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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

- 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: DALIT SOLIDARITY
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 112
City or town, state or country, and ZIP + 4: HINES, IL 60141

D Employer identification number: 25-1865082
E Telephone number
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 [x] Other (specify)

I Website: WWWDALITSOLIDARITYORG

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

J Tax-Exempt status (check only one): 501(c)(3) [x] (insert no) 4947(a)(1) [] or 527 []

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 \$ 126,880

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 126,880. Expenses total: 128,979. Net Assets total: 7,702.

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)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 9,801. Total liabilities: 2,100. Net assets: 7,702.

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		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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			
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?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		
b Did the organization file Form 1120-POL for this year?	37b		No
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?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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	40b		No
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶ <u>IL,PA</u>			
42a The organization's books are in care of ▶ <u>REV BENJAMIN CHINNAPPAN</u> Telephone no ▶ <u>(708) 612-4248</u> 758 N MICHIGAN ST Located at ▶ <u>ELMHURST, IL</u> ZIP + 4 ▶ <u>60126</u>			
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)? 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.	42b	Yes	No
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 ▶ _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	43		
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
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		No

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.

	Yes	No
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		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization a section 527 organization?		

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				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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: ***** Date: 2010-08-25

Type or print name and title: REV BENJAMIN CHINNAPPAN EXECUTIVE DIREC

Paid Preparer's Use Only

Preparer's signature: SAMUEL M BARBUSH Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: BARBUSH & HOFFMAN CPAS, 1104 FERNWOOD AVENUE, CAMP HILL, PA 17011

Preparer's identifying number (See instructions): _____

EIN: _____

Phone no: (717) 761-2801

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
DALIT SOLIDARITY

Employer identification number

25-1865082

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)

- 1 A church, convention of churches, or association of churches **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 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)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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.")	79,088	122,442	206,959	90,425	96,780	595,694
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	79,088	122,442	206,959	90,425	96,780	595,694
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)						102,038
6 Public Support. Subtract line 5 from line 4						493,656

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	79,088	328	206,959	90,425	96,780	595,694
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	666	328	909	289	100	2,292
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						597,986

12 Gross receipts from related activities, etc (See instructions)

12	
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13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**
Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	82.550 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	92.400 %

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
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
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
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

Part III Support Schedule for Organizations Described in IRC 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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)						

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	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 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

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

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data**Software ID:****Software Version:****EIN:** 25-1865082**Name:** DALIT SOLIDARITY**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
REV BENJAMIN CHINNAPPAN 758 N MICHIGAN ST ELMHURST,IL 60126	EXECUTIVE DIREC 10	0	0	0
MRS LEENUS THIAG 121 DUMBLERDORE COURT CARY,NC 27519	DIRECTOR 1	0	0	0
DONNA M MULLIN ESQ 5003 APACHE DRIVE MECHANICSBURG,PA 17050	TREASURER DIREC 1	0	0	0
ROBERT BARBUSH 806 16TH STREET NEW CUMBERLAND,PA 17070	DIRECTOR 1	0	0	0
SUSAN BENEDICT 1740 OMNI BLVD MOUNT PLEASANT,SC 29466	DIRECTOR 1	0	0	0

TY 2009 General Explanation Attachment

Name: DALIT SOLIDARITY

EIN: 25-1865082

Identifier	Return Reference	Explanation
		FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE TO PROVIDE HEALTH CARE SERVICES & EDUCATIONAL DEVELOPMENT EDUCATIONAL PROGRAM DALIT SOLIDARITY PROVIDES OVER 300 STUDENTS A YEAR WITH THE OPPORTUNITY TO OBTAIN A QUALITY EDUCATION THROUGH THE FOLLOWING PROGRAMS ST PATRICK BOARDING HOME THIS PROVIDES QUALIFIED DALIT CHILDREN WITH ROOM AND BOARD AND SCHOOLING THIS HOME ACCOMMODATES 33 CHILDREN AND EIGHT STAFF MEMBERS CHILDREN LIVE IN OUR HOME AND ATTEND ST MARYS SCHOOL FOR THEIR SCHOOLING DURING THEIR STAY HERE WE ALSO PROVIDE INTENSIVE TRAINING IN COMMUNICATION AND LEADERSHIP SKILLS TO IMPROVE THEIR QUALITY OF EDUCATION
		FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED SCHOLARSHIP PROGRAM THIS PROVIDES OVER 200 STUDENTS WITH SCHOLARSHIPS TO CONTINUE THEIR HIGH SCHOOL AND COLLEGE STUDIES WE ALSO PROVIDE INCENTIVES TO STUDENTS WHO PURSUE VOCATIONAL TRAINING PROGRAMS COMMUNITY COLLEGE QUALIFIED HIGH SCHOOL GRADUATES ARE PROVIDED WITH THE OPPORTUNITY TO OBTAIN TRAINING IN A VARIETY OF FIELDS INCLUDING NURSING TAILORING COMPUTER AND AUTOMOTIVE MECHANICS CURRENTLY MORE THAN FIFTY STUDENTS ARE ENROLLED IN OUR PROGRAM
		FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED HEALTH CARE PROGRAM HEALTH CENTER AND CLINICS IN ORDER TO MAKE AFFORDABLE QUALITY HEALTH CARE AVAILABLE TO THE RURAL VILLAGERS OF THE VULLUPURAM DISTRICT DALIT SOLIDARITY BUILT ST MARYS HEALTH CENTER IN THE VILLAGE OF ADIYATHUR ST MARYS IS A TEN BED HEALTH CENTER WITH PHARMACY AND LABORATORY FACILITIES ITS FULL-TIME STAFF INCLUDES A PHYSICIAN TWO NURSES A PHARMACIST AND LABORATORY TECHNICIAN ST MARYS IS ADMINISTERED BY COMMUNITY CARE TRUST A REGISTERED INDIAN CHARITABLE TRUST DURING THE PAST YEARS THREE SATELLITE CLINICS WERE OPENED TO BETTER SERVE THE HEALTH CARE NEEDS OF THE LARGER VILLAGES OF KAKKANUR ARIYALUR AND AYANATHUR OVER 1500 PATIENTS ARE TREATED AT THESE FACILITIES EACH MONTH
		FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED ST MARYS ALSO OPERATES A MEDICAL OUTREACH PROGRAM THE STAFF TRAVELS TO A DIFFERENT VILLAGE EACH WEEK TO PROVIDE ON-SITE CARE AND HEALTH EDUCATION PROGRAMS APPROXIMATELY 150 PATIENTS PER WEEK RECEIVE TREATMENT THROUGH THE OUTREACH PROGRAM FIRST RESPONDERS EMERGENCY TRANSPORTATION SERVICES ARE VIRTUALLY NON-EXISTENT IN RURAL INDIA GENERALLY PATIENTS TRAVEL BY OXCART OR ARE CARRIED BY FAMILY AND FRIENDS TO THE NEAREST EMERGENCY CENTER FREQUENTLY HOURS PASS BEFORE PATIENTS REACH A TREATMENT CENTER
		FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED IN AN EFFORT TO PROVIDE LIMITED ON-SITE EMERGENCY CARE AND TO STABILIZE PATIENTS UNTIL THEY CAN BE TRANSPORTED TO A MEDICAL FACILITY DALIT SOLIDARITY INITIATED A FIRST RESPONDERS PROGRAM THE PROGRAM PROVIDES FIRST AID TRAINING FOR TWO VOLUNTEERS FROM EACH VILLAGE THE PROGRAM PROVIDES FIRST AID TRAINING FOR TWO VOLUNTEERS FROM EACH VILLAGE DALIT SOLIDARITY BOARD MEMBERS DR SUSAN BENEDICT AND MRS LEENUS THIAG CONDUCTED THE TWO-DAY SEMINARS AT ST MARYS HEALTH CENTER A VARIETY OF FIRST AID TOPICS ARE COVERED INCLUDING TREATMENT FOR FEVER LACERATIONS DIARRHEA CHOKING SNAKE BITES AND CPR MORE THAN 1000 ADULT PATIENTS AND 450 CHILDREN ARE TREATED IN OUR FACILITY EACH MONTH
		FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED WIDOWS EMPOWERMENT PROGRAM OUR SPROUTS PROGRAM WAS INITIATED TO HELP THE WIDOWS CREATE A POSITIVE IDENTITY FOR THEMSELVES AND TO PROVIDE THE NECESSARY TRAINING AND TOOLS TO HELP THEM IMPROVE THEIR STANDARD OF LIVING IMPROVEMENT IN THEIR ECONOMIC STATUS WILL GIVE THEM THE DIGNITY AND SELF RESPECT THEY DESERVE DALIT WIDOWS ARE THE MOST SEVERELY OPPRESSED GROUP IN INDIAN SOCIETY IN ADDITION TO CASTE DISCRIMINATION DALIT WIDOWS SUFFER DUE TO THEIR GENDER AND MARITAL STATUS THEY ARE REQUIRED TO REMAIN IN PERPETUAL MOURNING OBSERVING STRICT CODES OF DRESS BEHAVIOR AND DIET THEY ARE CONSIDERED BAD LUCK AND ARE UNWELCOME AT SOCIAL FUNCTIONS IN SHORT SOCIETY CONSIDERS THEM TO BE A THREAT TO THE SOCIAL ORDER
		FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED MILK COOPERATIVE SOCIETIES WERE OPENED TO IMPROVE THE LIVES OF OUR WIDOWS WITH THE HELP OF TWO MILK COOPERATIVES FIFTEEN WIDOWS MAKE A SMALL EARNING THREE HOUSES WERE BUILT FOR THE POOREST OF THE POOR WIDOWS DEVELOPMENTAL PROGRAM THIS PROVIDES AN OPPORTUNITY FOR SOME VILLAGERS TO START SMALL BUSINESSES SUCH AS GROCERY STORES SELLING COW MILK AND MEAT THIS ALSO PROVIDES AN OPPORTUNITY FOR SOME POOR FAMILIES TO BUILD A SINGLE HOME
		FORM 990-EZ PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE CONTINUED OUTREACH PROGRAM THIS PROVIDES FINANCIAL SUPPORT TO THREE ORPHANAGES TO FEED THE CHILDREN THIS ALSO PROVIDES AN OPPORTUNITY FOR UNDERPRIVILEGED CHILDREN TO CONTINUE THEIR EDUCATION THIS ALSO PROVIDES SOCIAL SUPPORT FOR SOME ELDERLY MEN AND WOMEN

TY 2009 Grants and Similar Amounts Paid Schedule

Name: DALIT SOLIDARITY

EIN: 25-1865082

Item No.	1
Class of Activity	
Donee's Name	COMMUNITY CARE TRUST
Donee's Address	TAMIL NADU INDIA 605402 IN
Amount (FMV)	113,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	VARIOUS
Donee's Address	TAMIL NADU INDIA 605402 IN
Amount (FMV)	11,395
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** DALIT SOLIDARITY**EIN:** 25-1865082

Description	Amount
SUPPLIES	1,863
BANK FEES	66
MEMBERSHIP FEES AND DUES	625
COMPUTER EXPENSE	1,030
WEB DESIGN	500
EQUIPMENT	500