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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

**Short Form
Return of Organization Exempt From Income Tax**

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning **, 2009, and ending** **, 20**

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type.
See Specific Instructions.

C Name of organization
People for Progress in India
Number and street (or P O box, if mail is not delivered to street address) **Room/suite**
P O Box 51231
City or town, state or country, and ZIP + 4 **SEATTLE, WA 98115+1231**

D Employer identification number
91-1057315
E Telephone number
425-7476239

F Group Exemption Number ►

► **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method: Cash Accrual
Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c) () (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	71988
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	575
4	Investment income	4	375
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ — — — of contributions reported on line 1)	6a	382
b	Less: direct expenses other than fundraising expenses	6b	244-1
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	(2509)
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	70879
10	Grants and similar amounts paid (attach schedule)	10	69556
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1480
16	Other expenses (describe ► <i>Insurance, bank fees</i>)	16	1178
17	Total expenses. Add lines 10 through 16	17	72214
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1335)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	58330
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	56995

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	58330	22 56995
23	Land and buildings		23
24	Other assets (describe ►)		24
25	Total assets	58330	25 56995
26	Total liabilities (describe ►)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	58330	27 56995

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED JUN 17 2010

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? Fund Projects to help the poor/underprivileged
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
quired for section
(c)(3) and 501(c)(4)
anizations and section
7(a)(1) trusts; optional
others.)

28 Funds given to non-govt. organizations in India to help the poor - See attachment for line 10 -

(Grants \$ 69556 . . .) If this amount includes foreign grants, check here

28a 69556.

22

If this amount includes foreign grants, check here ▶

29a

If the amount includes freight, grants, or other amounts, check here

1

(Grants \$) If this amount includes foreign grants, check here

3

31 Other program services (attach schedule)

If this amount includes foreign grants, check here ▶

2

32 Total program service expenses (add lines 28a through 31a) ►

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the

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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	35a	<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	37a	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38b	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	<input checked="" type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	39b	<input checked="" type="checkbox"/>
a Initiation fees and capital contributions included on line 9	40a	<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40b	<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	<input checked="" type="checkbox"/>
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40d	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	<input checked="" type="checkbox"/>
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		
41 List the states with which a copy of this return is filed. ►		
42a The organization's books are in care of ► <u>Shimoga K Syina W</u> Telephone no. ► <u>425-747-6239</u> Located at ► <u>13927 SE 47th Street, Bellevue, WA</u> ZIP + 4 ► <u>98006-3247</u>	42b	<input checked="" type="checkbox"/>
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42c	<input checked="" type="checkbox"/>
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		
If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		<input type="checkbox"/>
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 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 Yes No
 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
 48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
 49a

b If "Yes," was the related organization a section 527 organization? Yes No
 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

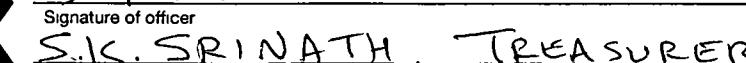
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 Signature of officer  Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's identifying number (See instructions)

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

ame of the organization
People for Progress in India

Employer Identification Number
91 1057315

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

The organization is not a private foundation. Because lines 1 through 11, check only one box.

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 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 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 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 c Type III—Functionally integrated d 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)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 (ii) A family member of a person described in (i) above? _____
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
 h Provide the following information about the supported organization(s).

Yes	No
11g(i)	
11g(ii)	
11g(iii)	

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) N/A

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 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.						

Section B. Total Support

Calendar 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, 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						
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						
12 Gross receipts from related activities, etc. (see instructions)						12
13 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

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 year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38825	48687	81058	63981	72563	305114
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	11735	12409	816	462	382	25804
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	50560	61096	81874	64443	72945	330918
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	11859	17580	33420	10815	12500	86174
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 for the year				5000	0	5000
c Add lines 7a and 7b	11859	17580	33420	15815	12500	91174
8 Public support. (Subtract line 7c from line 6.)						239744

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	50560	61096	81874	64443	72945	330918
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	269	221	1288	1340	375	3493
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	269	221	1288	1340	375	3493
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	50829	61317	83162	65783	73320	334411
14 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	71.7	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	71.5	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.0	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.0	%
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 and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
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 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 ► <input type="checkbox"/>			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>			

People for Progress in India
91-1057315

Attachment to Form 990-EZ (2009)

Schedule of Special Events and Activities (Line 6)

The only special event or activity was the annual fund-raising event on April 25, 2009.

Schedule of Grants (Line 10)

1. Project: Bio-sand water purification project
Address: LAFTI, Kuthur, Tamil Nadu, India
Amount: \$7971
2. Project: Women's training - Electrical parts
Address: Sanjeevani Welfare Association, Raipur, Chhatisgarh, India
Amount: \$748
3. Project: Rehabilitation of ragpicker girls
Address: Jana Vikash Sahayogi Samity, Kolkata, W. Bengal, India
Amount: \$3733
4. Project: Farmer-Land owner project
Address: Jagrut Mahila Samaj, Ballarpur, Maharashtra, India
Amount: \$4583
5. Project: Mainstreaming of Kheria Sabar tribals
Address: Moyrabandh Gram Bikash Kendra, Bankura, West Bengal, India
Amount: \$2075
6. Project: One Child/100 trees project
Address: Chintana Foundation, Ajjampura, Karnataka, India
Amount: \$2424
7. Project: Scavenger women training
Address: Dr. AWARD, Annavasal, Pudukkotti, Tamil Nadu, India
Amount: \$3513

(continued on next page)

8. Project: Low cost housing construction
Address: PRAGATHI, Mysore, Karnataka, India
Amount: \$8208
9. Project: Embroidery Training
Address: Aakansha Seva Sadan, Muzaffarpur, Bihar, India
Amount: \$2508
10. Project: Agro-husbandry Training
Address: Voluntary Institute for Rural Development, Titigoan,
P.O. Aida, Via angul, Orissa, India
Amount: \$4393
11. Project: Diesel Pump, Zari work training
Address: Akhil Gramin Yuva Vikas Samiti, Muzaffarpur, Bihar
Amount: \$2738
12. Project: Economic empowerment through sustainable agriculture
Address: Vikasana, Tarikere, Karnataka, India
Amount: \$3688
13. Project: Women's health and empowerment projects
Address: Belaku Trust, Bengaluru, Karnataka, India
Amount: \$11026
14. Project: Maternity Ward Support
Address: Karnatak Health Institute, Ghataprabha, Belgaum Dist. Karnataka, India
Amount: \$8448
15. Project: Health Camps, Drinking water tanks
Address: GRAVIS, Jodhpur, Rajasthan, India
Amount: \$2500
16. Project: Flood relief fund
Address: BTS, Baikunthaour, 24 Paraganas, West Bengal, India
Amount: \$1000

People for Progress in India
91-1057315

List of Officers (Part IV)

<u>Name and Address</u>	<u>Title</u> (Hrs/Week)	<u>Compensation</u>	<u>Contribut.</u>	<u>Expense</u>	<u>Account</u>
		<u>to Benefits</u>			
Vandana Datye 14101 177th Ct. NE Redmond, WA 98052	Chair from 2hrs	0	0	0	
Pranoti Hiremath 2740 NE 53 rd Street Seattle, WA 98105	Co-Chair from 2 hrs	0	0	0	
Vijaysundar Srirangam 4850 156th Ave. NE, #22 Redmond, WA 98052	Secretary 2 hrs	0	0	0	
Shimoga Srinath 13927 SE 47th Street Bellevue, WA 98006	Treasurer 4 hrs	0	0	0	