Amounts included on lines 1, 2, and 3		1				1
	eceived from disqualified persons						
b A	Amounts included on lines 2 and 3 ecceived from other than disqualified				i		
g	eceived from other than disqualified persons that exceed the greater of						
	55,000 or 1% of the amount on line 13 or the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from		T			 	
	ne 6)						
	on B. Total Support		1	·	<u> </u>	1	<u> </u>
		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9 (f) Total
	endar year (or fiscal year beginning in)	(4) 2003	(8) 2000	(6) 2007	(4) 2000	(0) 200.	, (1) TOTAL
	Amounts from line 6					 	
	Gross income from interest, dividends, payments received on securities loans,						
	ents, royalties and income from similar		}				
s	sources		 				
bι	Inrelated business taxable income (less		+		ļ	1	
s	ection 511 taxes) from businesses		Ĭ				
а	acquired after June 30, 1975			<u> </u>		1	
c A	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,					1	
	whether or not the business is regularly					1	
	carried on					 	
	Other income Do not include gain or			1			
	oss from the sale of capital assets			1			
	Explain in Part IV)						
3 T	Total support. (Add lines 9, 10c, 11,						i
	and 12)		1	<u> </u>			
4 F	First five years. If the Form 990 is for	the organization	on's first, second	third, fourth, or	fifth tax year a	as a section	501(c)(3)
	organization, check this box and stop here.						<u> ▶ </u>
	on C. Computation of Public Sup						
5 F	Public support percentage for 2009 (line 8	column (f) divid	ded by line 13, colu	mn (f))		15	
6 F	Public support percentage from 2008 Sche	dule A, Part III, I	ine 15		<u> </u>	16	
	on D. Computation of Investmen						
	nvestment income percentage for 2009 (III			13. column (f))		17	-
	nvestment income percentage from 2008						
	33 1/3% support tests - 2009. If the o						
							. F
	17 is not more than 33 1/3%, check the		•		, ,		
	33 1/3% support tests - 2008. If the org						
li	ine 18 is not more than 331/3%, check						
li	ine 18 is not more than 331/3%, check Private foundation. If the organization				b, check this b	ox and see	

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

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

DIVIDEND INCOME

1,096.

TOTAL

1,096.

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GRAM SEVA FOUNDATION, U S.A

ATTACHMENT 2

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID			
IN EXCESS OF \$5000	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
GRAM SEVA TRUST		CHARITABLE	222,415
2030 POST RD NORTHBROOK, IL 60062			

222,415.

TOTAL CONTRIBUTIONS PAID

FORM 990EZ, PART I - OTHER EXPENSES

FUNDRAISING EXPENSE OFFICE SUPPLIES

BANK CHARGES

TOTAL

25.

1,976. 19.

2,020.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR	
CASH	96,659.	95,417.	
TOTALS	96,659.	95,417.	

56-2381639

ATTACHMENT 5

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION

END OF YEAR

ACCOUNTS PAYABLE

145.

TOTALS

145.

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THIS ORGANIZATION ASSISTS POOR, SICK, AND DISABLED PEOPLE IN INDIA.

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0 . 0 . 0 0 EXPENSE ACCT. ALLOWANCES AND OTHER . 0 . CONTRIBUTIONS BENEFIT PLANS . . . TO EMPLOYEE 0 。 0 0 0 0 COMPENSATION DEVOTED TO POSITION TITLE AND AVERAGE HOURS PER WEEK 3.00 3.00 3.00 3.00 DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR GRAND TOTALS MOUNT PROSPECT, IL 60056 6817 WHITE PINE TRAIL 2411 COBBLEWOOD DRIVE 6817 WHITE PINE TRAIL NORTHBROOK, IL 60062 NORTHBROOK, IL 60062 NORTHBROOK, IL 60062 NOSHIR R. DARUWALLA 1106 HERITAGE DRIVE DARIEN, IL 60561 DARIEN, IL 60561 NAME AND ADDRESS 2030 POST ROAD 2030 POST ROAD KHUSHROO PATEL JEHAN RIVETNA DARA RIVETNA RAMITA SHAH RODA PATEL