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PROJECT HELP INDIA, INC.

Form 990-EZ (2010)

C/O DR. NALIN G. SHAH

54-1494909

Page 2

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	77,609.22	109,180.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	77,609.25	109,180.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,609.27	109,180.

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

Check if the organization used Schedule Q to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.

28 SUPPORT OF CHRISTIAN CHURCH IN INDIA AND THE CHARITABLE SERVICES ADMINISTERED BY THE CHURCH

(Grants \$ 53,957.) If this amount includes foreign grants, check here ► 28a 96,904.

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) ► 32 96,

List of Officers, Directors, Trustees, and Key Employees

PROJECT HELP INDIA, INC.

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Part V Other Information (Note the statement requirements in the instructions for Part V)Check if the organization used Schedule O to respond to any question in this Part V 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X35 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a Xb If "Yes," has it filed a tax return on Form 990-T for this year? 35b N/A36 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 X37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.b Did the organization file Form 1120-POL for this year? 37b X38a 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 tax year covered by this return? 38a Xb If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A39 Section 501(c)(7) organizations Enter 39a N/Aa Initiation fees and capital contributions included on line 9 39b N/Ab Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0. 40b Xb Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 40c 0.d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 0. 40e Xe 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 TN42a The organization's books are in care of DR. NALIN G. SHAH Telephone no 423-247-1122
Located at P. O. BOX 3490, KINGSPORT, TN ZIP + 4 37664b 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

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 N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Xb Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Xc Did the organization receive any payments for indoor tanning services during the year? 44c Xd If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

Form 990-EZ (2010)

032173
02-02-11

15320728 784050 34660

4 2010.04010 PROJECT HELP INDIA, INC. C/ 34660 1

PROJECT HELP INDIA, INC.

Form 990-EZ (2010)

C/O DR. NALIN G. SHAH

54-1494909

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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b 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				

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" ► NONE

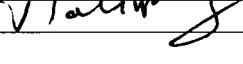
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

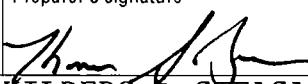
d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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

Sign Here	 Signature of officer	8/3/11
	► DR. NALIN G. SHAH, CHAIRMAN Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS S GREER		07/28/11		
	Firm's name ► BLACKBURN, CHILDERS & STEAGALL, PLC			Firm's EIN ►	
	Firm's address ► 801B SUNSET DRIVE JOHNSON CITY, TN 37604-3033			Phone no	(423) 282-4511

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No032174
03-04-11

Form 990-EZ (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2010

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Name of the organization **PROJECT HELP INDIA, INC.** C/O DR. NALIN G. SHAH Employer identification number **54-1494909**

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 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 <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally integrated	d <input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(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			
GLEND		501(C) (3)		X	X	X	3,700.
JACKSON MINI		FOREIGN ORGANIZATION		X	X	X	4,000.
KARUNA WELFARE SOCI		FOREIGN ORGANIZATION		X	X	X	1,000.
OPERATION BLESSING		FOREIGN ORGANIZATION		X	X	X	6,000.
WISDOM MINISTRIES		501(C) (3)		X	X	X	5,000.
NEW LIFE MATERNITY HO		501(C) (3)		X	X	X	53,957.

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

Schedule A (Form 990 or 990-EZ) 2010

SEE PART IV FOR LINE 11 CONTINUATION

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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**

►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. 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	►	<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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**



PROJECT HELP INDIA, INC.

Schedule A (Form 990 or 990-EZ) 2010 C/O DR. NALIN G. SHAH

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Part IV **Supplemental Information** (Schedule A, Part I, Line 11h - Information regarding supported organizations (continuation))

Continuation Total

34,257.

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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Name of the organization	PROJECT HELP INDIA, INC. C/O DR. NALIN G. SHAH	Employer identification number 54-1494909
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST ON MONEY MARKET	48.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: NEW LIFE MATERNITY HOME

GRANTEE ADDRESS: P.O. BOX 1379 CLEVELAND, TN 37364

AMOUNT GIVEN:	5,000.
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ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: JOYCE MEYERS MINISTRIES

GRANTEE ADDRESS: P.O. BOX 655 FENTON, MO 63026

AMOUNT GIVEN:	5,000.
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ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: OPERATION BLESSING

GRANTEE ADDRESS: H. NO 280 SURVEY NO. 60061

RR DISTRICT 501401, ANDHRA PRADESH, INDIA

AMOUNT GIVEN:	1,000.
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ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: JESUS CHRIST CHARITABLE CHURCH, C/O SUBODH S.

SHAH

GRANTEE ADDRESS: A-4 KAMESHAR FLATS OPP-PANCHDER MANDIR NR-SNEHKUNJ SMROAD

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032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
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AHMEDABAD, GUJARAT, INDIA

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: KARUNA WELFARE SOCIETY

GRANTEE ADDRESS: 390 SECTOR 21C FARODABAD, OMDOA, INDIA

AMOUNT GIVEN: 4,000.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: WISDOM MINISTRIES

GRANTEE ADDRESS: P. O. BOX 4700 TULSA, OK 74159

AMOUNT GIVEN: 6,000.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: TRINITY BROADCASTING NETWORK (TBN)

GRANTEE ADDRESS: P.O. BOX A SANTA ANA, CA 92711

AMOUNT GIVEN: 2,058.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: BENNY HINN MINISTRIES

GRANTEE ADDRESS: P.O. BOX 162000 IRVING, TX 75016-2000

AMOUNT GIVEN: 14,000.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: GLENDA JACKSON MINISTRIES

GRANTEE ADDRESS: 310 MYLNAR LN MONLECA, CA 95336

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
032211
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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OMB No 1545-0047

2010

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Name of the organization **PROJECT HELP INDIA, INC.** Employer identification number **54-1494909**

AMOUNT GIVEN: **3,700.**

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: GENERAL BAPTIST (PETE WHITE MINISTRIES)

GRANTEE ADDRESS: 100 STINSON DRIVE POPLAR BLUFF, MO 63901

AMOUNT GIVEN: **200.**

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: K.R.C. TRUST

GRANTEE ADDRESS: PETLAD ROAD NADIAD, INDIA

AMOUNT GIVEN: **1,162.**

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: GUAJARAT CANCER SOCIETY

GRANTEE ADDRESS: NEW CIVIL HOSPITAL CAMPUS ASARWA, AHMEDABAD, INDIA

AMOUNT GIVEN: **1,100.**

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: BIBLE STORY FELLOWSHIP

GRANTEE ADDRESS: 19001 HUEBNER RD. SAN ANTONIO, TX 78258

AMOUNT GIVEN: **500.**

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: DOCTOR'S WITHOUT BORDERS

GRANTEE ADDRESS: 333 SEVENTH AVE., 2ND FLOOR NEW YORK, NY 10001-5004

AMOUNT GIVEN: **2,500.**

Supplemental Information to Form 990 or 990-EZ

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Name of the organization	PROJECT HELP INDIA, INC. C/O DR. NALIN G. SHAH	Employer identification number 54-1494909
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ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: NEW CREATION MINISTRIES

GRANTEE ADDRESS: P.O. BOX 5014 GREENEHAVEN, AZ 86040

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: STEVE HILL MINSTRIES

GRANTEE ADDRESS: P.O. BOX 612288 DALLAS, TX 75261

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: THE VICTORIOUS CHRISTIAN LIFE (TRAVIS WYATT)

GRANTEE ADDRESS: 133 CHICKASAW CIRCLE CHURCH HILL, TN 37642

AMOUNT GIVEN: 625.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: GODLY SONGS (CALEB MORTON)

GRANTEE ADDRESS: 133 CHICKASAW CIRCLE CHURCH HILL, TN 37642

AMOUNT GIVEN: 150.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: FULL HARVEST INT'L CHURCH

GRANTEE ADDRESS: 20920 CHICO ST. CARSON, CA 90746

AMOUNT GIVEN: 1,000.

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization	PROJECT HELP INDIA, INC. C/O DR. NALIN G. SHAH	Employer identification number 54-1494909
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ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: REDEMPTION WORLD

GRANTEE ADDRESS: P.O. BOX 25938 GREENVILLE, SC 29616

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: DONNY JOHNSON MINISTRIES

GRANTEE ADDRESS: % PRESTIGE CHURCH 501 N. TRAIL ST. CROWLEY , TX 76036

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: B.A.P.S.

GRANTEE ADDRESS: 81 SUT, SUITE 103 PICATAWAY, NJ 08854

AMOUNT GIVEN: 1,162.

ACTIVITY CLASSIFICATION: CHARITABLE

GRANTEE NAME: TOMMY BATES MINISTRIES

GRANTEE ADDRESS: BOX 30 INDEPENDENCE, KY 41051

AMOUNT GIVEN: 500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 53,957.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>TRAVEL-MISSIONS</u>	<u>42,947.</u>
<u>TAXES AND LICENSES</u>	<u>200.</u>
<u>BANK CHARGES</u>	<u>316.</u>

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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OFFICE SUPPLIES 192.

TOTAL TO FORM 990-EZ, LINE 16 43,655.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SUPPORT OF CHARITABLE AND
SCIENTIFIC ORGANIZATIONS

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

