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Form **990**

Return of Organization Exempt From Income Tax

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

<u>A</u>	FOR tr	1e 201	4 calendar year, or tax year beginning 0 //01, 2014, a	ina enaing		06/30, 20 15
В.	Check if a		C Name of organization		D Employer ident	bfication number
_	_		GRAM SEVA FOUNDATION, U.S.A.		56-2381	639
	Addre		Doing business as			
	Name	change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone num	ber
	Initial	return	2030 POST ROAD		(847) 564	-2030
		return/	City or town, state or province, country, and ZIP or foreign postal code			
\vdash	terms	nded	NORTHBROOK, IL 60062		G Gross receipts	\$ 296,978.
\vdash		cation	F Name and address of principal officer DR. KHUSHROO PATEL		H(a) is this a group	
<u> </u>	pendi	ing	2030 POST ROAD NORTHBROOK, IL 60062		subordinates?	H H
_	T	4 -4	·	T 1	H(b) Are all subordina	——————————————————————————————————————
÷		empt st		527		a list (see instructions)
<u></u>		te: 🕨			H(C) Group exempt	
K		of organ		L Year of for	mation 2003 M S	tate of legal domicile IL
Р	art I		mmary			
	1	Briefly	describe the organization's mission or most significant activities THIS OR	GANIZATI	ON ASSISTS P	OOR, SICK, AND
9		DIS	ABLED PEOPLE IN INDIA.			
Activities & Governance						
Ē	2	Check	this box If the organization discontinued its operations or disposed	of more than 2	5% of its net assets	
é	3		er of voting members of the governing body (Part VI, line 1a)			3 4.
٠ 6	4		er of independent voting members of the governing body (Part VI, line 1b)			4 4.
es	5		number of individuals employed in calendar year 2014 (Part V, line 2a)			5 0
₹	ء ا					6 0
ğ	6		number of volunteers (estimate if necessary)			
•	'a		unrelated business revenue from Part VIII, column (C), line 12			7a 0
	ļ D	Net u	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b 0
				<u> </u>		Current Year
ē	8		butions and grants (Part VIII, line 1h)		278,043	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			_00
چ	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,286	5. 243.
-	11	Other	revenue (Part VIII, columni(A), inges-5, 6d, 8c. 9c. 10c, and 11e).			0 0
	12	Total	revenue - add lines 8 through 14 (must equal Part VIII, column (A), line 12).		279,329	296,978.
	13	Cross	a and amiles amples and (Part IV, column (A), lines (B))		365,000	331,526.
	14	Benef	its paid to or for members Mah/IX.1co(lumin) M. time (Q)	-		0 0
co.	15	Saları	es, other compensation, employee benefits (Part IX @ijimn (A), lines 5-10)			0 0
Expenses	16a	Profes			7	0 0
ē		Total	ssional fundraising fees (Part IX, column (D), line 11e). fundraising expenses (Part IX, column (D), line 25) ▶0	• • • • • •		<u> </u>
Щ×	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		863	832.
	1					
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		365,863	
_ K	19	Rever	nue less expenses Subtract line 18 from line 12		-86,534	
sets or				<u> </u>	ginning of Current Ye	
386	20	Total	assets (Part X, line 16)		115,761	
A As	21	Total	liabilities (Part X, line 26)		5,662	
<u> </u>	22	Net as	ssets or fund balances Subtract line 21 from line 20	<u> </u>	110,099	74,719.
Pa	art II	Sig	gnature Block			
Un	der pei	naities o	of perjury, I declare that I have examined this return, including accompanying schedules	s and statement	s, and to the best of r	my knowledge and belief, it is
····	e, corre	and	complete Declaration of preparer (other than officer) is based on all information of which	preparer nas an	y knowledge	
			K.E. Hatel		1 11	105/2015
Sig			Signature of officer		Date	,
He	re		Khushroo Patel Officer			
			Type or print name and title			
		Pnnt/	Type preparer's name Preparer's signature	Date / /	Chart	, PTIN
Pai	d		EZER HILDESHAIM	11/6/1	Checki self-employed	<u>'</u>
Pre	parer			 		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Us	e Only		sname ▶FROST, RUTTENBERG & ROTHBLATT, P.C.		Firm's EIN ► 36	
-			saddress ▶111 PFINGSTEN RD., SUITE 300 DEERFIELD, IL 60015-4981		Phone no 84	17-236-1111
	<u> </u>	_	cuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			Form 990 (2014)

JSA 4E1010 1 000 93472A L920

260399-0000

- 000 (0	244)	GRAM SEVA E	FOUNDATION,	U.S.A.		56-2381639	2 2
Part III	Statement of Progra Check if Schedule O			line in this Part III .			Page 2
	describe the organizat ORGANIZATION AS	tion's mission					
	e organization underta					on the Yes	X No
If "Yes,	orm 990 or 990-EZ? "describe these new s le organization cease	services on Schedu	le O				
4 Descri expens	es?	ges on Schedule O program service a and 501(c)(4) org	accomplishments ganizations are re	equired to report the	ree largest program		asured by
)(Expension Assistance A				_{526.})(Revenue \$_		_)
4b (Code) (Expens	ses \$	including gran	ts of \$) (Revenue \$ _		_)
4c (Code) (Expens	ses \$	including gran	ts of \$) (Revenue \$)
						-	
							-
				. <u>-</u> <u>.</u> .			
Ad Other	program services (Des	scribe in Schodule O	1				
(Exper		including grants of) (Revenue \$)		

Form 9	90 (2014)		F	age 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	,		_v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		<u> </u>
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	٠,		;
	VII, VIII, IX, or X as applicable	<u></u>		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		<u> </u>
þ	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	44-		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (see instructions)	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			.,
44	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		Ų,
20-	If "Yes," complete Schedule G, Part III	19		$\frac{x}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	in 165 to mie 20a, die trie organization attach a copy of its addited infancial statements to this feturity		990	<u> </u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	ŀ	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<u> </u>	<u> </u>
23			ļ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		٠,
	employees? If "Yes," complete Schedule J	23	-	Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
_		234	-	- ``
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ŀ		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			١,,
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	•		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			-
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ŀ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<u> </u>
D		205		x
	Schedule L, Part IV	28b	 	
С				١
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		х
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	l	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34		x
05-			<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	<u> </u>
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ŀ	1
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	}	1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	To Transfer Time and the desired and to desired the desired and the desired an		990	

Page	5
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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	-
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable				
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				٠
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	1c			-
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 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	-		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	-
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١.,	
	account)?	4a		Х	-
b	If "Yes," enter the name of the foreign country ▶			•	i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
_	(FBAR)				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X	-
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_5c_			-
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	٥.		١.,	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х	-
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	ļ		
7	gifts were not tax deductible?	OD		,	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				1
а	and services provided to the payor?	7a			•
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				•
Ū	required to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year				•
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	•
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х	•
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х	•
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			A	
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.		المند		j
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
0	Section 501(c)(7) organizations. Enter		, -		i
а	Initiation fees and capital contributions included on Part VIII, line 12	1 > r	3. 44.4 e.	* ± :	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			7	
11	Section 501(c)(12) organizations. Enter		1	·, ·	
а	Gross income from members or shareholders		, , .		
b	Gross income from other sources (Do not net amounts due or paid to other sources			٠.	ì
	against amounts due or received from them)				,
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		14,24		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		٠, :	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			-
	Note. See the instructions for additional information the organization must report on Schedule O	ı	:		-
b	Enter the amount of reserves the organization is required to maintain by the states in which	- (1147	1.5	į
	the organization is licensed to issue qualified health plans		- 17,3		
	Enter the amount of reserves on hand	4.4	· · · ·	1,,	_
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	900	(2011)	
040 1 0	93472A L920 260399-0000	rom	990	(∠∪14)	ļ

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

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
ь	Enter the number of voting members included in line 1a, above, who are independent	1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with	}		
_	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or ur				
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?		7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval				
-	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following:	g			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue	Code	∍.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of				
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests t				
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"			
	describe in Schedule O how this was done	-	12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•			
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangement			
	with a taxable entity during the year?	_	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the			
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶_IL.				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•	•		• • •
	Own website Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year			. ,	_
20	State the name, address, and telephone number of the person who possesses the organization's to	ooks and record	s. ▶		
		64-2030			
JSA			Form	990	(2014)

56-	2	38	16	53	9

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors								
	Check if Schedule O contains	s a response	or note to	any li	ne in this Part	VII			

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	2.00	х		х				0	0	0
(2)KHUSHROO PATEL DIRECTOR	2.00	x		Х				0	0	0
(3)RAMITA SHAH DIRECTOR	2.00	х		Х				0	0	0
	2.00	х		х				0	0	0
_(5)										
(10)										
(11)										
(12)										
(13)										
(14)										

Pan	_	1

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and F	ligl	nest Compensat	ed Employ	ees (c	ontinued)
(A) Name and title	(B) (C) Average Position (do not check more that box, unless person is bofficer and a director/tr					ıs both	an	(D) Reportable compensation from	(E) Reportable compensation f	n from	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-i		compensation from the organization and related organizations
										-	
											-
Total from continuation sheets to Part VII, Set Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization).	ection A Ilmited to t	hose	· ·	 	 	 	▶ ► re	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0	(
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or ch ind	trı İıvıd	uste <i>ual</i>	e,	key e	mp	loyee, or highes	t compensa	ited	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15	50,0	100?	? //	"Yes	," (complete Schedu	le J for s	uch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Section B. Independent Contractors											
 Complete this table for your five highest com- compensation from the organization. Report of year 											
(A) Name and business add	lress							(B) Description of se	ervices	С	(C) compensation
	-										
						-	L				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nıte	d to	thos	e li	sted above) who	received		
JSA 4E1055 1 000 93472A L920								260399-00	00		Form 990 (2014

Total measure Related ampagement 1a 1b 1b 1c 1c 1c 1c 1c 1c			Check if Schedule O contains a respons	se or note to an	y line in this Part \	/III		
Business Code Business Code					• •	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Business Code Business Code Business Code Business Code	at a	1a	Federated campaigns 1a					
Business Code Business Code Business Code Business Code	Grai	ь	1 1					
Business Code Business Code Business Code Business Code	Α, (A	c	Fundraising events 1c					
Business Code Business Code Business Code Business Code	₽ je	١.	·					
Business Code Business Code Business Code Business Code	ns, is	e	_					
Business Code Business Code Business Code Business Code	를 들	ř						
Business Code Business Code Business Code Business Code	혈美	•		296,735				
Business Code Business Code Business Code Business Code	ă ă	۱ ,						
Business Code Business Code	ა ⊭	h			296,735.			
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. (i) Real (ii) Personal 6a Gross rents. b Less rental expenses. c Rental income or (loss) d Net rental income or (loss) 1 A Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses. C Gan or (loss). d Net gan or (loss). 5 A Gross income from fundraising events (not including \$ of contributions reported on line to) See Part IV, line 18 b Less direct expenses. See Part IV, line 19 b Less drect expenses. See Part IV, line 19 c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of goods sold. c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of goods sold. c Net income or (loss) from sales of inventory, less returns and allowances. a b Less cost of goods sold. b C Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a b C All other revenue. Business Code	- Bn							
3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalties. (i) Real (ii) Personal 6a Gross rents. b Less rental expenses. c Rental income or (loss) d Net rental income or (loss) 1 A Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses. C Gan or (loss). d Net gan or (loss). 5 A Gross income from fundraising events (not including \$ of contributions reported on line to) See Part IV, line 18 b Less direct expenses. See Part IV, line 19 b Less drect expenses. See Part IV, line 19 c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of goods sold. c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of goods sold. c Net income or (loss) from sales of inventory, less returns and allowances. a b Less cost of goods sold. b C Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a b C All other revenue. Business Code	ě	22						
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3 Investment income (including dividends, interest, and other similar amounts). 4 Income from investment of tax-exempt bond proceeds 5 Royalties 0 (i) Real (ii) Personal 6a Gross rents 1	6							
and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. 5 Royalies. (i) Real (ii) Personal 6a Gross rents. b Less rental expenses. c Rental income or (loss). d Net rental income or (loss). 7a Gross amount from sales of assets other than inventory b Less cots or other basis and sales expenses. c Gain or (loss). d Net gosn in or (loss). d Net gosn in or (loss). c Gain or (loss). d Net gosn in or (loss). d Net gosn in or (loss). of contributions reported on line to). See Part IV, line 18. b Less direct expenses. c Net income or (loss) from fundraising events. See Part IV, line 19. a b Less cost or goods sold. c Net income or (loss) from galming activities. In the second of th								
Income from investment of tax-exempt bond proceeds Comparison Co		"	, ,		243			243
Second Part			•	_				243
(i) Real (ii) Personal b Less rental expenses		l	•					
Base Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 5 As Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less direct expenses b C Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a Less cost of goods sold b Less cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a b C All other revenue e Total. Add lines 11a-11d 0		"	·					
b Less rental expenses			<u>''</u>	.,				
C Rental income or (loss)		l .					,	1
d Net rental income or (loss)		ŀ	·				,	
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)			• •					
assets other than inventory b Less cost or other basis and sales expenses								
b Less cost or other basis and sales expenses		′°	.,	(,				
and sales expenses		١.	·					
C Gain or (loss)		D						
d Net gan or (loss)]
8a Gross income from fundraising events (not including \$		_						
events (not including \$	•				U			
See Part IV, line 18	Ž	8a	<u> </u>					,
See Part IV, line 18	ě							
9a Gross income from gaming activities See Part IV, line 19	o o		' '				- x	1
9a Gross income from gaming activities See Part IV, line 19	둤		1					
9a Gross income from gaming activities See Part IV, line 19	Ę		·					
See Part IV, line 19	0	1	· · ·		0		_	
b Less direct expenses b c Net income or (loss) from gaming activities • 0 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory • 0 Miscellaneous Revenue Business Code 11a b c c d All other revenue		9a					_	
c Net income or (loss) from gaming activities		١.					,	
10a Gross sales of inventory, less returns and allowances								
returns and allowances			` '					
c Net income or (loss) from sales of inventory		10a						;
11a b					0			
b c d All other revenue			Miscellaneous Revenue	Business Code	~			
b c d All other revenue		11a						
d All other revenue		į.	•					
e Total. Add lines 11a-11d		i						
e Total. Add lines 11a-11d		.	Ail other revenue					
140 1 I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					0			
					296,978			243.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)					
Sec					
	Check if Schedule O contains a respond include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	<u> </u>			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	331,526.	331,526.		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
	Other salanes and wages	<u> </u>			
8	Pension plan accruals and contributions (include	o			
_	section 401(k) and 403(b) employer contributions)	0			
	Other employee benefits	d			
10	Payroll taxes				
	Management	O			
	Legal	0			
	Accounting	0			
d	Lobbying	. 0			
е	Professional fundraising services See Part IV, line 17,	. 0			
1	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0			
	Advertising and promotion	151.	151.		
	Office expenses	0	131.		
14	Information technology	0			
15 16	Royalties	0			
	Travel	0			
18					
	for any federal, state, or local public officials	O			
19	Conferences, conventions, and meetings	0		· · · · · · · · · · · · · · · · · · ·	
20	Interest	0			
21	· · · · · · · · · · · · · · · · · · ·	0			· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	0			
23	Insurance	. 0			
24	Other expenses Itemize expenses not covered		İ		
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	POSTAGE AND SHIPPING	440.	440.		
_	ANNUAL REPORT FEES	15.		15.	
	MISCELLANEOUS EXPENSE	186.	186.		
_	BANK CHARGES	40.		40.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	332,358.	332,303.	55.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	o			
	10.10 ming 001 00 2 (A00 300-720)	Ч			

: X	Balance Sheet			
		1.37		-
	Check if Schedule O contains a response or note to any line in this Pa		· · · ·	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	115,761.	1	81,237
2	Savings and temporary cash investments	0	2	
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	
5	Loans and other receivables from current and former officers, directors,	,		
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L	0	5	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	6	
7	Notes and loans receivable, net	0	7	
8	Inventories for sale or use	0	8	
9	Prepaid expenses and deferred charges	0	9	
				
ь	Less accumulated depreciation 10b	O	10c	
11	Investments - nublicly traded securities			
15	Other assets See Part IV line 11			
is	Total accete Add lines 1 through 15 /must equal line 34)			81,237
			_	6,518
				0,310
10	Deferred revenue			
חמ	Tax exempt hand liabilities			
24	Escrow or custodial account tiability Complete Part IV of Schedule D			 -
		0	22	
			24	
23				
	· · · · · · · · · · · · · · · · · · ·		25	
96	Total liabilities Add lines 17 through 25			6,518
20		J, 662.	26	0,310
			27	
20	Permanently restricted net assets			
	Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🛛 X and		23	
30	•	4	30	
	Paid-in or capital surplus or land building or equipment fund			
	Retained earnings endowment accumulated income or other funds	110 000		74,719
	Total net assets or fund halances			
	Total liabilities and not assets/fund halances			74,719 81,237
1 1111122 22 22 3333	2 3 4 5 6 7 8 9 0 a	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 0a Land, buildings, and equipment cost or other basis Complete Part V of Schedule D b Less, accumulated depreciation, 10b Investments - publicly traded securities 1 Investments - publicly traded securities 2 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 Intragible assets. 5 Other assets See Part IV, line 11 6 Total assets. Add lines 1 through 15 (must equal line 34) 7 Accounts payable and accrued expenses 8 Grants payable 9 Deferred revenue 1 Tax-exempt bond liabilities 12 Escrow or custodial account liability Complete Part IV of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 1 Secured mortsgages and notes payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 1 Unsecured notes and loans payable to unrelated third parties 2 Other liabilities (including federal income tax, payables to related third parties, and other liability employees, and disqualified persons Complete Part II of Schedule D 2 Coganizations that follow SFAS 117 (ASC 958), check here 10 Total liabilities and inces payable to unrelated third parties 3 Organizations that follow SFAS 117 (ASC 958), check here 10 Total liab	2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 5915(c)(3)(8), and contributing employers and sponsoring organizations of section 5915(c)(3)(8), and contributing employers and sponsoring organizations of section 5915(c)(3)(8), and contributing employers and sponsoring organizations of section 5915(c)(3)(8), and contributing employers and sponsoring organizations of section 5915(c)(3)(8), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventines for sale or use 9 Prepaid expenses and deferred charges 10 Less. accumulated depreciation 11 Investments - publicly traded securities 12 Investments - program-related See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 11 115, 761. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Tax-exempt bond liabilities 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability Complete Part IV of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 10 Tax-exempt bond liabilities 10 Tax-exempt bond liabilities 11 Investment liabilities in through 25 12 Loans and other payables to unrelated third parties. 13 Tender of other liabilities in through 25 14 Unrescricted net assets 15 Tender liabilities (including federal innom	2 Savings and temporary cash investments

Form **990** (2014)

	GRAM SEVA FOUNDATION, U.S.A.	56	5-238:	1639		
Form 99	00 (2014)				Pa	ge 12
Part	XI Reconciliation of Net Assets			-		
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			296,	978.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	332,	358.
3	Revenue less expenses Subtract line 2 from line 1	3		_	35,	380.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	10,	099.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			74,	719.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı ın		ĺ	
	Schedule O.	·				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or .			
	reviewed on a separate basis, consolidated basis, or both.	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		Х
-	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:				İ	
	Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	iaht			
•	of the audit, review, or compilation of its financial statements and selection of an independent acc		•	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O	- Aprilaii				
3.2	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forti	n in			
Va	the Single Audit Act and OMB Circular A-133?			За		
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				†	<u> </u>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Employer identification number 56-2381639

GRAN	1 SEVA FOUNDATION, U.S	S.A.				56	-2381639
Part	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions) .
The c	rganization is not a private fou	ndation because it	t is (For lines 1 through	gh 11, ch	neck only	one box)	
1 [A church, convention of chu						
2 [A school described in secti-	on 170(b)(1)(A)(ii)	. (Attach Schedule E)	ı			
3 [A hospital or a cooperative	hospital service o	rganization described	ın sectio	n 170(b))(1)(A)(iii).	
4 [A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
_	hospital's name, city, and st	tate					
5 [An organization operated t	for the benefit of	a college or universit	ty owne	d or ope	erated by a governme	ental unit described in
_	section 170(b)(1)(A)(iv). (C	Complete Part II)					
6	A federal, state, or local go	•					
7 [X An organization that norma	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
_	described in section 170(b))(1)(A)(vi). (Compl	lete Part II)				
8	A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II)			
9 [An organization that norma	ally receives: (1) n	nore than 331/3% of	its supp	ort from	contributions, memb	ership fees, and gross
	receipts from activities rela		-				
	support from gross invest						tax) from businesses
_	acquired by the organizatio						
10	An organization organized	•	•	-			
11	An organization organized a	•	<u> </u>	-			• • •
	one or more publicly suppo	_					
	the box in lines 11a through						
а	Type I A supporting orga	•	•	_		-	-
	the supported organization			elect a m	najority o	of the directors or trus	tees of the supporting
_	organization You must co	•					
b	Type II. A supporting org	•				• • •	
	control or management of		_	tne sam	ie persor	ns that control or mar	age the supported
_	organization(s). You must						II
С	Type III functionally integrated						ily integrated with,
	its supported organization						tod organization(s)
d	that is not functionally into	= :		-			* · · ·
	requirement (see instruct	-	*	_		•	a an allentiveness
e	Check this box if the orga	•	-				II. Type III
·	functionally integrated, or						ii, Type iii
f	Enter the number of supported			porting	organiza		
	Provide the following information	*					
	i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9 above or IRC section		our governing iment?	support (see instructions)	other support (see instructions)
			(see instructions))	""	illentr	instructions)	nistractions)
				Yes	No		
/A)							
(A)							
(B)		:			1		
				<u> </u>	<u> </u>		
(C)							
					ļ		
(D)					}		
				 	<u> </u>		
(E)							
				 	 		
Total							

Schedule A (Form 990 or 990-EZ) 2014 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	192,877	171,376.	167,159	278,043.	296,735.	1,106,190.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	192,877.	171,376.	167,159.	278,043	296,735.	1,106,190.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						395,710
6	Public support. Subtract line 5 from line 4						710,480
	tion B. Total Support		· · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 8	Amounts from line 4	192,877.	171,376.	167,159.	278,043.	296,735.	1,106,190.
	sources	703.	967	1,006.	1,286.	243	4,205.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				:		0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
11	Total support. Add lines 7 through 10	·					1,110,395.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here						
<u>Sec</u>	tion C. Computation of Public Supp		-				
14	Public support percentage for 2014 (lin						63.98%
15	Public support percentage from 2013						99.51%
16a	331/3% support test - 2014. If the or						
	this box and stop here. The organization						▶ 🗓
Ь	331/3% support test - 2013. If the o	•			•		· —
	check this box and stop here. The orga		-				
1/a	10%-facts-and-circumstances test - 2	-	£				
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			-	•		
_	organization						
D	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization Explain in Part VI how the organization						=
	supported organization				_	•	
18	Private foundation. If the organization						
	_						
	instructions			· · · · · · · · · · · ·			·· · ·

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Caler	ador your for Social year hastestee to be	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(6) 20 + 1	(0) 2012	(4) 2013	(e) 2014	(I) Total
1	Gifts, grants, contributions, and membership fees					ļ	
	received (Do not include any "unusual grants ")	. <u></u> .					
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 purpose						
3	Gross receipts from activities that 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						
3							
	furnished by a governmental unit to the						
_	organization without charge				<u> </u>		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
U	received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
<u>Sec</u>	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6,						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b		į.				
			1				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				-		
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a section 501	(c)(3)
11 12 13	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	•		, ,	•		```
11 12 13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<u></u>	<u> </u>	, ,	•		```
11 12 13 14 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent	age	<u> </u>		<u></u>	`▶
11 12 13 14 Sec 15	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent	age ed by line 13, colui	mn (f))		15	9
11 12 13 14 Sec 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divid dule A, Part III, lii	age ed by line 13, colur ne 15	mn (f))		<u></u>	9
11 12 13 14 Sec 15 16 Sec	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divid dule A, Part III, lii t Income Per	age ed by line 13, colui ne 15	nn (f))		15 16	9
11 12 13 14 Sec 15 16 Sec 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divid dule A, Part III, lin it Income Per ne 10c, column (age ed by line 13, colui ne 15 rcentage (f) divided by line	mn (f))		15 16	9
11 12 13 14 Sec 15 16 Sec 17 18	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divid dule A, Part III, III it Income Per ne 10c, column (Schedule A, Part	age ed by line 13, columne 15	mn (f))		15 16 17 18	9 9
11 12 13 14 Sec 15 16 Sec 17	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divid dule A, Part III, lii t Income Per ne 10c, column (Schedule A, Part panization did n	age ed by line 13, columne 15 rcentage (f) divided by line 4 till, line 17 ot check the box	mn (f))	d line 15 is mor	15 16 17 18 e than 331/3%,	og og og og og og og og og og og og og o
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divid dule A, Part III, In t Income Per ne 10c, column (Schedule A, Part panization did n s box and sto	age ed by line 13, columne 15 rcentage (f) divided by line till, line 17 ot check the box p here. The org	nn (f)) 13, column (f)) 4 on line 14, ananization qualifie	d line 15 is mor	15 16 17 18 e than 331/3%, supported organ	og og og og og og og og og og og og og o
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divid dule A, Part III, In t Income Per ne 10c, column (Schedule A, Part panization did n s box and sto	age ed by line 13, columne 15 rcentage (f) divided by line till, line 17 ot check the box p here. The org	nn (f)) 13, column (f)) 4 on line 14, ananization qualifie	d line 15 is mor	15 16 17 18 e than 331/3%, supported organ	og og og og og og og og og og og og og o
11 12 13 14 Sec 15 16 Sec 17 18 19a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divide dule A, Part III, In t Income Per ne 10c, column (Schedule A, Part ganization did no s box and sto nization did not	age ed by line 13, columne 15 rcentage (f) divided by line till, line 17 ot check the box p here. The org check a box on	nn (f)) 13, column (f)) c on line 14, and anization qualifie line 14 or line 15	d line 15 is mor s as a publicly 9a, and line 16 is	15 16 17 18 e than 331/3%, supported organ is more than 331/	% % % % % % and line ization ▶ 3%, and
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divide dule A, Part III, lin t Income Per ne 10c, column (Schedule A, Part ganization did n s box and sto nization did not this box and s	age ed by line 13, columne 15 rcentage (f) divided by line 17 of check the box p here. The org check a box on top here. The or	mn (f)) 13, column (f)) c on line 14, ananization qualifie line 14 or line 19	d line 15 is mor s as a publicly 9a, and line 16 is es as a publicly	15 16 17 18 e than 331/3%, supported organ s more than 331/ supported organ	% 9 9 9 and line ization 3%, and ization
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	port Percent column (f) divide dule A, Part III, lin t Income Per ne 10c, column (Schedule A, Part ganization did n s box and sto nization did not this box and s	age ed by line 13, columne 15 rcentage (f) divided by line 17 of check the box p here. The org check a box on top here. The or	mn (f)) 13, column (f)) c on line 14, ananization qualifie line 14 or line 19	d line 15 is mor s as a publicly 9a, and line 16 is es as a publicly o, check this bo	15 16 17 18 e than 331/3%, supported organ s more than 331/ supported organ	9 9 and line ization 3%, and ization ructions

Part IV Supporting Organizations

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

Sec	ti	on	A.	All	Supporting	Organizations
-	.,	· · · ·	~	\sim	Cuppoi unig	OI garnzauorio

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

_	le A (Form 990 or 990-EZ) 2014		F	age 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	۱.,		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	on B. Type I Supporting Organizations	11c		
OCCU	on b. Type roupporting organizations		Yes	No
			103	.,,
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	. .		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,	İ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization		i	
04		_2		
Section	on C. Type II Supporting Organizations		V	NI -
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	,		
Section	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test Complete line 2 below	o aco	J113 ₎ .	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions)		
_		Í	Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive? If the standard organization and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	_3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	in the regularity and regularity and regularity and regularity			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3 _		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	•	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of secunties	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-ıntegra	ated Type III supporting	organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2				
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014	<u> </u>		
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e		··· = .	
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			•
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carry over to 2015 Add lines 3j			
	and 4c		, ,	
8	Breakdown of line 7			
a	<u> </u>			
b				
<u>c</u>				
d	Excess from 2013			
e	Excess from 2014			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer Identification number

GRAM SEVA FOUNDATION, U.S	.A.			56-2381639)
	on Activities	Outside the I	United States. Complete	if the organization answe	red "Yes" on
For grantmakers. Does the orga assistance, the grantees' eligibili				a used to award the	
grants or assistance?				L	X Yes No
2 For grantmakers. Describe in assistance outside the United Sta		ganızatıon's p	rocedures for monitoring	the use of its grants a	and other
3 Activities per Region (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH ASIA			GRANTMAKING		331,526
(2)					
(3)					
(4)					
(5)				-	
(6)					
_(7)					
(8)					
(9)	<u> </u>				
(10)					
(11)					<u> </u>
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					331,526.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1			l	331 526

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 4E1274 1 000 93472A L920

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(I) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance (f) Manner of cash disbursement 331,526. (e) Amount of cash grant (d) Purpose of grant CHARITABLE (c) Region SOUTH ASIA (b) IRS code section and EIN (if applicable) (a) Name of organization 5 (11) (12)(13) (14) (16) (15) 9 8 £ 2 3 € (5) 3 6)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

Enter total number of other organizations or entities.

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Schedule F (Form 990) 2014

56-2381639

GRAM SEVA FOUNDATION, U.S.A.

Page 3 Schedule F (Form 990) 2014

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of Cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(3)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)			i				
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2014

Sched	ule F (Form 990) 2014			Page 4
Par	t IV Foreign Forms	 		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No	

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Part V

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

MONITORING OF FUNDS

THE FOUNDATION DISCUSSES USE OF GRANT FUNDS AT ITS MEETINGS

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

56-2381639

GRAM SEVA FOUNDATION, U.S.A.

WRITTEN CONFLICT OF INTEREST POLICY REVIEWS AT MEETINGS

BOARD RELATIONSHIPS

JAY BOZICEVICH IS THE SON-IN-LAW OF KHUSHROO PATEL

AVAILABILITY OF GOVERNING DOCUMENTS AND F/S AVAILABLE TO THE PUBLIC INFORMATION IS AVAILABLE UPON REQUEST.

REVIEW OF FORM 990

THE BOARD REVIEWS THE RETURN BEFORE FILING