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# Form **990**

**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

Department of the Treasury Internal Revenue Service

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

	A F	or the	2009 calendar year, or tax year beginning , 2009, and ending		, 20
		eck if applica	DDAMIAM IICA	D Employer identific	
		Address	use IRS Doing Rusiness As	76-062080	8
	$\vdash$	change Name cha	not or Number and street for P.O. box if mail is not delivered to street address) Room/su	ite E Telephone numbe	or
	-	1	type. SOOD DOTHE WEST DRIVE	(713) 774-9	9599
	-	Initial ret	Specific City or town state or country and ZIP + 4	, ==,	
	$\vdash$	Terminate Amended	Instruc-	G Gross receipts \$	8,162,596.
	$\vdash$	return Application		H(a) is this a group retu	
		pending	1 Haine and address of principal officer	affiliates? <b>H(b)</b> Are all affiliates inc	├ <del></del>   <sup></sup>   <sup></sup>   <sup></sup>
				<b>⊣</b> ''	st (see instructions)
			pt status		
<b>'</b>				H(c) Group exemption r	<del></del>
2010		mation 1999 III State	or regal dornicile 111		
	Pa		Summary		
60		<b>1</b> Bi	riefly describe the organization's mission or most significant activities O HELP ORGANIZATIONS IN INDIA TO EDUCATE UNDERPRIVLEDGE	D CHILDREN SO	
<u>ر</u>	_გ.		HAT THEY MAY LEARN READING, WRITING AND ARITHMETIC. ALS		
AUG	ernance		OLUNTEERISM AMOUNG YOUTHS IN THE USA VIA INTERSHIP PROG		
$\triangleleft$	ver	_			
2010ERIVELOPIE	Gov		heck this box $\blacktriangleright$ X if the organization discontinued its operations or disposed of more than 2	ľ	1 7
18 G	ళ		umber of voting members of the governing body (Part VI, line 1a)		7
92	ctivities		umber of independent voting members of the governing body (Part VI, line 1b)		5
20	ti,		otal number of employees (Part V, line 2a)		370
100 m	کر کر ا		otal number of volunteers (estimate if necessary)	6	0
9	-		otal gross unrelated business revenue from Part VIII, column (C), line 12		0
<u>ද</u> ඉ		b N	et unrelated business taxable income from Form 990-T, line 34		Current Year
SEP 0				Prior Year 8,633,347.	5,725,023
	e		ontributions and grants (Part VIII, line 1h)	0,033,347.	3,723,023
	Revenue		rogram service revenue (Part VIII, line 2g)	53,638.	
	Re,		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	1,483,245.	I
딞		t	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,170,230.	
SCANNED			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u> </u>
$\mathbf{Z}$		ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,039,229.	8,903,959
ಶ			enefits paid to or for members (Part IX, column (A), line 4)	0.	202 542
ഗ	es		alaries, other compensation, employee benefits (Part 15) column (A), lines 5-10)	135,339.	303,543.
	ens	16a P	otal fundraising tees (Part IX, column (A), line 196 310, 989.	0.	0
	Exp	b⊤		100000000000000000000000000000000000000	ACC 051
	ш	<b>17</b> 0	other expenses (Part X, column (A), lines 11a-11d, 11 (24)	271,313.	863,051
			otal expenses Add lines 13-17 (must equal Part +X; cotumn (A), line 25)	10,445,881.	10,070,553
			evenue less expenses Subtractine 18 from line 12	-275,651.	-2,269,264
	Net Assets or Fund Balances	•		Beginning of Year	End of Year
,	set	20 T	otal assets (Part X, line 16)	7,958,727.	2,669,145
	t Ag	21 T	otal liabilities (Part X, line 26)	21,347.	29,029
			let assets or fund balances Subtract line 21 from line 20	7,937,380.	2,640,116
	Pa	rt II	Signature Block		
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete_Declaration of preparer (other than officer) is based on all	and statements, and to	the best of my knowledge
		1	and belief, it is true, correct, and complete Declaration of prepare (title) than officer) is based on an	I de la	Kin
		ign	Date of the second	777	7/10
	Н	ere	Signature of officer	Date /	J
			SWATANTRA JAIN		
			Type or print name and title		Jd
	Doud		Preparer's Date Check self-		's identifying number ructions) P00010394
	Paid		signature AUG 1 3 2010 emplo		
			Firm's name (or yours MARGOLIS, PHIPPS & WRIGHT P.C.		76-0324056
		1	address, and ZIP + 4 1400 POST OAK BLVD , STE 900 HOUSTON, TX 77056-3009	Phone no	713-625-3500
			S discuss this return with the preparer shown above? (see instructions)	<u> </u>	X Yes No
	For	Privacy	y Act and Paperwork Reduction Act Notice, see the separate instructions.*		Form <b>990</b> (2009)

4e Total program service expenses ▶

9,583,322.

Form 990 (2009)

Part	V 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	Х	Ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			ĺ
	complete Schedule D, Part I	_6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	<u>Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part</u>			
	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 term, permanent, or			١.,
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	1.498900 x 3
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If "Yes," complete			
	Schedule D, Part VI	100		
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more		143	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			ing.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			<b>1</b>
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	\$48.32	V V	40 M
40.	complete Schedule D, Parts XI, XII, and XIII	12	X Curate	<b>34</b> 0.4
12A	VVas tile digatilization included in consolidated, independent dedited interioral elateriorist for the tackyour			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	13	·- j.,	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		<del></del>
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
4.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		<del> </del>
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<del></del>
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b></b>		<del></del>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		$\vdash$
. 3	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," complete Schedule H	20		X
			990	(2009)

Par	Checklist of Required Schedules (continued)	,		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	'		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	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? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ļ		
	\$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 question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	l		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		}	
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	u V Par	3.7 7	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1.	Section 2018	, `
а	· · · · · · · · · · · · · · · · · · ·	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		Х
С	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	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
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	X	
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
• .	III, IV, and V, line 1	34	Ì	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
70	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ì
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	1
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	
	The second secon			(2000)

Par	V Statements Regarding Other IRS Filings and Tax Compliance			
		$_{\perp}$	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			<b>***</b>
	gaming (gambling) winnings to prize winners?	1 c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			慈烈
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5			<b>2</b>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Part Land H
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-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) (3)	
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," 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			v
	account)?	4a	Vice.	X
b	If "Yes," enter the name of the foreign country:	43		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			44 A
	and Financial Accounts	المتنفذ	- Mari	X
	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?	30		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5 c		
•	Prohibited Tax Shelter Transaction?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible?	02		<del></del>
a		6ь		ļ
7	gifts were not tax deductible?	THE STATE OF	不過量	(5.0)
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			E Table
d	and services provided to the payor?	7a	X	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		A-12.7	E.L.
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	200	g to S	35.3
	benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7 h	orania e	Med -
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		38.7	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	organization, have excess business holdings at any time during the year?	8	. Paris	017579 \$13a;
9	Sponsoring organizations maintaining donor advised funds.	أحكت	, S. P. S.	
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	<b>U</b>	9b	18.0	X
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12	2.63	ر السيران ر السيران إلى	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4.5		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders		数y ( 5年之	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )	12a		3450
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	124		<u>ا</u> الْمُعَالِّينَ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِينَ الْمُعَالِّينَ الْمُعَالِّينَ الْمُعَالِّينَ الْمُعَالِ
b	II 165, enter the amount of tax-exempt interest received of accided during the year   120			

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.

Sect	ion A. Governing Body and Management		,	
		<del></del>	Yes	No
1a	Enter the number of voting members of the governing body		2 15 2 2 3 5 15 2 4 5 7	4 4
b	Enter the number of voting members that are independent	7		50x 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		( ). Z	i zru
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	1	ĺ	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	. 5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	* , " - *		
	the year by the following		<u> </u>	
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 be reached at			
·	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal		L	
	enue Code.)			
, <u>(0 v c</u>	inde Gode./		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1.00		
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Х	ļ
4.4		100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	]	X
444			. The c 7 . 12	v 1. nx3
11A		12a		7 7325
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	120		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	X	
	rise to conflicts?	120		<del> </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	42-	X	
	describe in Schedule O how this is done	12c	<del> </del>	$\frac{1}{x}$
13	Does the organization have a written whistleblower policy?			X
14	Does the organization have a written document retention and destruction policy?	14	h 2"12. 1	H
15	Did the process for determining compensation of the following persons include a review and approval by	1367		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	`` <	1228 C	^
а	The organization's CEO, Executive Director, or top management official		IV.	14
b	Other officers or key employees of the organization	15b	N/	14_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	, , ,		W 43
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4 4	`h <u>*</u> z-`* ,	,
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	] ; ,		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	N	/A_
<u>Sect</u>	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ TX/			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	s only	)	
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization SWATANTRA V. JAIN 5890 POINT WEST DRIVE HOUSTON, TX 77036-2612	he		
	organization SWATANTRA V. JAIN 5890 POINT WEST DRIVE HOUSTON, TX 77036-2612			
	713-774-9599			

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

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

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

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

(A)	(B)			(C)				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	Institutional trustee	chec Officer	Key employee	ন্ধ Highest compensated ক্ৰ employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
AVINASH AJUHA										
DIRECTOR	5.00	Х						0.	0.	0.
SUDESH ARORA										
DIRECTOR	5.00	Х	Ĺ				ļ	0.	0.	0.
VIJAY GORADIA										
DIRECTOR	5.00	X						0.	0	0.
JAIDEEP KHANNA	]									
DIRECTOR	5.00	Х			<u>L</u>			0.	0	0.
SANJAY MOTWANI										
DIRECTOR	5.00	Х					<u> </u>	0.	0.	0.
PAUL PANDIAN									-	
DIRECTOR	5.00	Х						0.	0.	0.
ARVIND SANGER						·			-	
DIRECTOR	5.00	Х						0.	0.	0.
MAHALINGAM RAMESH										
PAST PRESIDENT	10.00			Х				0.	0.	0.
SWATANTRA JAIN										,
TREASURER	5.00			Х			L	0.	0.	0.
ATUL VARADHACHARY	]									
PRESIDENT	10.00			Х				0.	0.	0.
ARVIND AMIN										
SECRETARY	10.00			Х				0.	0.	0.
										_
		Ь						L	<del>'</del>	

Form 990 (2009)

JSA

Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	ye	es,	and I	ligi	hest Compensat	ed Employ	ees (c	ontinued)
(A)	(B)		-		C)			(D)	(E)		(F)
Name and title	Average hours per week	Individual trustee	6 Institutional trustee	Officer	Key employee	Highest compensated at employee	ly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compens from rela organiza (W-2/1099	ation ated tions	Estimated amount of other compensation from the organization and related organizations
											1 7
							ı				
	-			=							
1b Total							▶	0		0.	0
2 Total number of individuals (including but not reportable compensation from the organization)			liste	d a	bov	e) wh	o re	eceived more than	\$100,000 i	n	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	repor	150	0,00	0?	If "Y	atioi 'es, '	n and other com complete Sched	pensation ule J for	from such	4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"											5 X
Section B. Independent Contractors	Compicio	00/100	4.0		, 00	011 po		·		· · · · · · · · · · · · · · · · · · ·	_1
Complete this table for your five highest compensation from the organization	compensa	ted ir	ndep	pend	den	t con	trac	tors that receive	d more th	an \$10	0,000 of
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompensation
NONE							1				
							}-				
							1				
Total number of independent contractors (iii more than \$100,000 in compensation from the contractors.)				nıte	d to	thos	se I	isted above) who	received		

Par	rt VIII	Statement of Revenue		76-0620808							
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514				
s, gifts, grants nilar amounts	1a b c d	Federated campaigns									
Contributions, and other siml	e f g	All other contributions, gifts, grants, and similar amounts not included above .   Noncash contributions included in lines 1a-1f \$									
	h	Total. Add lines 1a-1f				DEST. ALLAND					
ž			Business Code	27 1-18 2 2 4 Y							
am Service Revenue	2a b c d										
Program	f g	All other program service revenue Total. Add lines 2a-2f		0			<b>沙</b> 斯斯斯				
	3 4 5	Investment income (including dividends, interestment amounts). ATTACHMENT Income from investment of tax-exempt bond Royalties	. 5 ▶ proceeds ▶	12,461 0	12,461.						
	6a b	Gross Rents									
	d 7a	Net rental income or (loss)	(II) Other	0							
	b	Less cost or other basis and sales expenses									
a.	d	Ret gain or (loss)	·	0			PACS CARVA				
Other Revenue	8a	events (not including \$ of contributions reported on line 1c) See Part IV. line 18	2,425,112								
Jer	ь		361,307								
5	c	Net income or (loss) from fundraising events	. ATCH. 6. ▶	2,063,805.							
	9а	Gross income from gaming activities. See Part IV, line 19									
	b		<b>&gt;</b>	0							
	C	Net income or (loss) from gaming activities.	·	180 × 30 × 30		(2007) (2007)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
	10a	Gross sales of inventory, less returns and allowances									
	b	Net income or (loss) from sales of inventory.  Miscellaneous Revenue	Business Code	0.							
	11a b c			N. S. dan	X						
	d	All other revenue			797 (2.422 - 1.4] = 220-1	W. W. There is a	], 600 / E. / T. F.				
	e 12	Total Add lines 11a-11d		7,801,289.	12,461	0	0				

# 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).										
	not include amounts reported on lines 6b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21	0.		general expenses							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the			Same of the second seco	77 75444 m = -						
	U.S. See Part IV, lines 15 and 16	8,903,959.	8,903,959.	│ ♥ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~~~~~~~							
4	Benefits paid to or for members	0.									
5	Compensation of current officers, directors, trustees, and key employees	0.	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.									
_7	Other_salaries_and_wages	303,543.	43,163.	134,385.	125,995						
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
11	Fees for services (non-employees)	0.									
	Management	0.									
	Legal	0.									
	Accounting	0.									
	Lobbying	0.	300 A 3 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4								
	Professional fundraising services See Part IV, line 17	0.		** * * * * * * * * * * * * * * * * * *							
	Investment management fees	0.									
	Other	0.									
12	Advertising and promotion	0.									
13	Office expenses	0.									
14	Information technology	0.									
15 16	Royalties	0.									
17	Travel	0.									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	0.	·····								
20	Interest	0.									
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	0.									
23	Insurance	0.									
24	Other expenses Itemize expenses not	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s							
	covered above (Expenses grouped together										
	and labeled miscellaneous may not exceed										
	5% of total expenses shown on line 25 below)	The state of the s	THE STATE OF THE S	STATES AND LINE AND STATES AND ST	CARREL AND THE SAME PROPERTY OF THE PERSON O						
_	ADVERTISING	32,358.	0.	1,023.	31,335						
	FUNDRAISING EXPENSES	142,059.	0.	0.	142,059						
	OFFICE EXPENSES	46,236.	0.		11,600						
	OTHER EXPENSES	42,198.	36,000.	6,198.	0						
е	BAD DEBT	600,200.	600,200.								
	All other expenses	10 070 550	0 502 202	176 040	210 000						
25	Total functional expenses Add lines 1 through 24f	10,070,553.	9,583,322	176,242.	310,989						
26	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										

Part	X	Balance Sheet	T	-	(B)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,140,453.	1	1,870,064.
	2	Savings and temporary cash investments	120,259.	2	330,820.
	3	Pledges and grants receivable, net	5,673,351.	3	461,850.
- 1	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			, 1, , , , , , , , , , , , , , , , , ,
		employees, and highest compensated employees Complete Part II of			
		Schedule L	,	5	
	6	Schedule L		뺻섓	
	-	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		`, <sub>k</sub> ,	
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	-
Assets	8	Inventories for sale or use		8	
⋖	à	Prepaid expenses and deferred charges		9	1,925
1	l n a	Land, buildings, and equipment cost or 10a 3,781.			
	va	other basis Complete Part VI of Schedule D	1. '	`	
1	h	Less accumulated depreciation	3,781.	10c	3,241
	   1	Investments - publicly traded securities		11	1,245
	2	Investments - other securities See Part IV, line 11		12	
	13	Investments'- program-related See Part IV, line 11	1	13	
	13 14	Intangible assets		14	
- 1		Other assets See Part IV, line 11			0
	15				2,669,145
	16	Total assets. Add lines 1 through 15 (must equal line 34)	01 247		29,029
- 1	17	Accounts payable and accrued expenses		18	
1	18	Grants payable	1	19	
- 1	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
Se 2	21	Escrow or custodial account liability Complete Part IV of Schedule D		7.	4.2.
<b>≣ </b> 2	22	Payables to current and former officers, directors, trustees, key	\ \tag{*\psi} \psi^\text{*\psi} \psi^\text{*\psi}	1	1 1
Liabilities		employees, highest compensated employees, and disqualified			, · · · · · · · · · · · · · · · · · · ·
-		persons Complete Part II of Schedule L		22	
ŀ	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		<u> </u>	
- 1	25	Other liabilities Complete Part X of Schedule D	21,347.	25	29,029
	26	Total liabilities. Add lines 17 through 25	21,341.	26	<del></del>
		Organizations that follow SFAS 117, check here	, (a) , (b) , (c)	. *	
ces		complete lines 27 through 29, and lines 33 and 34.	4 200 200		2,630,116
<u>a</u> 2	27	Unrestricted net assets			10,000
B 2	28	Temporarily restricted net assets		28	10,000
밑	29	Permanently restricted net assets	0.	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.	1		
t2 :	30	Capital stock or trust principal, or current funds		30	
es:	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances		33	2,640,116
- 1	34	Total liabilities and net assets/fund balances		34	2,669,145

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1300	1,500
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	<u> </u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	237	1575.E	(1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	18 334		<b> </b> ``. ´
	issued on a consolidated basis, separate basis, or both	-, <i>:</i>	٠ ٠, <u>٠</u>	, ,
	X Separate basis Consolidated basis Both consolidated and separate basis	** '* '*******************************	13.4-	1111
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ	
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			İ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		
_		Form	990	(2009

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

Department of the Treasury

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

76-0620808

PRA	THA	M USA								76-06	20808
Par	t I	Reason fo	r Public Chari	ty Status (All organ	izations m	ust compl	lete this	part ) Se	e instruc	tions	
The	orgai	nization is no	t a private found	dation because it is (F	or lines 1 t	through 11,	check on	ly one box	<u>()</u>		
1	_	A church, co	onvention of chu	rches, or association of	of churches	described	ın sectio	n 170(b)(	1)(A)(i).		
2		A school de	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (Att	ach Sched	ule E)					
3		A hospital o	r a cooperative l	hospital service organi	ızatıon desc	cribed in se	ction 170	(b)(1)(A)	(iii).		
4		A medical i	esearch organiz	zation operated in co	njunction v	with a hos	pital des	cribed ın	section	170(b)(1)(	A)(iii). Enter the
		•	ime, city, and sta			<b></b>		<del>-</del>			
5		An organiza	ition operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated t	y a gove	ernmental	unit described in
,			(b)(1)(A)(iv). (C	•	'	'					
6			_	ernment or governme							
7		•		lly receives a substan	-	its support	from a q	governme	ental unit	or from t	ne general public
_ [				(1)(A)(vi). (Complete P							
8	<del>-,,</del>  -			d in section 170(b)( <u>1</u> )(							
9	Х			lly receives (1) more							
				ted to its exempt fun							
			_	ment income and uni						orr tax)	from businesses
40 1		•	-	nafter June 30, 1975 and operated exclusive							
10 11				and operated exclusive							to carry out the
!		_	•	ublicly supported orga	-						
				at describes the type o							
		a Typ	Г	<del></del> -		e III - Fund					pe III - Other
e				ertify that the organiz			-	_			
•				on managers and oth							
		-	section 509(a)(								
f		If the organ	nization received	d a written determina	tion from t	the IRS tha	atıtıs a	Type I, T	ype II, o	r Type III	supporting
			n, check this box								
g		Since Augu	st 17, 2006, has	the organization acce	pted any g	ift or contri	bution fro	om any of	the		
		following pe									
				or indirectly controls			ether wit	h person	s describ	ped in (ii)	Yes No
				erning body of the sup		anization?					11g(i)
		, ,		person described in (i) a							11g(ii)
_		•	-	of a person described		-					11g(iii)
h				ation about the suppo			4304		(-)	- 45 -	fully Amount of
(i) N		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		is the tion in col	(vii) Amount of support
	3-			`above or IRC section		document?	col (i)	of your		zed in the	
				(see instructions))	Yes	No	Yes	No No	Yes	No	
				<del></del>						-	
			-								
				ĺ			İ	1		1	
											·
			V 248 . V 246556 12 4 4 4 4	10.00		J	2577		2.443	/2 4 4 2 3	
_					1 1 1 3 4 5 5 5 4 5 1						
Tota	<u> </u>										

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

Schedule A (Form 990 or 990-EZ) 2009

Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants")						
	, ,						
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
3	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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,					1	
	payments received on securities loans, rents, royalties and income from similar	}					
	sources						
				-			
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
	regularly durined on T. C. V. C. T.						-
10	Other income Do not include gain or		1				
	loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					1000	
12	Gross receipts from related activities, etc. (		· <del>L</del>			12	
13	First five years. If the Form 990 is					ar as a section	501(c)(3) _
. •	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2009 (I	ine 6, column (f	divided by line	11, column (f))		14	
15	Public support percentage from 2008					15	
	331/3% support test - 2009. If the					331/3% or more	e, check
	this box and stop here. The organizat						
b	331/3% support test - 2008. If the						
_	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -						
	or more, and if the organization m						
	Part IV how the organization meets						
	organization						▶[
h	10%-facts-and-circumstances test -	2008. If the or	ganization did r	ot check a box	on line 13, 16	a. 16b. or 17a.	and line
IJ	15 is 10% or more, and if the org						
	Explain in Part IV how the organizat						
	supported organization						<b>▶</b> [
	supported organization				170 or 17h	chack this box	and see
40	Drivate foundation If the erganizate	ON AIR NOT CHO	חיי חת עתקוב איי				
18	Private foundation. If the organizationstructions						

# 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 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ grants, Gifts. contributions. membership fees received (Do not include any "unusual grants ") 8,163,798. 8,633,347 5,725,023 25,064,285 1.107.383 1,434,734 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 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 . . . . . . . Total. Add lines 1 through 5 . . . . . . 1,107,383 1,434,734 8,163,798 8,633,347 5,725,023 25,064,285 7a Amounts included on lines 1, 2, and 3 196,203 553,086 903,600 514.000 2,306,889 received from disqualified persons . . . . 140,000 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 ი 2,306,889 140.000 196,203 553,086 903,600 514,000 c Add lines 7a and 7b. . . . . . . . . . . . . . . . Public support (Subtract line 7c from 1.3 22,757,396. Section B. Total Support (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) 1,107,383 1,434,734 8,163,798 8,633,347 5,725,023 25,064,285. Amounts from line 6. . . . . . . . . . 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 12,461 186,255 74,653 53,638 5,010 40,493 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 12,461 186,255 c Add lines 10a and 10b . . . . . . . . 5,010 40,493 74,653 53.638 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 12 Other income Do not include gain or loss from the sale of capital assets 1,483,245 2,063,805 7,946,924. (Explain in Part IV) ATCH 1 . . . . . 1,057,030 1,542,311 1,800,533 Total support. (Add lines 9, 10c, 11, 2,169,423. 3,017,538. 10,038,984 10,170,230 7,801,289 33,197,464 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) Section C. Computation of Public Support Percentage 68.55% Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 68.24% 16 Section D. Computation of Investment Income Percentage .56% Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . . . . 17 .65% Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 33 1/3%, check this box and stop 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 line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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 20

JSA 9E1221 1 000

Page 4

Part IV Supplemental I	nformation. Comp or 17b; or Part III, I	olete this part time 12. Provide	o provide the any other addition	explanation reconstitution	quired by Part n. See instructi	II, line 10, ons
SCHEDULE A, PART II					TACHMENT 1	
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
SPECIAL EVENT NET INCOME	1,057,030	1,542,311	1,800,533	1,483,245	2,063,805	7,946,924
TOTAL	1,057,030	1,542,311	1,800,533	1,483,245	2,063,805	7,946,924

# **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 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

Department of the Treasury Internal Revenue Service Name of the organization

PRA	THAM USA		76-0620808
Pai	Organizations Maintaining Donor Ad the organization answered "Yes" to Fe	vised Funds or Other Similar Funds or orm 990, Part IV, line 6	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets held in do	onor advised
	funds are the organization's property, subject to	· ·	
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grant fund	
	used only for charitable purposes and not for the		
	purpose conferring impermissible private benefit?	, <u></u>	Yes No
Pa	Conservation Easements. Complete		orm-990,-Part-IV <del>,</del> line 7.
1	Purpose(s) of conservation easements held by the	ne organization (check all that apply)	
	Preservation of land for public use (e.g., rec	reation or pleasure) Preservation o	of an historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year		Held at the End of the Year
	<del>-</del>		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified Number of conservation easements included in a		
d 3	Number of conservation easements modified, tra		
3	the tax year	ansierred, released, extinguished, or termina	ated by the organization during
4	Number of states where property subject to cons	servation easement is located >	
5	Does the organization have a written policy regal		
•	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring,		
	<b>&gt;</b>		•
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easemei	nts during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on I	ine 2(d) above satisfy the requirements of se	ction
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization report		
	balance sheet, and include, if applicable, the text		ial statements that describes
	the organization's accounting for conservation ea	sements ns of Art, Historical Treasures, or Other	- Cimilar Assats
Pa	Complete if the organization answere	is of Art, historical freasures, or Other	r Sillillar Assets.
	<del></del>	<del></del>	and belong the control of
٦а	If the organization elected, as permitted under art, historical treasures, or other similar assets h	ield for public exhibition, education, or resi	earch in furtherance of public service
	provide, in Part XIV, the text of the footnote to its		
b	If the organization elected, as permitted under	SFAS 116, to report in its revenue stater	nent and balance sheet works of art
	historical treasures, or other similar assets held provide the following amounts relating to these it		arch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line		▶\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		
-	following amounts required to be reported under		
а	Revenues included in Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		
	- · · · · · · · · · · · · · · · · · · ·		

Schedule D (Form 990) 2009

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

Pal	Organizations Maintain	ing Collec	tions of	TAIT, H	istorica	i i reasure:	s, or	Other Similar	Assets (	continue	·d)
3	Using the organization's acquisition	n, accessioi	n, and of	ther rec	ords, che	eck any of th	ne foi	llowing that are a	significar	nt use of r	ts
	collection items (check all that app					•		•	Ū		
а	Public exhibition			d		Loan or ex	chan	ge programs			
b	Scholarly research			е	П	Other		- , -			
С	Preservation for future ge	enerations						·- <u>-</u>			
4	Provide a description of the organi	zation's coll	ections	and exp	lain how	they further	the	organization's ex	empt pur	pose in	
	Part XIV.										
5	During the year, did the organization	on solicit or	гесеіче	donatio	ns of art	, historical t	reasu	ures, or other simi	lar		
	assets to be sold to raise funds rat	her than to	be maın	tained a	is part of	the organiz	ation	's collection?	[	Yes	No
Par	Escrow and Custodial A IV, line 9, or reported ar						ans	wered "Yes" to	Form 99	0, Part	
1 a	Is the organization an agent, truste	e. custodia	n or othe	er intern	nediary f	or contributi	ons d	or other assets no	nt		
	included on Form 990, Part X?								[	Yes	No
b	If "Yes," explain the arrangement in								[		
	, ,		··· <b>,</b>			<b>3</b>		Α	mount	<del></del>	
—с	Beginning-balance	,-,-,-,-					_1 c_				
	Additions during the year						$\overline{}$				
е	Distributions during the year						-	·			
f	Ending balance						1f				
2a	Did the organization include an am	ount on Fo	rm 990,	Part X,	line 21?					Yes	No
b	If "Yes," explain the arrangement in	Part XIV							-		
Par	t V Endowment Funds. Con	nplete if o	rganiza	ition an	swered	"Yes" to Fo	orm 9	990, Part IV, line	e 10.		
		(a) Curren	t Year	<b>(b)</b> Pr	ог уеаг	(c) Two ye	ars ba	ck (d) Three ye	ars back	(e) Four	years back
1 a	Beginning of year balance					·				(*); <u>(</u> ,	
b	Contributions								· · · · · · · · · · · · · · · · · · ·		`
С	Net investment earnings, gains,					V2 3	و ځين رود	, as (C) we will	- ~	- i	٠ (٢)
	and losses								\$ -, <u>(</u>		Sec. ( ) -
ď	Grants or scholarships					* ( ) × * * * * * * * * * * * * * * * * * *	<u> </u>		x + - x	2 C C	
е	Other expenditures for facilities .					4 x 5 45	,733 <del>€</del> -76	꽃이 많아갈 때문		in the	· · · · · · · · · · · · · · · · · · ·
	and programs						<u> </u>		<u> </u>		
	Administrative expenses					12.5 × × × ×			1 + 3 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	745 3 A	<u> </u>
g	End of year balance									1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	· ^ , · * * * }
2	Provide the estimated percentage	•	end bala		as as						
a	Board designated or quasi-endowr			%							
b	Permanent endowment ►	<u>"                                    </u>									
	Term endowment ▶	_%				that are hal		d	41		
Ja	Are there endowment funds not in organization by	the posses	551011 01 1	me orga	IIIIZaliQII	mat are ner	u and	administered for	tne	ſ,	/aa   Na
	(i) unrelated organizations									3a(i)	res No
	(ii) related organizations							• • • • • • • • • •		3a(ii)	<del>-   -</del>
b	If "Yes" to 3a(II), are the related org							• • • • • • • • • •		3b	<del>-  </del>
4	Describe in Part XIV the intended i	•		-				• • • • • • • • •		[35]	
Par							rt X	line 10			
	Description of investment		(a) Cost o			o) Cost or other basis (other)		(c) Accumulated depreciation	(0	i) Book valu	ie
1 a	Land						-	depreciation			<del></del>
b	Buildings					· <del></del>	+	**			
C	Leasehold improvements				<del> </del>			— <del>—</del> —			
d	Equipment			3,7	81	<del></del>	-	540			3,241.
e	Other	<u> </u>		- , ,	<del>-   .</del>		$\dashv$				
Tota	I. Add lines 1a through 1e (Column		gual Fon	m 990. F	Part X. co	lumn (B). lin	e 10/	'c).) ▶			3,241.
	The state of the s	(4)	7.5.01.	550, 1		(0), 111	3,01	<del>-7.7 </del>		<del></del>	

Part VII	Investments - Other Securities. Se	e Form 990, Part X, lı	ne 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 de	erivatives			
	d equity interests			_
				_
<b>_</b>				
<del>-</del>				
<del>-</del>	·			
<b>-</b>				
<del>-</del>			· · · · · · · · · · · · · · · · · · ·	
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>		<del>-;</del>
Part VIII	Investments - Program Related. Se			<u> </u>
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
				_
				—
			<del>                                     </del>	—
		<del></del>		—
	<del></del>	<del></del>		
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		<del></del>
Part IX	Other Assets. See Form 990, Part		<u> </u>	_
		(a) Description	(b) Book value	
				_
				_
			- <del></del>	
				—
	<del></del>	<del></del>	<del></del>	—
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15).			
Part X	Other Liabilities. See Form 990, Pa			
1.	(a) Description of liability	(b) Amount		: "
Federal inc	come taxes			
				.≝ 54 - 52
				13
				<b>*</b>
				. 1'4
				٠. '
				- 4
Total, (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		

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

Part 2	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,801,289.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,070,553.
3		3	-2,269,264.
4		1	
5		5	
6	Investment expenses	3	
7	Prior period adjustments	7	
8		3	
9		•	
10		0	-2,269,264.
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	rn	
1	Total revenue, gains, and other support per audited financial statements	1	7,801,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants2c	]" *:[	
d	Other (Describe in Part XIV )	] 1	
e	Add_lines_2a_through_2d	2e	
3	Subtract line 2e from line 1	3	7,801,289.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	. : 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	- 1	
b	Other (Describe in Part XIV )	] ]	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		7,801,289.
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn	
1	Total expenses and losses per audited financial statements	1	10,070,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a 2a	4. 11	
b	Prior year adjustments 2b		
C	Other losses 2c	4 4	
d	Other (Describe in Part XIV)	_	
е	Add lines 2a through 2d	2e	10 070 550
3	Subtract line 2e from line 1	3	10,070,553.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4 []	
b	Other (Describe in Part XIV )	<b>-</b>	
С	Add lines 4a and 4b	4c	10 070 552
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,070,553.
Part	XIV Supplemental Information	_	
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part II, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also rt to provide any additional information		

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2009

# Schedule F (Form 990)

# Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PRATHAM USA

Employer identification number

76-0620808

Γa		rmation on Act n 990, Part IV, II		le the United States. Co	implete if the organization	on answered
1	assistance, the grante	es' eligibility for	the grants or	ecords to substantiate the assistance, and the select	tion criteria used to awar	
2	For grantmakers. Des	scribe in Part IV th	ne organization	's procedures for monitori	ing the use of grant funds	outside the
3		(Use Schedule F-	1 (Form 990) ii	f additional space is needed	1	
	(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
						-
-						
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	

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

Schedule F (Form 990) 2009

Schedule F	Schedule F (Form 990) 2009	76-0620808 Page 2	2
Part II	Partill Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,	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	ceived more than \$5,000 ▶	
	Use Schedule F-1 (Form 990) if additional space is needed.		- 1

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	EDUCATION PR	95,744	WIRE TRANSFE	0	NONE	BOOK VALUE
		SOUTH ASIA	EDUCATION PR	4,947,555	WIRE TRANSFE	0	NONE	BOOK VALUE
		SOUTH	1	3,860,660	WIRE TRANSFE	0	NONE	BOOK VALUE
J		:						
2 Enter total number of recipient organizations listed above th	rations listed above	that are recognized as charities by the foreign country, recognized as tax-exempt	harities by the	foreign country, re	cognized as ta	ax-exempt		

3 Enter total number of other organizations or entities JSA 9E1275 1 000

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by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3875-039

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Schedule F (Form 990) 2009

76-0620808 Schedule F (Form 990) 2009

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. (h) Method of valuation (book, FMV, appraisal, other) (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) Regron (a) Type of grant or assistance Part III

3875-039

9E12761000 15606G 2917 8/12/2010 1:59:07 PM V 09-7.1

Partiv	Complete this part to provide the information required in Part I, line 2, and any additional information
SCHEDU	LE F, PART II
PRATHA	M MUMBAI EDUCATION INITIATIVE, EIN# NONE, REGION: INDIA, PURPOSE OF
GRANT:	EDUCATION PROGRAMS FOR UNDERPRIVILEGED CHILDREN, AMOUNT OF CASH
GRANT:	\$95,744, MANNER OF CASH DISBURSEMENT: WIRE TRANSFER, NON-CASH
ASSIST	ANCE: NONE, METHOD OF VALUATION: BOOK VALUE
AKSHAR	A FOUNDATION, EIN# NONE, REGION: INDIA, PURPOSE OF GRANT: EDUCATION
PROGRA	MS FOR UNDERPRIVILEGED CHILDREN, AMOUNT OF CASH GRANT: \$3,860,660,
MANNER	OF CASH DISBURSEMENT: WIRE TRANSFER, NON-CASH ASSISTANCE: NONE,
METHOD	OF VALUATION: BOOK VALUE
~	
PRATHA	M INDIA EDUCATION INITITATIVE, EIN# NONE, REGION: INDIA, PURPOSE OF
GRANT:	EDUCATION PROGRAMS FOR UNDERPRIVILEGED CHILDREN, AMOUNT OF CASH
GRANT:	\$4,947,555, MANNER OF CASH DISBURSEMENT: WIRE TRANSFER, NON-CASH
ASSIST	ANCE: NONE, METHOD OF VALUATION: BOOK VALUE
<b></b>	

### SCHEDULE G

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ. See separate Instructions.

OMB No 1545-0047 Open To Public

	of the organization	Attach to Form 990 0	ir rottii 330-EZ.	See set	parate instructions.	Employer identification	on number
PRAT	HAM USA					76-062080	
Part	Fundraising Activities. Form 990-EZ filers are				"Yes" to Form 9	990, Part IV, line	17.
1	Indicate whether the organization				activities Check	all that apply	
а	Mail solicitations	6	Solic	itation of i	non-government (	grants	
b	Internet and email solicitation	ns f			government gran	ts	
C	Phone solicitations	g	y Spec	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a writtor key employees listed in Form	990, Part VII) or entit	y in connec	tion with p	rofessional fundra	aising services?	Yes No
	If "Yes," list the ten highest paid to be compensated at least \$5,0			s) pursuar	nt to agreements	under which the fun	draiser is
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in-	(vi) Amount paid to (or retained by) organization
		<u> </u>				col (i)	
			Yes	No			
			-		<del></del> .		
			-				
			_				,
3 Lis	st all states in which the organ	<del></del>			it funds or has	been notified it is	exempt from
ге( 	gistration or licensing				•		
~							

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

Schedule G (Form 990 or 990-EZ) 2009

	irt l	Fundraising Events. Complemore than \$15,000 on Form	ete if t n 990	he organization -EZ, line 6a. Lis	ans t ev	wered "Yes" to ents with gross	For rec	m 990, Part IV, III eipts greater thar	ne 18, \$5,0	or re 00.	porte	ed
			GALA			(b) Event #2	-	(c) Other Events	(ad	d col (	al even (a) thro	ts ough
Revenue	1	Gross receipts		(event type) 2,425,112.	_	(event type)		(total number)	<u> </u>			,112
Rev	2	Less Charitable	}			·	$\dagger$		-			,
	3	contributions					+		<del> </del> -			
	Ľ	minus line 2)		2,425,112.					<u> </u>	2,	425	,112
	4	Cash prizes			}							
		Noncash prizes										
ses		Rent/facility costs		250,691.							250	,691
Jirect Expenses	_7_	Food-and-beverages		25,052.							25	,052
Direct	8	Entertainment		49,999.							49	,999
	9	Other direct expenses		35,565.							35	, 565
	10	Direct expense summary Add lines 4	1 throu	ah 9 in column (d)	ı				(	3	361,	، 307
	11	Direct expense summary Add lines 4 Net income summary Combine line 3	3, colu	mn (d), and line 10	<u>) : :</u>	<u> </u>		<b>.</b>		2,	063	,805
Pa	rt l	Gaming. Complete if the org than \$15,000 on Form 990-	ganiza	ition answered "	Yes'	to Form 990, F	art	IV, line 19, or rep	orted	more	е	
		(ilali \$ 101000 011 1 0111 000	,	(a) Bingo		) Pull tabs/Instant	T	(c) Other gaming			aming	
Revenue					Din	go/progressive bingo	+		COL	a) thic	ough co	OI. (C))
<u>~</u>	1	Gross revenue					1	<del></del> -	<u> </u>			
ses	2	Cash prizes					-					
Expenses	3	Noncash prizes					$\downarrow$		-	<del></del>		
Direct	4	Rent/facility costs					+		-			
	5	Other direct expenses		· · · · · · · · · · · · · · · · · · ·			1		ļ			
	6	Volunteer labor		Yes%		Yes% No	6	Yes%			· · · · · ·	``\
	7	Direct expense summary Add lines 2	2 throu	gh 5 in column (d)	٠.				(			)
	8	Net gaming income summary Comb	ine line	e 1, column d, and	lline	7		<u> </u>				<del>-</del>
9	E	nter the state(s) in which the organizat	tion on	erates gaming act	ivitie	S.				<u> </u>	Yes	No ***
	ı İs	the organization licensed to operate g	•							9a		
ı	o If	"No," explain										
40.										,		
		/ere any of the organization's gaming I "Yes," explain	license	es revoked, suspe	naec	or terminated du	ring	the tax year?		10a	x- 4-	-
										<b>,</b>		
11		oes the organization operate gaming a								11	- "	
12		the organization a grantor, beneficiary irmed to administer charitable gaming?								12	*5	-

or spent in the organization's own exempt activities during the tax year > \$

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE N		2
EDULE	z	1-060
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SCHE	2	990
S	異	8
	S	Ē

Department of the Treasury Internal Revenue Service

# Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047	2009

Employer Identification number

76-0620808 Name of the organization PRATHAM USA

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36 Use Schedule N-1 if additional space is needed. Part I

ļ	1	1	1	1				i	1	I	
	(g) IRC section of recipient(s) (if tax-exempt) or type of entity							7.77			****
	(f) Name and address of recipient										
	(e) EIN of recipient										
	(d) Method of determining FMV for asset(s) distributed or transaction expenses				-						
בבחבח.	(c) Fair market value of asset(s) distributed or amount of transaction expenses										
JI I STACE IS II	(b) Date of distribution										
So Use Schedule N-1 II additional space is needed.	(a) Description of asset(s) distributed or transaction expenses paid										
	~										

•	•
2 Did or will any officer, director, trustee, or key employee of the organization: a Recome a director or trustee of a successor or transferee organization?	,

b Become an employee of, or independent contractor for, a successor or transferee organization? Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III 🏲

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

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Schedule N (Form 990 or 990-EZ) 2009

**7** 

Yes

\*\*

**2**b

Liquidation, Termination, or Dissolution (Continued)	Solution (CO	ntinued)				
Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-	s assets during the	tax year, then Form 9	90, Part X, column (B) should	ednal -0-		Yes
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	accordance with i	ts governing instrumen	ıt(s)? If "No," describe ın Part II	· · · · · · · -		7
4a Did the organization request or receive a letter from IRS that the organization's exempt status was terminated?	tter from IRS that	the organization's exer	npt status was terminated? .			EN PHIRMS
b if "Yes," provide the date of the letter ▶		Attach a copy of the	Attach a copy of the letter and, if applicable, the organization's request for the letter	organization's req	uest for the letter	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
5a is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	orney general or	other appropriate state	e official of its intent to dissolve	e, liquidate, or term	ıınate?	5a
b If "Yes," did the organization provide such notice?	otice?	•				. Sb
	bilities in accordar					9
~	onds outstanding		•			. 7a
	ax-exempt bond Is	abilities in accordance	with the Internal Revenue Co	de and state laws?	—	7b
if "Ves " describe in Part III how the organization defeased or otherwise settled these liabilities If "No." explain in Part III	zation defeased o	otherwise settled thes	e liabilities If "No," explain in F	art III		
Partill Sale Exchange Disposition or Other Transfer of	or Other Tra	nsfer of More T	han 25% of the Orga	nization's Ass	More Than 25% of the Organization's Assets. Complete this part if the organization answered	ization answered
_	ne 32, or Form		Use Schedule N-1 if additional space is needed	ditional space	is needed	
1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipients(s) (if tax-exempt) or type of entity
					PRATHAM MUMBAI EDUCATION INITIATIVE	
CASH	VAR	95,744	BOOK VALUE	NONE	Y B CHAVAN CENTER, 4TH FL, GEN J BH	501(C)(3)
					AKSHARA FOUNDATION	
CASH	VAR	3,860,660	BOOK VALUE	NONE	NO 633/634, DEEPAM, 4TH "C" MAIN	501(C)(3)
					PRATHAM INDIA EDUCATION INITITATIVE	-
САЅН	VAR	4,947,555	BOOK VALUE	NONE	1203-6 ARCADIA; 195 NCPA ROAD	501(C)(3)
2 Did or will any officer, director, trustee, or key employee of the organization	key employee of th	e organization		ł		Yes No
a Become a director or trustee of a successor or transferee organization?	or transferee orga ontractor for, a suc	nization?	ganization?			2a × × × × × × × × × × × × × × × × × × ×
	sessor or transfere	e organization?				2c ×
	tion or other simil	ar payments as a resu	ilt of the organization's significa	nt disposition of as	isets?	
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III	of the questions in	this line, provide the	name of the person involved a	nd explain in Fait	Schedule N (Form 990 or Form 990-EZ) 2009	or Form 990-EZ) 2009

Schedule N (F	orm 990 or 990-EZ) 20	09		7 (	5-062080	8(					Page 3
Part III		<b>Information.</b> Complete to provide and any additional information	the				Part	I, lines	2e,	7c,	
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								<del>-</del>			<b></b>

# SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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

▶ Attach to Form 990.



Department of the Treasury Internal Revenue Service

Name of the organization PRATHAM USA

Employer identification number 76-0620808

ATTACHMENT 2

VIJAY GORADIA & SWATANTRA JAIN

PART VI, QUESTION 2

BUSINESS RELATIONSHIP

CONFLICT OF INTEREST POLICY

PART VI, QUESTION 12C

A CONFLICT OF INTEREST DISCLOSURE POLICY IS PROVIDED BY EACH EMPLOYEE, OFFICER AND DIRECTOR.

ONCE A YEAR A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT OUT TO BE UPDATED BY EACH EMPLOYEE, OFFICER AND DIRECTOR.

EACH EMPLOYEE, OFFICER AND DIRECTOR IS REQUESTED TO NOTIFY IF THERE HAS BEEN A CHANGE THAT WOULD GENERATE A CONFLICT.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO HELP ORGANIZATIONS IN INDIA TO EDUCATE UNDERPRIVLEDGED CHILDREN SO THAT THEY MAY LEARN READING, WRITING AND ARITHMETIC. ALSO FACILITATES

VOLUNTEERISM AMOUNG YOUTHS IN THE USA VIA INTERSHIP PROGRAMS IN INDIA.

1,560,258

Name of the organization PRATHAM USA		, ,	er identification number 5-0620808
FORM 990, PART III, LINE 4D - OTH	ER PROGRAM SERVICES	ATTACH	MENT 4 (CONT'D)
DESCRIPTION	GRANTS	EXPENSES	REVENUE
REMEDIAL SCHOOL	958,332	958,332	780,129
PROGRAM FOR RESCUE CHILD LABORERS	479,166.	479,166.	390,065
MOBILE LIBRARIES	479,166	479,166	390,064
TOTALS	1,916,664	1,916,664	1,560,258

1,916,664

DODY OOG DADW WILL INVESTMENT INCOME			ATTACHMENT 5	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV	REVENUE
				<del></del>
INTEREST	12,461	12,461		
TOTALS	12,461			

FORM 990, PART VIII - FUNDI	RAISING EVENTS	-	
DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GALAS/SPECIAL EVENTS	2,425,112.	361,307	2,063,805
TOTALS	2,425,112	361,307	2,063,805

ATTACHMENT 6

1,916,664

Page 2

Employer identification number Name of the organization 76-0620808 PRATHAM USA ATTACHMENT 7 (CONT'D) FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES BEGINNING ENDING BOOK VALUE BOOK VALUE DESCRIPTION 1,245. 1,500. COMMON STOCK 1,500. 1,245. TOTALS

# Form 8868

Department of the Treasury

(Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

internal Revenue S	ervice I						
<ul> <li>If you are fi</li> </ul>	ling for an Automatic 3-I	Month Extension, complete only Part	I and check this box				► X
		ot Automatic) 3-Month Extension, co					
Do not complet	te Part II unless you have	already been granted an automatic 3-	month extension on	a prev	nously filed	Form 8868	
Part I Auto	matic 3-Month Extens	sion of Time. Only submit original (	no copies needed)	)			
		-T and requesting an automatic 6-moi			ox and com	plete	
Part I only							<b>▶</b> ∐
	orations (including 1120 ome tax returns.	-C filers), partnerships, REMICs, and	trusts must use Fo	orm 70	004 to requ	uest an extei	nsion of
one of the ret electronically i returns, or a co	turns noted below (6 m f (1) you want the addi composite or consolidated	can electronically file Form 8868 if nonths for a corporation required to tional (not automatic) 3-month extens if From 990-T Instead, you must subnot filing of this form, visit www irs gov/e	file Form 990-T) It sion or (2) you file It nit the fully complete	Howeve Forms ed and	er, you car 990-BL, 60 Isigned pag	nnot file Forr 169, or 8870 ge 2 (Part II)	m 8868 ), group
Type or	Name of Exempt Organiza	tion			Employer i	dentification n	umber
print	PRATHAM USA				76-06	520808	
File by the							
due date for							
filing your return See	City, town or post office,	state, and ZIP code For a foreign address, so	ee instructions				
instructions	HOUSTON, TX	77036-2612					
Check type o	f return to be filed (file a	separate application for each return)					
X Form 990	i	Form 990-T (corporation)		For	m 4720		
Form 990	-BL	Form 990-T (sec 401(a) or 408(a) tru	st)	For	m 5227		
Form 990-BL Form 990-T (sec 401(a) or 408(a) tust) Form 5227  Form 990-EZ Form 990-T (trust other than above) Form 6069							
Form 990-		Form 1041-A		For	m 8870		
<ul> <li>If the organ</li> <li>If this is for the whole gnames and El</li> </ul>	a Group Return, enter th group, check this box . ▶ Ns of all members the ex	office or place of business in the Unit e organization's four digit Group Exem If it is for part of the group, chi tension will cover	ption Number (GEN)	box .		If this list with the	
U1101	ost an automatic 3-mo 08/15, 201 ganization's return for	onth (6 months for a corporation)	n required to file return for the organ	EFOR	n 990-1) named ab	extension ( ove The exte	ot time ension is
► X ►	calendar year 2009 of tax year beginning		d ending		·		
2 If this tax	year is for less than 12 i	months, check reason. Initial retu	urn Final retu	rn [_	Change i	n accounting	period
3a If this ap	plication is for Form 99	0-BL, 990-PF, 990-T, 4720, or 6069	, enter the tentative	e tax,	less any		_
	dable credits. See instruc					3a \$	0.
		-PF or 990-T, enter any refundable coayment allowed as a credit	redits and estimated	tax p	ayments	3Ь \$	0.
		om line 3a Include your payment with	n this form or of re-	anned	deposit	840	
		ed, by using EFTPS (Electronic Fed					
instruction		to, by using in its (Electronic Fed	Joiai Tax Fayineill	Cysic	iii) Oee	1 .	0.
		a strong friend withdrawal with this Farm	2060 cos Esta 9	4E3 E0	) and Ear-	3c  \$	
Caution. If you for payment ins		ectronic fund withdrawal with this Forn	i oodo, see form 84	+33-E(	and Form	001 A-EO	
		stion Act Nation can Instructions				orm <b>8868</b> (Re	
FOF Privacy Ad	Lanu Faperwork Kedu	tion Act Notice, see Instructions.			ŀ	om ogoo (Ke	v 4-2009)