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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

2009

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

	For th	e 2009 calen	dar year,	or tax year beginning	, 2	2009,	and endir	ng			,		
В	Check if	applicable		C Name of organization			·-		D Employ	er Ider	ntification N	umber	
	X Add	fress change	Please use IRS label	DASRA, INC.					05-0	574	1837		
		ne change	or print or type	Number and street (or P O box if	mail is not delivered to str	eet ad	ldı) Room/s	uite	E Telepho				
	H	ial return	See specific	3050 POST OAK BLVD			550		(713	33 2	256-79	96	
	\vdash		Instruc-	City town or country		State	ZIP code + 4		1 1/1:	,, 2	230-73.		
		mination	tions	1					١, .		. 760	100	
	H	ended return	F	HOUSTON		TX	77056	11/22 10 15-2	G Gross re			1,129.	
	L App	olication pending	1	and address of principal officer				1	a group returi I affiliates incl		imates.	Yes	X No
				ANGHAVI 12338 MAILY MEADOW LN			77478		attach a list		nstructions)	Yes	∐ №
<u></u>		exempt statu	•		4947(a)(1) o	r	527						
<u>J</u>		site: ► ww	,,					H(c) Group	exemption nu	mber	<u> </u>		
K		of organization	X Corpora	ation Trust Association	Other >	LY	Year of Format	tion 200	3 M s	tate of	legal domic	ile TX	
Pa	rt I	Summa											
	1 {	Briefly descri	be the org	ganization's mission or most s	significant activities	то	PROVIDE SUI	PPORT & MA	NAGERIAL G	UIDAN	CE TO NON	-PROFIT	ORGANIZ
ø	_					- - ·						. 	
and	-												
Activities & Governance	-										- 		
30				if the organization discontinue		disp	osed of mo	ore than 2	25% of its _:				
જ				nbers of the governing body (F		1	165			3	4		
es				nt voting members of the gove		iine	(01			4	0		
ıvıt	6	Total number	of volunt	yees (Part V, line Pa) CC L teers (estimate if necessary)	IVEU_					<u>5</u>	0		
Act				business revenue from Part V	III. Icolumn (CO) ne	12				7 a			0.
	b í	Vet unielater	husinese	s taxable income from from 9	90 30 Me 34	14				7 b	+		
		ver ameratee	1 503,1103.	Y TOWNS TO THE HOUND AT 11 S	20 //01/00 0 1/22			Τ.) V	,			
	8 (Cantubutiana	and area	ats (Bayl)/III had 1b	=				Prior Year	1.0	Cu	rrent Ye	
ne			_	nts (Part VIII (line 16)GDE	N. U1				1,206,8 158,2			757,	916.
Revenue				art VIII, column (A), lines 3, 4	and 7d)				27,8		 		745.
Re				III, column (A) lines 5, 6d 8d					27,0	05.	 	,	743.
									28		768.	129.	
				ounts paid (Part IX, column (A		·// ···	10 12)		1,318,1		 		127.
				members (Part IX, column (A					1,310,1	<u> </u>		730,	12/.
	ľ			nsation, employee benefits (P		inoc	5 10V		111,8	<u> </u>			728.
es				· · · · · · · · · · · · · · · · · · ·		ines	5-10)		111,0	50.		<u> </u>	120.
ens				ng fees (Part IX, column (A), I					" '				
Expenses	b T	Total fundrais	sing expe	nses (Part IX, column (D), lin	e 25)►	4	4,965.				<u> </u>		
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)							36,397.			123,	469.
	18	Total expense	es Add Iı	nes 13-17 (must equal Part I)	K, column (A), line 2	5)			L,466,3	96.		931,	324.
	19 I	Revenue less	expense	s Subtract line 18 from line 1	2				-73,4	68.		-163,	195.
900								Begi	nning of Y	'ear	En	d of Ye	ar
Net Assets or Fund Balancos	20	Total assets ((Parl X, Iı	ne 16)					L,254,1		+	,095,	
A B	21	Total habilitie	s (Part X	, line 26)									390.
δĒ	22 1	Net assets or	fund hal:	ances Subtract line 21 from I	ine 20				L,254,1	47	1	,090,	
Pa	rt II		ure Bloc	·	1110 20				<u> </u>	<u> </u>	<u>. </u>	, 0507	
		<u> </u>			vo voelvel on nonmonoure	a caba	dulas and sta	lomosis and	d to the best o	6 m te	noudadaa aa	d baleat d	
		true, correct	ind complete	I declare that I have examined this retu Declaration of preparer (other than off	icer) is based on all inform	ation	of which prepa	arer has any	knowledge	ı iliy Kı	nowledge an	u bener it	. 15
Sig	ın	► x of)(aN	xhan'				1	. 1	112	lin		
He		Signature	of officer	3	<u> </u>				ate /	110	1.0		
		► v 1	المع دمر	SANGHAVI	DIRELT	DP							
		Type or pr	int name and		DIXECT				<u> </u>				
		77 - 77		-		Ir	Date	1.		I	Preparer's id	entifying r	umber
Pai	id					٦	,	İs	Check if elf-		Preparer's id (see instructi	ons)	
Pre		Preparer's	_ /	he il the			11/12/1	e	mployed P	비	461-8	6.4	177
	rer's	signature	- h	1-22 VIII			11011		_		, , ,	- /	- <i>))</i>
Us		Firm's name (o			ANY P.C., CPA	\S_			-1	l	4.10	11.0.1	
On	_	employed), address, and	► 305	O POST OAK BLVD STE				E	in > C	c -	4018	4 44	
		ZIP + 4	HOU	STON	<u>TX 7</u>	705	6	F	Phone no				
May	the IF	RS discuss th	ıs return	with the preparer shown above	e? (see instructions)					X Y	es	No
BA	A For	Privacy Act a	and Pape	rwork Reduction Act Notice.	see the separate ins	truc	tions.		TEEA0101	07/2	:0/09 F	orm 99 0	(2009)

Form	1990 (2009) DASRA, INC.	05-05/4837	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	TO PROVIDE SUPPORT & MANAGERIAL GUIDANCE TO NON-PROFIT ORGANIZATIONS		
2	Did the organization undertake any significant program services during the year which were not listed on the p	nior	
	Form 990 or 990-EZ?	X Y	es No
	If 'Yes,' describe these new services on Schedule O		Ш
2	·	· [] ·	∕oo ▼ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	′ ⊔ '	'es X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported	xpenses Section cations to others,	501(c)(3) the total
4a	a (Code) (Expenses \$ 232,800. including grants of \$ 232,800.) (Rev	venue \$	200,000.)
	WED ACCIDE		
	For developing MIS systems to be used by Non Governmental		
	Organizations.		
41	(Code) (Expenses \$ 400,000. Including grants of \$ 400,000.) (Remarks of FOUNDATION INDIA - For capacity building of not-for-profit organizations		
40	(Code) (Expenses \$70,807. including grants of \$70,807.) (Reverse REHABILITATION OF COASTAL COMMUNITIES - Funds for rehabilitation of communities - mental health, rural_development, youth_development.	coastal	
			
		_	
	· · · · · · · · · · · · · · · · · · ·		
40	d Other program services (Describe in Schedule O)		
	(Expenses \$ 52,385. including grants of \$ 52,385.) (Revenue \$	132,50	9.)
	e Total program service expenses ► 755,992.		
	100 program activide expenses = 100,004.		

Form 990 (2009) DASRA, 05-0574837 Page 3 Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C. Part I 3 х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II 4 х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if 'Yes,' complete Schedule D, Part I 6 Х 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? f 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments/ 'Yes,' complete Schedule D, Part V 10 Х Is the organization's answer to any of the following questions 'Yes' If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable 11 Х • Did the organization report an amount for land, buildings and equipment in Part X, line 10% 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 253f 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? IFes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year # 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 X Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 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, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Х

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

complete Schedule G, Part III

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9alf 'Yes,'

X

Х

Х

18

19

20

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12lf 'Yes,' complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? Yes, complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002 If 'Yes,' answer lines 24b through 24d and 24a complete Schedule K If 'No, 'go to line 25 Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ# 'Yes,' complete 25b Х Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual *If 'Yes,' complete Schedule L, Part III 27 х 28 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee?If 'Yes,' complete Schedule L. Part IV 28 a Х **b** A family member of a current or former officer, director, trustee, or key employee If Yes, complete Schedule L. Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions If 'Yes,' complete Schedule M Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M 31 Х Did the organization liquidate, terminate, or dissolve and cease operations If Yes, complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets **If 'Yes,' complete Schedule N, Part II 32 32 Х 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 33 Х Was the organization related to any tax-exempt or taxable entity If 'Yes,' complete Schedule R, Parts II, III, IV. and V. 34 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)7f 'Yes,' complete Schedule R, Part V, line 2 35 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 37 Х

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Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance

Part V

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 0 . Information Returns Enter -0- if not applicable 1 a 1 b 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 2 a 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b х Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a X financial account in a foreign country (such as a bank account, securities account, or other financial account) **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5 b х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 74 e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7 f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7q q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization of the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х 9 Sponsoring organizations maintaining donor advised funds. ŝ a Did the organization make any taxable distributions under section 4966? 92 Х **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9h X 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

Form **990** (2009)

Part VI 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.

Sec	tion A.	Governing Boo	ly and N	Manag	emer	nt								•				
		2010g	-,														Yes	No
1 a	Enter the	number of voting n	nembers o	of the go	overnii	ng boo	dy					1 a	4					
Ŀ	Enter the	number of voting n	nembers t	hat are	ındep	enden	nt					1 b	0					
2	Did any o	officer, director, trus irector, trustee or ke	tee, or ke	y emplo	oyee h	ave a	family r	relatio	nship o	or a busi	ness re	elatior	nship v	vith an	y other	2	х	
3	Did the o	rganization delegate s, directors or truste	e control o	over ma	nagen	nent d	luties cu	ustoma	arily pe	rformed	by or o	under	the di	rect su	ipervision	3		x
4		rganization make ar			-		_				, po.o					4		х
		prior Form 990 was	, ,															
5	Did the o	rganization become	aware du	iring the	e year	of a n	naterial	divers	sion of	the orga	nızatıc	on's as	ssets?			5		_x
6	Does the	organization have r	members (or stock	kholdei	rs?										6	Х	
7 a	Does the	organization have r g body?	members,	stockho	olders,	, or otl	her pers	sons v	who ma	y elect o	one or	more	memb	ers of	the	7a	х	
ŀ	Are any	decisions of the gov	erning boo	dy subje	ect to a	approv	val by n	nembe	ers, sto	ckholder	s, or o	ther p	erson	s?		7b	х	
8	Did the c	rganization contemp	ooraneous	sly docu	ıment i	the me	eetings	held o	or writte	en actior	ns und	ertake	n duri	ng the	year by			
ā		erning body?														8a	x	
t	E ach cor	nmittee with authori	ty to act o	on beha	If of th	ne gov	erning b	body?								8b	Х	
9	Is there a	any officer, director of tools	or trustee ss? If 'Yes	, or key	emplo	oyee li	isted in es and a	Part \ addres	VII, Sed	ction A, Schedul	who ca	annot	be rea	ched a	at the	9		x
Sec	<u>_</u>		s Sectio									requ	ired i	by the	Intern	al		·
Reve	enue Code)												_				
																	Yes	No
10 a	Does the	organization have I	ocal chap	ters, br	anches	s, or a	affiliates	,7								10 a		X
ŀ	If 'Yes,' o and bran	does the organizatio ches to ensure their	n have wr operation	ritten po ns are c	olicies consist	and p tent wi	rocedur ith those	es go e of th	verning he orga	the act	ivities ?	of suc	:h cha _l	oters, a	affiliates,	10 b		
11	Has the	organization provide	d a copy	of this F	Form 9	990 to	all men	nbers	of its g	overning	g body	befor	e filing	the fo	orm?	11_	х	L
		in Schedule O the p		-	_		-				orm 99	0					1	نـــــ
		organization have a														12a	X	
ŀ	Are office to conflic	ers, directors or trus its?	tees, and	key em	nploye	es req	quired to	discl	lose anı	nually in	iterests	s that	could	give ris	se	12b	х	
(organization regula O how this is done		onsisten	ntly mo	onitor a	and enf	orce c	complia	nce with	the po	olicy?#	'Yes,	' descr	ibe in	12 c	х	<u></u>
		organization have a														13		X
14	Does the	organization have a	a written o	docume	nt rete	ention	and des	structi	ion poli	cy?						14	Х	 ,
15	Did the persons,	rocess for determin comparability data,	ing compe and conte	ensatior emporai	n of the	e follo subst	owing pe antiation	ersons n of th	s ınclud he delib	e a revie peration	ew and and de	d appr ecision	oval b	y indep	pendent			
á	The orga	nization's CEO, Exe	cutive Dir	ector, c	or top i	manag	gement	officia	al							15 a		<u> </u>
ŀ		icers of key employe		•				_								15 b	X	-8
		o line 15a or 15b, de		•			,											, , , , ,
16 a		rganization invest in	n, contribu	ute asse	ets to,	or par	rticipate	ınaı	joint ve	nture or	sımıla	r arra	ngeme	ent with	n a taxab	le <u>16 a</u>		X
ŀ	in joinť v	nas the organization enture arrangement th respect to such a	s under a	pplicabl	en polic le fede	cy or peral tax	procedu x law, a	re req ind tal	quiring t ken ste	the orga ps to sa	nızatıo feguar	n to e d the	valuat organi	e its p zation'	articipations s exemp	n 16b		**
Sec		Disclosures																
17	List the s	states with which a d	copy of the	ıs Form	990 is	s requ	ired to l	be file	ed T	exas_								
18	Section 6	5104 requires an org n Indicate how you	janization make the	to mak ese avai	ke its F ilable	orms Check	1023 (d k all tha	or 1024 It appl	4 if app ly	licable),	, 990, a	and 99	90-T (9	601(c)(3)s only)	avaılab	le for	public
		website	Anothe						request									
19	Describe statemer	in Schedule O whe	ther (and oublic	ıf so, ho	ow) the	e orga	anızatıor	n mak	kes its g	jovernin	g docu	ments	s, conf	lict of	ınterest p	olicy, a	nd fina	ancıal
20	State the	name, physical add	dress, and	d teleph	ione ni	umber	r of the	perso	n who p	possess	es the	books	and r	ecords	of the o	rganıza	tion	
I	- NEHAL	SANGHAVI	1	2338	MAI	LY M	EADOW	ST	JGAR _	LAND	3	<u>rx</u>	_77 <u>4</u>	78		713)_	<u> 256 -</u>	<u> 7996</u>

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Form 990 (2009)

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

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

- 1 à Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average	Posi	tion (k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week	اطامات! ایا ایاخت∈ مر طابعد جه	mshlution et teustee	Offi 🖭	Key employee	High estic non-ensated	r (divide)	compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amount of other compensation from the organization and related organizations
DEVAL SANGHAVI										
DIRECTOR	60.00			x	x	x		48,000.	0.	0.
DEEPA NARAYAN										
DIRECTOR	1.00	х						0.	0.	0.
BORIS SIPERSTEIN										
DIRECTOR	2.00	х						0.	0.	0.
MATTHEW SPACIE										
DIRECTOR	2.00	х						0.	0.	0.
TARUN JOTWANI								-	·	
DIRECTOR	1.00	х						0.	0.	о.
									- · · · · -	
									<u> </u>	
	_									

TEEA0107 11/10/09

Part VII Section A. Officers, Directors, Trus	1	(ey	<u>Em</u>	_		es,	and		pensated Em	ploye	es (co	nt.)
· (A)	(B)			()	•			(D)	(E)		(F)	
Name and Title	Average hours per week		_	Officer		Mighest compensated employee		Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	am co	Estimated fount of o properties of open the from the griganization and related ganization of the front from the front front from the front from the front front from the front front front from the front fr	other non e on ed
											,	
									-		-	
	-											
								.=-				
	-											
	-											
	-											
	-		_									
	-							-				
	ļ	_								┷		
										┦		
1 b Total								48,000.	0			0.
2 Total number of individuals (including but not limite from the organization	d to tho	se li	stec	d ab	ove)) wh	o re	ceived more than	\$100,000 in repo	table c	ompen	sation
									,		Yes	No
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste ndividua	ee, k	еу (emp	loye	ee, c	or hi	ghest compensate	ed employee	3		X
4 For any individual listed on line la, is the sum of re the organization and related organizations greater t individual	portable han \$15	e cor 50,00	npe)0 <i>?l1</i>	nsa f 'Ye	tion es' c	anc omp	l oth olete	er compensation Schedule J for s	from uch	4	-	x
Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	compens	atio	n fro	om a	any rsor	unre	elate	ed organization fo	r services	5		x
Section B. Independent Contractors		101	300.									1
1 Complete this table for your five highest compensal compensation from the organization	ted inde	pen	dent	cor	ntrac	ctors	s tha	it received more t	han \$100,000 of			
(A) Name and business address	ss							(B Description) of Services	Com	(C) pensati	on
,												
2 Total number of independent contractors (including \$100,000 in compensation from the organization)	but not	lımı	ted	to tl	nose	e lisi	ed a	adove) who receiv	red more than			•

Par	t viii Statement of Revenue				
ı	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>"</u>	1a Federated campaigns 1a			-	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS					
85	b Membership dues 1b				
S, G	c Fundraising events 1c				
트웨	d Related organizations 1d				
8,≝	e Government grants (contributions) 1 e	!			
S ∑					
5발	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,916.				
문티					
돌림	g Noncash contribus included in los 1a-1f \$				
<u> </u>	h Total. Add lines 1a-1f	1,916.			
핌	Business Code				
Ē.	2a EDUCATION NGOs N/A	465,665.	465,665.	0.	0.
Æ	b rehabilitation of coastal communities N/A	69,800.	69,800.	0.	0.
빙	c DASRA SOCIAL IMPACT N/A	67,318.	67,318.	0.	0.
. ₹					
SE	d EDUCATE GIRLS N/A	66,000.	66,000.	0.	0.
Σ	e NAZ FOUNDATION N/A	41,200.	41,200.	0.	0.
[명	f All other program service revenue	47,485.	47,485.	0.	0.
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f	757,468.			
	3 Investment income (including dividends, interest and				
	other similar amounts)	8,745.	0.	0.	8,745.
	4 Income from investment of tax-exempt bond proceeds			==-	
					<u>.</u>
	5 Royalties		_		
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other			.=	
Į	/a Gross amount from sales of				,
	assets other than inventory				
	b Less cost or other basis				
	and sales expenses				1
	c Gain or (loss)				ı
	d Net gain or (loss)				
E E	8a Gross income from fundraising events				
핆	(not including \$				
ĕ	of contributions reported on line 1c)				ļ
æ	See Part IV, line 18				1
OTHER REVEN	b Less direct expenses b				<u> </u>
۰	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				V
	2 2000 direct expenses				ز ــ
	c Net income or (loss) from gaming activities				ļ
	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	•			ĺ
ŀ	Miscellaneous Revenue Business Code				E 14" (34)
ł				andriane expression	Marine Rolling & Strang was all
	11a				
1	D	<u> </u>			
1	c				
ļ	d All other revenue				
1	e Total. Add lines 11a-11d		STATE OF THE PARTY		
1	12 Total revenue. See instructions	768,129.	757,468.	0.	8,745.

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) but are not required to complete columns (B), (C), and (D).
--

Do I	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	135.	135.	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV. line 22		133.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16	755,992.	755,992.		
4	Benefits paid to or for members	733,332.	7337332.		
	Compensation of current officers, directors, trustees, and key employees	48,000.	16,000.	16,000.	16,000.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,728.	1,243.	1,243.	1,242.
11	Fees for services (non-employees)				
a	Management				
Ŀ	Legal				
ď	: Accounting	2,000.	0.	2,000.	0.
c	Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other				
-	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	-			
	Travel	5,445.	2,722.	0.	2,723.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,1101			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27.	0.	27.	0.
23	Insurance	2,081.	0.	2,081.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	BANK CHARGES	1,982.	0.	1,982.	0.
t	CONTRACT LABOR	111,934.	86,934.	0.	25,000.
(: !				
	All other expenses		_		
	Total functional expenses Add lines 1 through 24f	931,324.	863,026.	23,333.	44,965.
	Joint costs. Check here ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				-
BAA	campaign and fundraising solicitation	<u> </u>		_	Form 990 (2009)

Part X **Balance Sheet** (B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 480,272 1 178,206. 772,102. 2 2 Savings and temporary cash investments 915,390. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 1,679 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10 a 215. Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 148 94. 10 c 67. 11 11 Investments - publicly-traded securities Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 1,679. 16 Total assets Add lines 1 through 15 (must equal line 34) 1,254,147. 16 1,095,342. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 4,390. 25 26 Total liabilities. Add lines 17 through 25 26 4,390. 0. Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 P X and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 1,254,147. 32 1,090,952. 33 33 Total net assets or fund balances 1,090,952. 1,254,147. Total liabilities and net assets/fund balances 1,254,147. 34 1,095,342.

BAA

Form **990** (2009)

Form 990 (2009) DASRA, INC.	05-0574837	_ Pa	age 12
Part XI Financial Statements and Reporting			
•		Yes	No
1 Accounting method used to prepare the Form 990 🕱 Cash 🗌 Accrual 📗 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		3	Х
b Were the organization's financial statements audited by an independent accountant?	21	<u> </u>	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	;	
If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O	aın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v consolidated basis, separate basis, or both	vere issued on a		!
Separate basis Consolidated basis Both consolidated and separate basis			.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	th in the Single	9	х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

ВАА

Form 990 (2009)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name	of the	e organization							Employer	ıdentıficat	ion number
DAS	RA	, INC.							05-05	74837	
Par	l I	Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See II	<u>ıstructı</u>	ions
The o	rga	inization is not a priv	vate foundation becau	se it is (For lines 1 throi	ugh 11,	check o	nly one	box)			
1		A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)(1)(A)(ı).			
2		A school described	in section 170(b)(1)(A)(ii). (Attach Schedule E	.)						
3		A hospital or coope	erative hospital service	e organization described	ırsectio	n 170(b)	(1)(A)(iii	i).			
4		A medical research	organization operate	d in conjunction with a h	ospital c	describe	d ii sect ii	on 170(b)(1)(A)	(iii). Ente	er the hospital's
		name, city, and sta		. 						. 	
5		170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university					nmental	unit des	scribed section
6 7	x	An organization tha		governmental unit descril substantial part of its su art II)					or from	the ger	neral public described
8				70(b)(1)(A)(vi). (Complete	e Part II)					
9	9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts										
	from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10											
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
		a Type I	b Type II		I – Func	_		ed		dП	Type III- Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)									ified persons other $\theta(a)(1)$ or section		
f			received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (organization,
g		Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	Yes No
		(i) a person who below, the go	directly or indirectly verning body of the s	controls, either alone or upported organization?	together	with pe	ersons d	escribe	(ii) ni b	and (III)	11 g (i)
		(ii) a family mem	ber of a person desc	rıbed ın (ı) above ⁹	11 g (ii)						11 g (ii)
		(iii) a 35% contro	lled entity of a persor	described in (i) or (ii) a	bove?						11 g (III)
h		Provide the following	ng information about t	he supported organization	ons						
	(i) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	is the tion in cold in your erning ment?	the organ	(ı) of	organizat	s the ion in col zed in the S ?	(vii) Amount of Support
_					Yes	No	Yes	No	Yes	No	
					 -	-					
				·							<u> </u>
										-	· · · · · · · · · · · · · · · · · · ·
			-		 	<u> </u>	-		 		
Total			Des Contract							2 ,	

	t II Support Schedule for			Sections 170	(b)(1)(A)(iv) an	d 170(b)(1	1)(A)(vi)
	(Complete only if you check	_			(~)(-)(-)(-)	- · · · · · · · · · · · · · · · · · · ·	• /(, •/(,
Sec	tion A. Public Support		-, -,	 /				
Calè	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	840,939.	590,018.	1,695,879.	1,365,043.	759,3	84.	5,251,263.
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3	840,939.	590,018.	1,695,879.	1,365,043.	759,3	84.	5,251,263.
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)						·	
	Public support. Subtract line 5 from line 4					<u> </u>		5,251,263.
<u>Sec</u>	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		<u></u>				
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
7	Amounts from line 4	840,939.	590,018.	1,695,879.	1,365,043.	759,3	84.	5,251,263.
8	Gross income from interest, dividends, payments received on securities loans rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							5,251,263.
12	Gross receipts from related activ	ities, etc. (see ins	structions)				12	
13	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year as	s a section 5	501(c)	(3)
Sec	tion C. Computation of Pu							
14	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)			14	100.00 %
15	Public support percentage from	2008 Schedule A,	Part II, line 14				15	100.00 %
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bolicly supported o	ox on line 13, and organization	d the line 14 is 33-	1/3 % or m	ore, cl	neck this box ► x
b	b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstance	s' test, check this	s box an stop here.	Explain in I	Part I\	/ how
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	s box an stop here.	Explain in	Part I\	/ how the
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17	-			structions ► ☐ 90 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 05-0574837 Page 3 DASRA, INC 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) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1 2. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 9 Amounts from line 6 10 a Gross income from interest dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) * m. 4 - 1 15 .5 % 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ▶ [organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box andstop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

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

Part IV	Supplemer	ntal Inform	ation. Comp	lete this part	to provide t	he explanation	is required by Pa information. Se	art II, line 10,
	Part II, line	17a or 17l	b; and Part I	II, line 12 Pro	ovide any o	ther additional	information. Se	e instructions
				. 	-			
								· -
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	-							
								

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete If the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

DA	SRA, INC.				05-0574837	
_	rt Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe to Form 990, Part IV. line	er Similar Fur	nds or Acco		e if
		(a) Donor advised		(b) F	unds and other acc	counts
1	Total number at end of year	(a)		\		
2	Aggregate contributions to (during year)		-			-
3						
4						
5	Did the organization inform all donors and do funds are the organization's property, subject			lonor advised	Yes	☐ No
6	Did the organization inform all grantees, donoused only for charitable purposes and not for purpose conferring impermissible private beni	the benefit of the donor or don	ng that grant fur nor advisor or foi	nds may be r any other	Yes	□No
Pa	rt II Conservation Easements Comple		swered 'Yes'	to Form 99		7
	Purpose(s) of conservation easements held b			10 1 01111 32	50, 1 are 14, 11110	<u>, </u>
•	Preservation of land for public use (e.g.,	· · · · · · · · · · · · · · · · · · ·		of an historic	ally important land	area
	Protection of natural habitat	recreation of pleasure)			storic structure	area
	Preservation of open space	ľ		or certified in	storic structure	
2	· '	ion held a qualified conservatio	on contribution in	n the form of a	a conservation ease	ement on the
					Held at the End o	f the Year
	a Total number of conservation easements			2a	·	
	b Total acreage restricted by conservation ease	ements		2b		
	c Number of conservation easements on a certi	ified historic structure included	ın (a)	2 c		
	d Number of conservation easements included	in (c) acquired after 8/17/06		2 d		
3	Number of conservation easements modified,	transferred, released, extingui	shed, or termina	ated by the or	ganization during th	ne tax
4	year ► Number of states where property subject to co	onservation easement is locate	ed•	_		
5	and enforcement of the conservation easeme	nt it holds?		_	ations, Yes	☐ No
6	Staff and volunteer hours devoted to monitori during the year •	ing, inspecting, and enforcing o	conservation eas	sements		
7	Amount of expenses incurred in monitoring, induring the year ►	nspecting, and enforcing conse	ervation easeme	nts \$		_
8	Does each conservation easement reported o $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^{7}$	n line 2(d) above satisfy the re	quirements of s	ection	Yes	☐ No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements	ports conservation easements to the organization's financial	in its revenue ai statements that	nd expense st describes the	tatement, and balar organization's acco	nce sheet, and ounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical swered 'Yes' to Form 990,	Treasures, o , Part IV, line	r Other Sin	nilar Assets	
1	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statem	olic exhibition, education, or res	search in further			
	b If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	olic exhibition, education, or res	venue statement search in further	and balance ance of public	sheet works of art, c service, provide th	historical ne following
	(i) Revenues included in Form 990, Part VIII	, line 1			► \$	
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	er sımılar assets	for financial (gain, provide the fo	llowing
	a Revenues included in Form 990, Part VIII, line	e 1			►\$	·-
	b Assets included in Form 990, Part X		•		►\$	

Schedule D (Form 330) 2003 DASKA			·			
Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)	
3 Using the organization's acquisitive (check all that apply)	on accession and	other records, che	ck any of the following	that are a significant us	e of its collection	
a Public exhibition		d 🔲 Loan	or exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future gener	ations					
4 Provide a description of the orga Part XIV	nization's collection	ons and explain how	w they further the orgar	nization's exempt purpos	se in	
5 During the year, did the organiza assets to be sold to raise funds r					Yes No	
Part IV Escrow and Custodia	l Arrangement	s Complete if c	organization answei	red 'Yes' to Form 9	90, Part IV, line	
9, or reported an amo	unt on Form 9	90, Part X, line	<u>21 </u>			
1a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes No	
b If 'Yes,' explain the arrangement	in Part XIV and o	complete the follow	ing table		Amount	
c Beginning balance				1c		
d Additions during the year				1 d		
e Distributions during the year				1e		
f Ending balance						
2a Did the organization include an a	amount on Form 9	90, Part X, line 217	•	, , , , , , , , , , , , , , , , , , , ,	Yes No	
b If 'Yes,' explain the arrangement		, ,				
Part V Endowment Funds Co		nization answer	ed 'Yes' to Form 99	90, Part IV, line 10		
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back	
1 a Beginning of year balance						
b Contributions					,	
c Net Investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses					, "j" , , ,	
g End of year balance			ζ, ,	"/ "\"		
2 Provide the estimated percentag	e of the year end	balance held as				
a Board designated or quasi-endov	vment ►	%				
b Permanent endowment ▶	%					
c Term endowment ►	%					
3a Are there endowment funds not organization by	in the possession	of the organization	that are held and adm	inistered for the	Yes No	
(i) unrelated organizations					3a(ı)	
(ii) related organizations					3a(iı)	
b If 'Yes' to 3a(ii), are the related of	organizations liste	d as required on Se	chedule R?		3b	
4 Describe in Part XIV the intender	-					
Part VI Investments-Land, B	uildings, and	Equipment. See	e Form 990, Part X	, line 10.		
Description of investmen	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value	
1 a Land				, ,		
b Buildings						
c Leasehold improvements		-				
d Equipment						
e Other			215.	148.	67.	
Total. Add lines 1a through 1e (Column	n (d) must equal F	orm 990, Part X, c	olumn (B), line 10(c))	<u>•</u>	<u>67.</u>	
BAA				Sche	dule D (Form 990) 2009	

TEEA3302 02/02/10

Part VII Investments—Other Securities See	Form 990, Part X, line	12.
• (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
		
-		
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments—Program Related (Se	e Form 990 Part X Jun	e 13)
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(b) Book value	Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)	>	
Part IX Other Assets (See Form 990, Part		
- · · · · · · · · · · · · · · · · · · ·	Description	(b) Book value
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B)) Inc. 15)	•
Part X Other Liabilities (See Form 990, Part X)		
(a) Description of Liability	(b) Amount	
Federal Income Taxes	(2) /	7
PAYROLL LIABILITIES	4,390	$\overline{\Box}$
		_
		Land to the second of the seco
Total (Column (h) must equal Form 990 Part X col (R) line 25)	1 4.390	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	1037 Page 4
	Total revenue (Form 990, Part VIII,column (A), line 12)	1113	
1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		
_	•Excess or (deficit) for the year Subtract line 2 from line 1	-	
4	Net unrealized gains (losses) on investments	ŀ	
5	Donated services and use of facilities	ŀ	
6	Investment expenses	ŀ	
7	Prior period adjustments	}	
8	Other (Describe in Part XIV)	ŀ	
9	Total adjustments (net) Add lines 4 through 8	ŀ	
10		Dotum	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	<u> </u>
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	a Net unrealized gains on investments 2a		
	b Donated services and use of facilities 2b		
	c Recoveries of prior year grants 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	·
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expense	1 - 1	<u>rn</u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a		
	b Prior year adjustments		
•	c Other losses 2c		
•	d Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2 e	<u> </u>
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
1	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
		5	
Pa	rt XIV Supplemental Information		
line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete rmation	Part IV, lines : this part to p	Tb and 2b, Part V, provide any additional
			
BAA	TEEA3304 02/02/10	Sche	edule D (Form 990) 2009

Scriedule D	(Full 990) 2009 DASKA, INC.	03-03/403/	rage 3
Part XIV	Supplemental Information (continued)		
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- -		-	- -
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Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	·			Employer identific	ation number
DASRA, INC.				05-057483	7
Part I General Informati to Form 990, Part	ion on Activiti IV, line 14b.	es Outside the	e United States. Complet	e if the organization	answered 'Yes'
1 For grantmakers. Does the grantees' eligibility for the	organization mai grants or assistan	ntain records to s ce, and the selec	ubstantiate the amount of the tion criteria used to award the	grants or assistance, the grants or assistance?	X Yes No
2 For grantmakers. Describe	ın Part IV the org	janization's proce	dures for monitoring the use o	f grant funds outside the	United States
3 Activities per Region (Use	Schedule F-1 (Fo	rm 990) if additio	nal space is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
					755 000
South Asia	1	1	Program Services, Grants	Financial Assistance, T	755,992.
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		-			
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		-			
				-	
Totals ►	1	1		,	755,992.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2009)

Page 2

Schedule F (Form 990) 2009 DASRA, INC.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to 'Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

2 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

Schedule F (Form 990) 2009

3 Enter total number of other organizations or entities

Page 3

DASRA, INC. Schedule F (Form 990) 2009

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Part'III

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule F	F (Form 990) 2009	DASRA,	INC.		05-0574837 Pag	e 4
Part IV	Supplemental	Informat	tion			_
				ormation required in Part I, line 2, and any additional	information	
	· ·					_
Pt I Li	ine_2	_Dasra_	works	closely with organizations to ass	ist with their	-
		_implem	entat	ion_plans_to_insure_impact_and_sca	le. Dasra spends	_
		_time_w	<u>rith ma</u>	anagement teams up to 100 days per	year.	-
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TEEA3504 07/06/09

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Schedule F (Form 990) 2009

ZE ZE	6
SCHE	(Form 99

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

2009

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Open to Public Inspection Employer identification number 05-0574837 **≗** □

X Yes

Department of the Treasury Internal Revenue Service

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Rart a General Information on Grants and Assistance

Name of the organization

INC.

DASRA,

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Raitill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if addi	tional space is	needed				A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	•						
	,						
	•						
	-,						
	•						
	•						
		!					
	_,						
	•						
2 Enter total number of section 501(c)(3) and government organizations	(3) and government of	roanizations				•	
לאייסייסייסייסייסייסייסייסייסייסייסייסייס	לא יייייוווייייטק טווש (כ)	gallitations					

3 Enter total number of other organizations

TEEA3901 02/10/10

Schedule I (Form 990) 2009

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Description of non cash assistance Parily Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ___Dasra works_closely_with organizations_to_assist_with_their_implementation_plans_to insure impact and scale. Dasra spends time with management teams up to 100 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant (b) Number of recipients days per year. DASRA, INC. (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Part III

BAA

Schedule I (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization	Employer identification number
DASRA, INC.	05-0574837
Pt III, Line 2 All new programs are detailed in Part III	- -
Pt VI-A, Line 2 The members are listed in Section VII	_
Pt_VI-B, Line_11A The 990 is sent_to, reviewed, and discussed among	members.
Pt VI-B, Line 12c The Conflict of Interest policy is discussed at t	the annual meeting
Pt VI-B, Line 15 Compensation is reviewed and discussed at board m	neetings
Pt VI-C, Line 19 Form 990, annual financial statements, and polici	.es
are kept at U.S. office and available upon reques	st.
Pt VI-A, Line 2 Nehal Sanghavi is Deval Sanghavi's brother. Seema	Nundy
is Neera Nundy's sister.	
Pt VI-A, Line 6 The members are listed in Section VII	
Pt VI-A, Line 7a The members are the same as listed in Section VII	<u></u>
Pt VI-A, Line 7b The decisions of the governing body are subject t	<u>:-</u>
approval by the members.	

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545 0172

2009

Identifying number

05-0574837 DASRA, INC. Business or activity to which this form relates Form 990 / Form 990EZ Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount. See the instructions for a higher limit for certain businesses 1 \$250,000 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter thesmaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) Part III Section A 17 27. 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (f) Method (q) Depreciation (e) Classification of property year placed in service (business/investment use Convention Recovery period only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property s/L g 25-year property 25 yrs h Residential rental MM s/L 27.5 yrs property 27.5 yrs MM S/L i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L s/L b 12-year 12 yrs 40 yrs S/L c 40-year MM Part IV. | Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on 22 the appropriate lines of your return. Partnerships and S corporations — see instructions 27. For assets shown above and placed in service during the current year, enter

05-0574837 Form 4562 (2009) Page 2 DASRA. Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completenly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobile) No 24b If 'Yes,' is the evidence written? No Yes Yes 24 a Do you have evidence to support the business/investment use claimed? (c) Business/ (e) (1) (a) (b) Elected section 179 cost Basis for depreciation Method/ Depreciation deduction Type of property (fist vehicles first) Date placed in service Recovery Cost or investment Convention other basis (business/investment period use percentage use only) Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related persoff you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (c) (d) (e) (a) 30 Total business/investment miles driven Vehicle 4 Vehicle 5 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 6 during the year (do not include commuting miles) Total commuting miles driven during the year 31 Total other personal (noncommuting) 32 miles driven Total miles driven during the year Add 33 lines 30 through 32 Yes No No Yes No Yes No No Yes No Yes Yes Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person? Is another vehicle available for 36 personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees ware not more than 5% owners or related persons (see instructions)

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting,

38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your

by your employees?

39	employees? See the instructions for vehicles Do you treat all use of vehicles by employees		officers, directors, c	or 1% or more ov	wners				
40	Do you provide more than five vehicles to you vehicles, and retain the information received?	ur employees, obtaii	n information from	your employees	about the	use of th	е		
41	Note: If your answer to 37, 38, 39, 40, or 41							۲.,	
Pa	Part VI Amortization								
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	Amortiz period percent	ation or	(f) Amortizati for this ye		
42	Amortization of costs that begins during your	2009 tax year (see	instructions).						
43	Amortization of costs that began before your	r 2009 tay year				43			
44	Total. Add amounts in column (f) See the in	•	to report	•		44			

Yes

No

DASRA, INC

1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

tion EDUCATION NGOs- Grants from various donees for
85. education of underpriveleged children in India.
85.
09.

Supporting Statement of:

Form 990 p 9/Total Revenue Investment

Desci	ription	Amount
CHASE BANK		8,745.
CHASE BANK		8,74

Total

8,745.

Derra, Inc.
Transaction Letail By Account
January through December 2009

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Memo	Debit	Credit
Education NGO		456,361 78
Going to School		690 65
Dasra Social Impact		67.318 20
Naz Foundation		41,200 00
Catalyst for Social Action		11,000 00
Knowledge Exchange for Youth		23,494 00
Saher Foundation		9,303 30
Rehabilitation of Coastal Communities		69.800 00
Educate Girls		00 000'99
Swanchetan Society for Mental Health		10,300 00
Disha Foundation		2,000 00
Not a Program		1,916 55
		759,384 48

First Transactic tail By Account

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Program	Momo	ີ່ວັ	Split	Dobit
PROGRAM SUMMARY				
Opan Source Suffware Devalopment	-			232 800 00
Youth Development Brougn Sport	2			18 955 30
Capacity Building of Non Profit Organizations	3			400 000 00
Education NGO	7			52 385 00
Woman ampowerment	u			00 006 0
Mental Health NGO in Cultuita	9			20 000 00
Rund Davalopment NGO	7			20 000 00
Victimity of Munity in Altacks	တ			00 1 50 7
Not a Program				1 15 00