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Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2011

Open to Public
Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2011 calendar year, or tax year beginning		January 1st	, 2011, and ending	December 31st	, 2011
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		People for progress in India		91-1057315	
<input type="checkbox"/> Name change		Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number
<input type="checkbox"/> Initial return		P.O Box 51231		425-770-5042	
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ►	
<input type="checkbox"/> Amended return		Seattle, WA 98115-1231			
<input type="checkbox"/> Application pending					
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ► www.ppi-usa.org					
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$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.)					
Check if the organization used Schedule O to respond to any question in this Part I. <input checked="" type="checkbox"/>					
Revenue	1 Contributions, gifts, grants, and similar amounts received	5a	0	1	\$70,253.66
	2 Program service revenue including government fees and contracts	5b	0	2	
	3 Membership dues and assessments	5c	0	3	\$670.00
	4 Investment income	6a		4	\$174.17
	5a Gross amount from sale of assets other than inventory		0	5c	
	b Less: cost or other basis and sales expenses		0	6d	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			7c	
	6 Gaming and fundraising events			8	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)			9	
b Gross income from fundraising events (not including \$ 13,469.65 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			10		
c Less: direct expenses from gaming and fundraising events			11		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			12		
7a Gross sales of inventory, less returns and allowances	7a	0	13		
b Less: cost of goods sold	7b	0	14		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			15		
8 Other revenue (describe in Schedule O)			16		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			17		
Expenses	10 Grants and similar amounts paid (list in Schedule O)			18	
	11 Benefits paid to or for members			19	
	12 Salaries, other compensation, and employee benefits			20	
	13 Professional fees and other payments to independent contractors			21	
	14 Occupancy, rent, utilities, and maintenance				
	15 Printing, publications, postage, and shipping				
	16 Other expenses (describe in Schedule O)				
	17 Total expenses. Add lines 10 through 16				
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)				
	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)				
	20 Other changes in net assets or fund balances (explain in Schedule O)				
	21 Net assets or fund balances at end of year. Combine lines 18 through 20				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2011)

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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	\$55987.19	22 \$78,887.48
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	\$55987.19	25 \$78,887.48
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 \$78,887.48

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Fund projects to help the poor in India

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Funds given to non-govt organizations in India to help the poor - See Schedule O for Line 10

(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	\$45,008.24
29				

(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30				

(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)				
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	

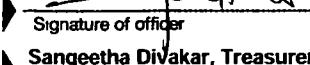
32 Total program service expenses (add lines 28a through 31a)	► <input type="checkbox"/>	32	\$45,008.24
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Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Vandana Datye 14101 177th Ct. NE, Redmond, WA 98052	Chair 2 hrs	0	0	0
Pranathi Hiremath (Co Chair until Jun 2011) 2740 NE 53rd Street, Seattle, WA 98105	Co-Chair 2 hrs	0	0	0
Chitra Parpia (Co-chair from Jun 2011) 12521 Holmes Pt. Drive, Kirkland, WA 98034	Co-Chair 2 hrs	0	0	0
Vijaysundar Srirangam 15726 NE 97th Way, Redmond, WA 98052	Secretary 4 hrs	0	0	0
Sangeetha Divakar 15726 NE 97th Way, Redmond, WA 98052	Treasurer 4 hrs	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No	
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓	
34 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	✓	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓	
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	✓	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37a		
b Did the organization file Form 1120-POL for this year?	37b	✓	
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 tax year covered by this return?	38a	✓	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations. Enter:	39a		
a Initiation fees and capital contributions included on line 9	39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4912 ► ; section 4955 ►	40b	✓	
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 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			
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 8896-T	40c	✓	
41 List the states with which a copy of this return is filed. ►			
42a The organization's books are in care of ► Sangeetha Divakar Located at ► 15726 NE 97th Way, Redmond, WA	Telephone no. ► 425-770-5042		
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.	ZIP + 4 ► 98052		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►	► <input type="checkbox"/>	42c	✓
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"/>		
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	✓	
b 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	✓	
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓	
d 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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓	
45b 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 (see instructions)	45b	✓	

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	46	<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 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 <input type="checkbox"/>			
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>
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) Reportable compensation (Forms W-2/1099-MISC)
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
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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			May 5 th 2012
	Signature of officer		
	Sangeetha Divakar, Treasurer		
	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
	Firm's name ►		PTIN
	Firm's address ►		Firm's EIN ►
			Phone no.
May the IRS discuss this return with the preparer shown above? See instructions			

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public
Inspection

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.

Employer identification number
91-1057315

Name of the organization

People for Progress in India

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 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)		

(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		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$81,058	\$63,981	\$72,563	\$84,847	\$70,923	\$373,372
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 . . .	\$816	\$462	\$382	\$0	\$0	\$1660
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 . . .	\$81,874	\$64,443	\$72,945	\$84,847	\$70,923	\$375,032
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .	\$33,420	\$10,815	\$12,500	\$19,390	\$5,600	\$81,725
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			\$5,000			\$5,000
c Add lines 7a and 7b . . .	\$33,420	\$15,815	\$12,500	\$19,390	\$65,323	\$86,725
8 Public support (Subtract line 7c from line 6.)						\$288,307

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	\$81,874	\$64,443	\$72,945	\$84,052	\$70,923	\$375,032
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	\$1,288	\$1,340	\$375	\$367	\$174	\$3,514
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b	\$1,288	\$1,340	\$375	\$367	\$174	\$3,514
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.)	\$83,162	\$65,783	\$73,330	\$85,214	\$71,097	\$378,586
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 2011 (line 8, column (f) divided by line 13, column (f))	15	76.1 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	72.3 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.9 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.97 %
19a 33 1/3% support tests—2011. 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—2010. 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"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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.

Name of the organization
People for Progress in India

Employer identification number
91-1057315

Schedule of Grants (Line 10)

1. Project: Empowerment of Tribal Women in Difficult Circumstances through Livelihood Development.

The goals of the project are to enhance sustainable livelihood development opportunities basing on the local resources and traditional skills to tribal women in difficult circumstances and empower them socio economically.

Address: SARC, Sambalpur, Orissa Amount : \$2,237

2. Project: Eradication of Extreme Poverty among the Impoverished Indigenous Tribal Women through Bamboo related Products Making

Programme. This project aims to create sustainable livelihood sources among the impoverished indigenous tribal women by forming

Women Self Help Groups and providing basic training in making various bamboo based products and to run small independent businesses

Address: SPREAWS Kadapa, AP Amount: \$3,520

3. Project: Rural Product Marketing Support for Women. The aim of this project was to promote organic farming in tribal communities and develop a marketing outlet to sell to the consumers at fair prices.

Address: CHILDRIGHT, Orissa Amount: \$2,702

4. Project: Rice Cultivation by Kheria Sabar Tribals. MGBK will train the Kheria Sabars a tribal community in West Bengal in intensified rice cultivation, an eco-friendly method of improving rice crops yields.

Address: MGBK, Bankura, WB Amount: \$2,013

5. Project: Livelihood Rights of Desereted Women. This project is in the second year of an innovative rainwater harvesting and kitchen garden project for destitute women living on micro plots. The goal is to provide food security to the women.

Address: SOPPECOM, Pune, Maharashtra Amount:\$1,013

6. Project: Scavenger Women's Training. This project is in its final phase, has trained 60 scavenger women and girls in thatch-making, broomstick making and in marketing the products to provide them an alternate means of livelihood.

Address: Dr. AWARD, Annavasal, Pudukkottai, Tamil Nadu Amount: \$1,496

7. Project: Low Cost House Construction. The objective of this project, in its final year, is to train 175-200 Adivasi youth from Chengundi and M.C Tholalu villages in cement brick making and provide employment opportunities.

Address: PRAGATHI, Mysore, Karnataka Amount: \$3,793

8. Project: Agriculture, Animal Husbandry Training. in its final year and promotes agriculture, goat rearing and self-help development in three villages in Orissa. Address: VIRD, Angul, Orissa Amount: \$2,925

Name of the organization

People for Progress in India

Employer identification number

91-1057315

9. Project: Farmers School of Learning. They are working with 80 farmers in seven villages, providing training on kitchen gardening, crop

farming, bio-fertilizers, and sustainable agricultural practices. Address: BTS, South 24 Parganas, West Bengal Amount: \$ 3,816

10. Project: Mainstreaming of Girls of Sex Workers. The project would provide non-formal and life skill education, health and hygiene

awareness, and vocational training in zari craft work for alternative income generation.

Address: Digambarpur Angikar, 24 Parganas, West Bengal Amount: \$2,871

11. Project: Solar Energy Training Center. This project is a vocational program to train rural youth in repairing solar products and to

encourage them to start businesses to manufacture such products. Address: Education Park, Khargone, Madhya Pradesh Amount: \$5,000

12. Project: Tree Planting to Reduce Carbon Emissions. The aim is to plant 2,500 agro-horticulture plants, 3,000 agro-forestry plants,

and about 50 herbal medicinal plants of various species in three villages in Duglapura cluster, Tarikere.

Address: VIKASANA, Tarikere, Karnataka Amount: \$ 2,671

13. Project: Sustainable Farming with a Group of Resource Deprived Tribal Farmers. The goal of this project is to improve agricultural

productivity of tribal farmers in three villages in Thane district through training in sustainable farming; soil improvement, organic pesticide

use, and water resource management. Address: MLDT, Thane, Maharashtra Amount: \$6,129

14. Project : Maintenance of Tree Plantations. This funding is for maintenance (watering, mulching, weeding, fencing, pruning, etc.) of tree

plantings for the next three years. Address: Chintana Foundation, Ajampura, Karnataka Amount: \$ 1,082

15. Emergency Flood Relief. This funding was for emergency relief for the flood situation in Orissa.

Address: CHILDRIGHT, Bhubaneshwar, Orissa Amount: \$ 1,000

16. Women's Health, Education and Training. This project is focused on children's education, women's, health and nutrition and vocational

training in 11 villages near Kanakapura. Address: Belaku Trust, Bangalore, Karnataka Amount: \$2,738

Form 990-EZ (2010) Part 1 Line 16, Other expenses - Total \$715.00**2010 Business License: \$90.00****Draft /Wire Transfer expenses: \$ 196.00****Insurance policy : \$313.00****Mail Box rental : \$76.00****Secretary of State filing : \$40.00**