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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2013

OMB No 1545-0052

	endar year 2013, or tax year beginning	, 2013,	, and ending	,	
Name of f			_	A Employer identification nun	nber
	ARAM HEALTH CLINIC			22-2943918	
	nd street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number (see the in	
	OX 1625			(215) 579-962	.0
-	n, state or province, country, and ZIP or foreign postal code				
NEWT	OWN	PA	18940	C If exemption application is i	bending, check here.
G Che	ck all that apply Initial return	Initial Return of a form	er public charity	D 1 Foreign organizations, chec	ck boro ▶ □
	Final return	Amended return		r Foreign organizations, the	Kilele
	Address change	Name change		2 Foreign organizations meet	ling the 85% test, check
H C		(c)(3) exempt private fou	Indation	here and attach computation	n ▶
Ī	Section 4947(a)(1) nonexempt charitable trus			E If private foundation status	was terminated
		ounting method X C		under section 507(b)(1)(A),	
	Part II ashiras (a) has 1(1)	- 1 1	asii Maccidai		L
► \$		Other (specify) column (d) must be on c		F If the foundation is in a 60-i	
		column (a) must be on c	asn basis)	under section 507(b)(1)(B),	check nere
Farti	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	ıncome	income	for charitable
	sarily equal the amounts in column (a)				purposes (cash basis only)
	(see instructions))				(casii basis biliy)
	1 Contributions, gifts, grants, etc, received (att sch)		* * * , , , , , , , , , , , , , , , , ,	a do mada	Andrasi, A. A. A.
	2 Ck X if the foundn is not req to att Sch B	, , , , , , , , , , , , , , , , , , ,		addin	
	3 Interest on savings and temporary			with	× 2 24 24 3
	cash investments				
	4 Dividends and interest from securities				
	5 a Gross rents				3 m m many at a 3 m 2 m 2 m m m m m m m m m m m m m m m
	or (loss) - · ·	. Note: 18 1 18 18 18 18 18 18 18 18 18 18 18 1		* * * * * * * * * * *	
R	6 a Net gain/(loss) from sale of assets not on line 10		\$P\$ 10 10 10 10 10 10 10 10 10 10 10 10 10	y ny tipicana asang	n markarata
Êΰ	b Gross sales price for all assets on line 6a · · ·			á is deal bala agrain y	
Ë,	7 Capital gain net income (from Part IV, line 2)	MINITED KAN		11 11 11 11 11 11 11 11 11 11 11 11 11	
Ν̈́Σ	8 Net short-term capital gain	lor-2	FUVED 1		重要,我的才想到
	9 Income modifications	, 19 15 (5)		**	
<u> F13</u>	10 a Gross sales less returns and	ADG 3	5 2014 181		474 (\$\dag{\dag{\dag{\dag{\dag{\dag{\dag{
\Box	allowances	To a water to	A CO!4 101	7 - T	Aller State Control of the Control o
∴ >	b Less Cost of goods sold	DOM:	101		
£ñ∀	c Gross profit/(loss) (att sch)	A FOR	N, UT 15/2	2.92	440 445 · 141
	11 Other income (attach schedule)		-	,,	
6 %		;			
Ð	12 Total. Add lines 1 through 11				
- 10	13 Compensation of officers, directors, trustees, etc · ·				
014	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
А	16 a Legal fees (attach schedule)		***		
D	b Accounting fees (attach sch)				
M	c Other prof fees (attach sch) . L-16c Stmt.	161.			
0 N	17 Interest	101.			
O PERAT	18 Taxes (attach schedule)(see instrs)				
Ŗķ	19 Depreciation (attach	-			J-2 4 4 4 4 4 4 4 4 4 4 7 7 7 7 7 7 7 7 7
ŤŤ	sch) and depletion				
, ×	20 Occupancy				30 3 mm/m
N V G E	21 Travel, conferences, and meetings				
A E	22 Printing and publications				
A E N X D P	23 Other expenses (attach schedule)				
E N					
Ş	24 Total operating and administrative				
S	expenses. Add lines 13 through 23	161.			
	25 Contributions, gifts, grants paid	103,300.			103,300.
	26 Total expenses and disbursements.				
	Add lines 24 and 25	103,461.			103,300.
	27 Subtract line 26 from line 12:	* * *			
	a Excess of revenue over expenses and disbursements	_102 461			,
		-103,461.			
	b Net investment income (if negative, enter -0-)		 		· · · · · · · · · · · · · · · · · · ·
DAA	C Adjusted net income (if negative, enter -0-) Or Paperwork Reduction Act Notice see ins		l		Form 990-PF (2013)
	or Panerwork Requestion Act Notice see inc	TRUCTIONS		TEEA0301 10/18/13	=0mm uuuLDE (2013)

2	22-2943918	
<u> </u>	(C) Date acquired	(d) Dat

2-story brick warehouse, or common stock, 200 shares MLC Company)			How acquired — Purchase — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a			Donation		
b					
С				 	
d					
e				·	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gaın or (e) plus (f) mı	
a				 	
b					
C					
d					
e					
Complete only for assets sho	owing gain in column (h) and owned by the	foundation on 12/31/69		(f) Gains (Co	lump (b)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (j), ıf any		gain minus column (k ian -0-) or Losses (fr), but not less
a				-	
b					
С					
d					
e					
2 Capital gain net income or (n	et capital loss) — If gain, also e If (loss), ente	nter in Part I, line 7 r -0- in Part I, line 7	2		
Net short-term capital gain or	r (loss) as defined in sections 1222(5) and	(6).			
If gain, also enter in Part I, lin in Part I, line 8	ne 8, column (c) (see instructions) If (loss)), enter -0-	3		
	der Section 4940(e) for Reduce		nt Income		
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable amour alify under section 4940(e) Do not complet t in each column for each year, see the in	ete this part		· · · · Tyes	X No
Base peliod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution umn (b) divided b	
2012	• • • • • • • • • • • • • • • • • • • •	422,	967	·	
2011	22,500.	361,			0.062263
2010	0.		340.		0.000000
2009	0.		857.		0.000000
2008	0.		918.		0.000000
2 Total of line 1, column (d)					0.062263
3 Average distribution ratio for number of years the foundati	the 5-year base period — divide the total on has been in existence if less than 5 years.	on line 2 by 5, or by the ars	3		0.015566
4 Enter the net value of noncha	aritable-use assets for 2013 from Part X, li	ne 5	4		371,481.
5 Multiply line 4 by line 3			5		5,782.
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		5,782.
8 Enter qualifying distributions					
If line 8 is equal to or greater	from Part XII, line 4		8	<u> </u>	103,300.
Part VI instructions BAA	from Part XII, line 4		<u> </u>		103, 300. n 990-PF (2013)

Form 990-PF (2013) SATYARAM HEALTH CLINIC Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	22-29	43	918		P	age 4
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	7 See ilis	Stru	" O		11% 4	Š- 22
Date of ruling or determination letter (attach copy of letter if necessary — see instrs)			<u>at., 184</u>		_ X	544
b Domestic foundations that meet the section 4940(e) requirements in Part V,	- 1	ı I				
check here . X and enter 1% of Part I, line 27b	-	-	, # #I	Fr. 174 - 17\$	2 mg/26 . (% 7.5 €
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	يُّ الله ا		<u> </u>	<u> 288 s</u>	ا كُ	أسأ
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	·	,				
3 Add lines 1 and 2						0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-).		_				- 0 .
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		-				0.
6 Credits/Payments.			F / 9.1	الهراد المالية	-; yle € §	<u> </u>
a 2013 eslimated tax pmts and 2012 overpayment credited to 2013 6 a	#p.".			193	*,	
b Exempt foreign organizations — tax withheld at source 6 b		«				¥
c Tax paid with application for extension of time to file (Form 8868) 6 c	0.	*		196	J. 12	
d Backup withholding erroneously withheld 6 d	<u> </u>	`<*		× 5. 5.		316
7 Total credits and payments Add lines 6a through 6d		, 			<u> </u>	0.
8 Enter any penalty for underpayment of estimated tax. Check here		\rightarrow				<u> </u>
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		,				0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		-				0.
11 Enter the amount of line 10 to be Credited to 2014 estimated tax	_	\rightarrow				
Part VII-A Statements Regarding Activities						
participate or intervene in any political campaign?				1 a		XX
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials pu or distributed by the foundation in connection with the activities	blished		3			
c Did the foundation file Form 1120-POL for this year?				1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			Ī	75.4	Seva (
(1) On the foundation . • \$ (2) On foundation managers • \$					# . W	i j
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed foundation managers ▶ \$	on					3 7
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			-	2		X
If 'Yes,' attach a detailed description of the activities		•		7 662	Ç. %	<u> </u>
,			,		init;	i y Î
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes.	S			3	12,27.0	X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			ļ-	4 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			 	4 b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х
If 'Yes,' attach the statement required by General Instruction T			į.	<u> </u>	- ^{,*™} -(Å)	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1		A 1	3 1
By language in the governing instrument, or					*	Ťy.
• Provided by all the state of the second all the second and the s			,			
 By state legislation that effectively amends the governing instrument so that no mandatory directions that c with the state law remain in the governing instrument? 	onflict			6	X	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV.			-	7	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)				534	25.00(1)	ČK A
,			-		8.37	
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			-			
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation				8 b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	4942(1)(5)		Ì	1835	; ; ;]	• • •
for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complet	e Part XIV		[9		Х

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Par	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified advisory privileges? If 'Yes,' attach statement (see instructions)	person had		12		Х
13		olication? .	[13	Х	
14	Website address	ne no	(215)	579-	962	<u></u>
45	Located at 1707 SCOTT DRIVE, NEWTOWN, PA ZIP + 4	189	40			
15	and enter the amount of tax-exempt interest received or accrued during the year		15			<u></u>
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authobank, securities, or other financial account in a foreign country?	nty over a	[16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name foreign country.		N. (MADAGON)			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		ì	e i	Yes	No
1 a	During the year did the foundation (either directly or indirectly)					3 1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			-1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	300		, 11
	(5) Transfer any income or assets to a disqualified person (or make any of either available	_	_		* .	
	for the benefit or use of a disqualified person)?	Yes	ΧNο	244		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the					Éź.
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).	Yes	XNo			
ı	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			1 b	* - *	Ĭä.
	Organizations relying on a current notice regarding disaster assistance check here			11.7	7 - 3	
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?			1 c	أعلات	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		•			
á	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d					
	and 6e, Part XIII) for tax year(s) beginning before 2013?	Yes	XNo	100		
	If 'Yes,' list the years 20 , 20 , 20 , 20					
I	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2 all years listed, answer 'No' and attach statement — see instructions)) to		2 b		
(the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		ļ			
	► 20 , 20 , 20 , 20					
3 :	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
ı	b If 'Yes,' did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013)			3 b		
				70		
4 :	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a	7/3	X
I	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?			4 b		X
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Part VII-B Statements Regarding Activ	itiaa fau \A/L:-L F	4720 Mari Da Da	22-294	3918 Pag
		4/20 May Be Req	uirea (continuea)	
5 a During the year did the foundation pay or incur	-	1 1015/ \\0		
(1) Carry on propaganda, or otherwise attemp	- ,	, ,,	· · · · Yes X	No
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registrat	ic election (see section 495	5), or to carry	Yes X	No No
(3) Provide a grant to an individual for travel,				No No
			🗀 .с. 🖂	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, organiz 4940(d)(2)? (see instruction	zation described is)	· · · · Tyes X	No No
		•		
(5) Provide for any purpose other than religion educational purposes, or for the preventio	us, cnaritable, scientific, lite n of cruelty to children or ar	rary, or าเmals ^ว	Yes X	No No
b If any answer is 'Yes' to 5a(1)-(5), did any of the	·		لتنا ليا	
described in Regulations section 53 4945 or in	a current notice regarding	disaster assistance		
(see instructions)?				5 b
Organizations relying on a current notice regains	rding disaster assistance cr	neck here		
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure response	ne foundation claim exempt	ion from the	□v □	
If 'Yes,' attach the statement required by Regu			· · · · · · · Yes	No
· · · ·	·	•		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	y funds, directly or indirectl	y, to pay premiums	···· Yes X	No
b Did the foundation, during the year, pay premi				6b
If 'Yes' to 6b, file Form 8870	amo, andony or mandony, o	in a personal benefit con	uuot IIIIII	7
7 a At any time during the tax year, was the found	ation a party to a prohibited	I tax shelter transaction?	· · · · · Tyes X	No The state of th
b If 'Yes,' did the foundation receive any proceed				Allert and the Market and
Part VIII Information About Officers,	Directors, Trustees,	Foundation Manage	gers, Highly Paid I	Employees,
and Contractors				
1 List all officers, directors, trustees, founda	tion managers and their c	ompensation (see inst	ructions).	
_	(b) Title, and average hours per week	(c)Compensation	(d)Contributions to	(e) Expense accou
(a) Name and address	devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred	Other allowance
·			compensation	
KALYAN VEPURI	_			
707 SCOTT DR,	_ TRUSTEE			
NEWTOWN, PA 18940	2.00	0.	0.	i
	I		<u> </u>	···
	-			
	-		0.	
	-		0.	
	-		0.	
	- - -		0.	
	- - -		0.	
	- - - -		0.	
	- - - -		0.	
2 Compensation of five highest-paid employ		luded on line 1 — see i		nter 'NONE.'
Compensation of five highest-paid employ (a) Name and address of each employee				
Compensation of five highest-paid employ (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	luded on line 1 — see in	nstructions). If none, e (d)Contributions to employee benefit	(e) Expense accou
(a) Name and address of each employee	(b) Title, and average		nstructions). If none, e	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	(e) Expense accou
(a) Name and address of each employee	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	nter 'NONE.' (e) Expense accour other allowance
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	nter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		nstructions). If none, e (d)Contributions to employee benefit plans and deferred	nter 'NONE.'

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rar	Information About Officers, Directors, Trustees, Foundation Managers, Highly I and Contractors (continued)	Paid Employees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONI	E.'
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	IE	
		ļ
		
Tota	I number of others receiving over \$50,000 for professional services	···► None
		None
Par	TIX-A Summary of Direct Charitable Activities	
List th	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organ	izations and other beneficiaries served, conferences convened, research papers produced, etc	Lapelises
1	Clean Hands Healthy Hands Elementary School Hygiene Programs	
	Administered by a Health Clinic in elementary schools	
	throughout India	103,300.
2		· _
		· – – –
•		
3		·
		·
4		
•		·
		·
Par	t IX-B Summary of Program-Related Investments (see instructions)	
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	Amount
		· -
		0.
2		
		,
All o	other program-related investments. See instructions.	
3	NONE	
]

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Form **990-PF** (2013)

Form 990-PF (2013) SATYARAM HEALTH CLINIC	22-2943918	Pag
Part X Minimum Investment Return (All domestic foundations must complete this part see instructions.)	t. Foreign foundation	ns,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes	#:(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities		
b Average of monthly cash balances	1 b	377,13
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	377,1
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	**± <u>.</u>	
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	377,1
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3		_
(for greater amount, see instructions)	4	5,6
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	371,48
6 Minimum investment return. Enter 5% of line 5	6	18,5
PartiXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this particular in the particul		S
1 Minimum investment return from Part X, line 6		18,5
2 a Tax on investment income for 2013 from Part VI, line 5 · · · · · · · · · ·	0.	
b Income tax for 2013 (This does not include the tax from Part VI) 2 b	# ±	
c Add lines 2a and 2b		
3 Distributable amount before adjustments Subtract line 2c from line 1	3	18,5
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	18,5
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	18,5
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	103,3
b Program-related investments — total from Part IX-B		103,3
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes		
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)		
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.		102 2
		103,3
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4		103,3
	<u> </u>	103,3
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheti qualifies for the section 4940(e) reduction of tax in those years	her the foundation	
quanties for the accitor foreconfiction of tax in those years	<u> </u>	1 990-PF (2

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI, line 7				18,574.
2	Undistributed income, if any, as of the end of 2013				
	Enter amount for 2012 only	· · · · · · · · · · · · · · · · · · ·		21,148.	
	Total for prior years 20, 20, 20 Excess distributions carryover, if any, to 2013				
	T 0000				
	From 2009 0 .				
	From 2010				
	From 2011				
	From 2012 0 .				
	Total of lines 3a through e	514.			
4	Qualifying distributions for 2013 from Part				
	XII, line 4 \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{				
а	Applied to 2012, but not more than line 2a			21,148.	
b	Applied to undistributed income of prior years			12343	
	(Election required — see instructions)	**************************************			
C	Treated as distributions out of corpus (Election required — see instructions)				
d	Applied to 2013 distributable amount				18,060.
е	Remaining amount distributed out of corpus .	64,092.			
5	Excess distributions carryover applied to 2013	514.			514.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
	. , ,				
6	Enter the net total of each column as				
_	indicated below:	* 2.2 * 3.1 *			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	64,092.			
b	Prior years' undistributed income Subtract line 4b from line 2b		0.		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency				
	has been issued, or on which the section				
	4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount — see instructions		•		
					1
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount — see instructions.			0	
	The La Taxable anioant See instructions.				<u> </u>
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2014				0.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
	(see instructions)				
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	0.			
9	Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	64,092.			
10	Analysis of line 9				
а	Excess from 2009 0 .				
	Excess from 2010 0 .				
	Excess from 2011 0.				
	Excess from 2012				
BAA	Excess from 2013 64,092.				Form 800 PT (0040)
					Form 990-PF (2013)

1 a If the foundation has received a ruling or deter	mination letter that	it is a private oper:	VII-A, question 9	he ruling	N/A
is effective for 2013, enter the date of the rulin	ıg				
b Check box to indicate whether the foundation	ıs a private operatir	ng foundation desc	ribed in section	4942(j)(3) or	4942(J)(5
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Tot
each year listed			<u> </u>		
b 85% of line 2a					
c Qualifying distributions from Part XII.					
line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
(1) Value of all assets			+		
` `					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross					
nvestment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	 				
an exempt organization					
Part XV Supplementary Information (0 1 - 4 - 41-! -		- F 1 4" 1 1	L 000	
assets at any time during the	year — see in	structions.)			
1 Information Regarding Foundation Manage		h 004 - 641 - 4 4			
a List any managers of the foundation who have close of any tax year (but only if they have co	e contributed more t atributed more than	nan 2% of the total \$5,000) (See sect	I contributions receive	d by the foundation b	efore the
diddo of any tax year (but only if they have do	nandated more than	\$5,000) (OCC 300)	11011 301 (0)(2))		
N/A					
b List any managers of the foundation who own	10% or more of the	stock of a corpora	ation (or an equally lar	ne portion of the own	erebin of
a partnership or other entity) of which the four	ndation has a 10% of	or greater interest	ition (or an equally lar	go portion of the own	Cramp or
N/A					
2 Information Regarding Contribution, Grant	. Gift. Loan. Schol	arship, etc. Progr	ams:		
Check here X if the foundation only make		• • • •		does not accept uns	collected
requests for funds If the foundation makes grouplete items 2a, b, c, and d	fts, grants, etc (see	instructions) to ind	ividuals or organization	ns under other condi	tions,
a The name, address, and telephone number of	r e-mail of the perso	n to whom applica	tions should be addre		
a The hame, address, and telephone humber of	e-mail of the perso	ni to whom applica	dons should be addre	55EU.	
					
b The form in which applications should be sub-	mitted and informati	on and materials th	ney should include.		
		· · · · · · · · <u>-</u>			
·					
c Any submission deadlines:					
c Any submission deadlines:					
c Any submission deadlines: d Any restrictions or limitations on awards, such		lanca she til			

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation		
Name and address (base as business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business) a Paid during the year	substantial contributor	- Corpioni		
odhita Health Solutions Ltd	N/A		Clear Hande	
02 Vyomarcade RD 5	N/A		Clean Hands Healthy Hands	
umbaı, India 40005-	7	N/A	School Programs	15,000
odhita Health Solutions Ltd	N/A	'''	Clean Hands	10,000
02 Vyomarcade RD 5			Healthy Hands	
umbai, India 40005-	7	N/A	School Programs	50,000
odhıta Health Solutions Ltd	N/A		Clean Hands	
02 Vyomarcade RD 5			Healthy Hands	
umbaı, India 40005-	7	N/A	School Programs	38,300
			1	
			j	
			1	
			1	
]	
Total	<u> </u>			103,300
b Approved for future payment		1		103,300
		İ		
		1]

Part XVI-A Analysis of Income-Producing Activities

Enter	gross amounts unless otherwise indicated.	Unrelate	d business income	Exclude	d by section 512, 513, or 514	4 (0)		
1	Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)		
а				Code				
b								
C								
ď				<u> </u>				
e f				-				
g	Fees and contracts from government agencies							
2	Membership dues and assessments			<u> </u>				
	Interest on savings and temporary cash investments			14				
	Dividends and interest from securities	. × **	***	14	***			
	Net rental income or (loss) from real estate	<u>````</u>	* ** ** **	<i>j</i>	. 24 V V.			
	Debt-financed property			 -				
	Net rental income or (loss) from personal property		 -	 	<u></u>			
	Other investment income			 				
8	Gain or (loss) from sales of assets other than inventory							
	Net income or (loss) from special events							
	Gross profit or (loss) from sales of inventory	8	3 303 au 2780 h	13/12		12.490		
11	Other revenue	10 . 2 to 17	1894 7- 188 188	Y cation				
a b				 				
c		 						
d				 				
е								
	Subtotal Add columns (b), (d), and (e)			\$* 4 . E				
					13			
	worksheet in line 13 instructions to verify calculations							
Par	t_XVI-B	e Accomp	lishment of Exem	pt Pur	ooses			
	Explain below how each activity for which incaccomplishment of the foundation's exempt p	ome is report ourposes (oth	ed in column (e) of Part er than by providing fun	t XVI-A cods for su	ontributed importantly to ch purposes) (See instri	the uctions.)		
<u>3,4</u>	THE FUNDS WERE CONTRIBUTED '	TO A HEA	LTH CLINIC AND	SCHO	OL IN INDIA			
<u>3,4</u>	TO PROVIDE HEALTH SEVICES FO	<u>OR UNDER</u>	PRIVILEDGED FA	MILIE	S			
								
				· -				
								
				 -				
					<u> </u>			
								
								
								
					·			
BAA		TEE	A0502 07/11/13			Form 990-PF (2013)		

Form 990-PF (2013) SATYARAM HEALTH CLINIC 22-2943918 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

											VI. 90. 24 4.			
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								i de la composition della comp	Yes	No				
	a Transfers from the reporting foundation to a noncharitable exempt organization of.										78			
										4 - (4)	1222	wi ii		
(1	(1) Cash										1 a (1)		X	
	(2) Other assets									1 a (2)	Lake at all	X		
	b Other transactions:									į.			<u> </u>	
	(1) Sales of assets to a noncharitable exempt organization									1 b (1)		_ X_		
(2	(2) Purchases of assets from a noncharitable exempt organization									1 b (2)		Х		
(3	(3) Rental of facilities, equipment, or other assets										1 b (3)		Х	
(4	(4) Reimbursement arrangements										1 b (4)		X	
(5	(5) Loans or loan guarantees										1 b (5)		X	
•		ormance of service								-			-	
•	•		•	_	•						1 b (6)		X	
c \$1	naring o	of facilities, equipm	ent, mailing lists,	other assets,	or paid employ	ees				• • • [1 c		<u> </u>	
th	ie good	swer to any of the a s, other assets, or saction or sharing a	services aiven by	the reporting	foundation If the	he foun	dation r	eceived less tha	an fair marke	t value ii	alue of			
(a) Line	no	(b) Amount involved	(c) Name	of noncharitable exempt organization			(d)	Description of trans	sfers, transactio	ns, and st	sharing arrangements			
									_					
								•						
		······································	- 			+				-				
			-				.							
		• • • • • • • • • • • • • • • • • • • •												
						+								
						<u> </u>								
de	escribe	undation directly or d in section 501(c) complete the follow	of the Code (other	d with, or rela er than section	ted to, one or n n 501(c)(3)) or i	nore tax n sectio	k-exemp on 527?	t organizations			. Yes	s X	No	
	(a) Name of organization				(b) Type of organization				(c) Description of relationship					
-														
	-						į							
	Under p	enalties of perjury, I decla	are that I have examine	ed this return, inclu	ding accompanying	schedules	s and state	ments, and to the be	est of my knowled	ge and bel	ef, it is true,			
	соггест	and complete Declaration	n of preparer (other the	an taxpayer) is bas	sed on all information	of which	preparer I	nas any knowledge	,					
Sign	ļ	1.									May the this retur	IRS discu	JSS	
Here	ŀ	Kelua	Mr.		07/28/	14	$ ightharpoons_{ m T}$	RUSTEE			preparer (see inst	shown b	elow	
	Signa	ture of officer or trustee	•		Date		Titl	e		-	(see ilisi	Yes	No	
	·	Print/Type preparer's n	ame	Prepar	er's signature	\ . l.		Date	Check	lf I	PTIN			
D-: -		Frank A N.	ekoranik (1 \	ywas 1	بربد ranik	, CPA	telizh	self-emplo	U"	$D \cap C \in \mathcal{C}$	6211		
Paid		Frank A. No		•		LaiiIK	, CPA	- C11011			P0056	UZ41		
Prepa		Firm's name		<u>Nekoranil</u>	c, CPA				Firm's EIN	∠/-11	05849			
Use C	nly	Firm's address	1330 Maple											
			KINTNERSV:	ILLE		. P.F	A 189	930	Phone no	(610)	755-	1999		
BAA										_	Form 99	0-PF (2	2013)	

Form 990-PF, Page 1, Part I

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PNC BANK	SERVICE FEES	161.			

Total

161.

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.

OMB No 1545-1709

Department of the	Treasury Service			estructions is at www.irs.gov/form8868.				
				art I and check this box		► X		
			=	complete only Part II (on page 2 of this fo		تت ا		
Do not comp	olete Part II un	less you have already been granted	an automati	c 3-month extention on a previously filed F	orm 8868			
request an ex Associated W	equired to file F dension of time /ith Certain Pe	form 990-T), or an additional (not auto to file any of the forms listed in Part	omatic) 3-mo I or Part II w be sent to th	3-month automatic extension of time to file onth extension of time. You can electronically that the exception of Form 8870, Information IRS in paper format (see instructions). Fittes & Nonprofits.	ally file Form 8868 to on Return for Transfe	rs		
	Automatic	3-Month Extension of Time.	. Only sub	mit original (no copies needed).				
A corporation	required to file	Form 990-T and requesting an auto	matic 6-mon	th extension – check this box and comple	te Part I only	▶ □		
All other corp income tax re	orations (inclu aturns	ding 1120-C filers), partnerships, REM	MICs, and tro	usts must use Form 7004 to request an ex Enter filer's identif				
	Name of exempt	organization or other filer, see instructions.		Enter mer a reent	Employer identification number (EIN) or			
Type or	1							
print	SATYARAM	22-2943918						
File by the	Number, street, a	Social security number (SSN)						
due date for	PO BOX 1	}						
filing your return See	City, town or post	office, state, and ZIP code. For a foreign address	, see instruction	8				
instructions.	NEWTOWN				PA 1894	0		
Enter the Ret	turn code for th	e return that this application is for (file	a separate	application for each return)		· 04		
ls For			Code	is For		Code		
Form 990 or			01	Form 990-T (corporation)		07		
Form 990-BL	· <u>···</u> ···		02	Form 1041-A		08		
Form 4720 (I			03	Form 4720 (other than individual)		09		
Form 990-PF			04	Form 5227		10		
		or 408(a) trust)	05	Form 6069	 	11		
Form 990-T (trust other than	above)	06	Form 8870	12			
Telephon If the org. If this is for check this the exten	anization does or a Group Ret s box ► sion is for.	5) _579-9620 not have an office or place of busines urn, enter the organization's four digit	Fax No. ss in the Uni t Group Exe ck this box.	ted States, check this box	this is for the whole o	يب group,		
until in the extended to the tendent in the tenden	Aug 15 tension is for th calendar year tax year begir	, 20 $\underline{1}$ $\underline{4}$, to file the exempt organice organization's return for: 20 $\underline{13}$ or aning , 20 In line 1 is for less than 12 months, or	zation return	of for the organization named above.	al retum			
3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions						0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit								
EFTPS	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions							
Caution. If you payment inst	ou are going to ructions.	make an electronic funds withdrawal	(direct debi	t) with this Form 8868, see Form 8453-EO	and Form 8879-EO	for		