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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No. 1545-1150

2008

Open to Public **Inspection**

Α	For the	2008 calend	lar year	, or tax year beginning	, 2008, and end	ding			, 20	
В	Check if a	pplicable:	Please	C Name of organization			D Employ	er iden	tification number	
	Address change use IRS Single Foundation				12			13 3719319		
	Name cha	ange	label or print or		to atvest adduses !	Do ono /outito		no nu		
	Initial retu	return type.					E Telephone number			
	Termination	on	See	c/o Ramakrishnan, 50 West 97 St.		15-T	(212)	866-1616	
	Amended	l return	Specific Instruc-	City or town, state or country, and ZIP + 4				oup Exemption		
	Applicatio	on pending	tions.	New York, NY, 10025-6081			Numbe	r	•	
	Section	ion 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts	must attach	G Acco	unting meth	nod:	✓ Cash	
		(-)(-)	_	npleted Schedule A (Form 990 or 990-EZ).		1	(specify)			
_				,						
	\A/abaid	www	v.sinah	foundation.org					ganization is not	
									edule B (Form 990,	
<u>J</u>	Organiz	zation type (d	check or	nly one)— 🗹 501(c) (3) ∢ (insert no.) 🗌 4947(a)	(1) or 527	990-6	Z, or 990-F	²F).		
K	Check ▶	► if the org	ganizatio	on is not a section 509(a)(3) supporting organization ar	nd its gross receip	ots are nor	mally not m	ore tha	an \$25,000. A return is	
	not requ	uired, but if th	ne organ	ization chooses to file a return, be sure to file a compl	ete return.					
L	Add line	s 5b, 6b, and	7b, to li	ne 9 to determine gross receipts; if \$1,000,000 or more,	file Form 990 inste	ead of Forn	n 990-EZ	▶\$		
Р	art I	Revenue.	. Expe	nses, and Changes in Net Assets or Fu	nd Balances (See the	instructio	ns fo	r Part I.)	
				- · ·				1	27,913	
	1		_	s, grants, and similar amounts received				2	3,253	
	2	_		revenue including government fees and contrac					3,233	
	3	Membersh	ip dues	s and assessments				3	<u> </u>	
	4	Investment	t incom	ne				4	10,169	
	5a	Gross amo	ount fro	m sale of assets other than inventory	5a		0			
	b			er basis and sales expenses			0			
	С			sale of assets other than inventory (Subtract line 5		attach sch	edule)	5c	0	
ne				vities (complete applicable parts of Schedule G). If any amount						
Revenue	6					eck nere				
ě	а		-	ot including \$ of contribut	0-		0			
Œ		reported o		,			0			
	b	b Less: direct expenses other than fundraising expenses 6b								
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							6c	0	
	7a	7a Gross sales of inventory, less returns and allowances								
	h									
									0	
		8 Other revenue (describe ►						7c 8	0	
	9							9	41,335	
_								-	73,470	
	10			r amounts paid (attach schedule)			⊢	10	73,470	
	11			or for members			⊢	11	0	
enses	12	Salaries, other compensation, and employee benefits						12	0	
š	13	Profession	al fees	and other payments to independent contractor	's		🛏	13	0	
Exp	14	Occupancy, rent, utilities, and maintenance						14	0	
ш	15	Printing, publications, postage, and shipping						15	260	
	16	Other expe	enses (describe domain (\$795), filing fees (\$240),	bank fees (\$50	0)		16	1,085	
	17			Add lines 10 through 16				17	74,815	
	18) for the year (Subtract line 17 from line 9)				18	(33,480)	
Assets			,				🖿		(55,555)	
SS	19	Net assets	s or tur	nd balances at beginning of year (from line 27	, column (A)) (i	must agre	ee with	19	344,522	
t A		end-of-yea	of-year figure reported on prior year's return)					· · · · · · · · · · · · · · · · · · ·		
Net	20							20	(5 ,861)	
_	21			d balances at end of year. Combine lines 18 th				21	305,181	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form							-			
	(occurrence and mondations for the first m)				ginning of yea		(B) End of year			
22	2 Cash, savings, and investments						344,52	$\overline{}$	305,181	
23	3 Land	Land and buildings						0 23	0	
24			_	>				0 24	0	
25		al assets .					344,52	2 25	305,181	
26	3 Tota	al liabilities	(describ	ne 🕨)			0 26	0	
						344,52	2 27	305,181		

Form 990-EZ (2008) Page **2**

1 01111 330 LZ (2000)					rage =
Part III Statement of Program Service Accom					Expenses
What is the organization's primary exempt purpose? 🥞	ecular India's National Gr	owth and Harmo	ny (SINGH)	(Rec	uired for 501(c)(3) (4) organizations
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,					4947(a)(1) trusts;
describe the services provided, the number of persons benefited, or other relevant information for each program title.					onal for others.)
28 RELIGION: grant for film on secularism to Rakes	h Sharma (\$25,000, http://	www.rakeshfilm.	com/),		
two fellowships for community work in New Delh					
grant to Mumbai charity CSSS to conduct semina					
(Grants \$ 32,000) If this amount inclu			> /	28a	32,000
DEVELOPMENT grants: \$12K for relief work in In	dia to Centre d'etude et d	le Resources sur		200	02,000
du Sud (Montreal), \$9K for worker education to B					
journalists, \$2.5K ea to AID India and documenta			<u></u>		
(Grants \$ 35,378) If this amount include			. 🕨 🗸	29a	35,378
30 Promoting secularism among South Asians in No					
(http://www.alwanforthearts.org/) for screening d					
South Asia (http://www.friendsofsouthasia.org/),	\$795 for foundation's wel	o-based discussi	on group		
(Grants \$ 6,092) If this amount inclu	udes foreign grants, check	here	. ▶ □	30a	6,887
31 Other program services (attach schedule)					
(Grants \$) If this amount inclu	udes foreign grants, check	here	▶ □	31a	0
32 Total program service expenses (add lines 28a th			<u> </u>	32	74,265
Part IV List of Officers, Directors, Trustees, and Key			d (See the ins		
Elst of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	` hours per week \(\)	`´(If not paid,	emplóyee benefit j	plans &	account and
	devoted to position	enter -0)	deferred compen	isation	other allowances
Dr. Deepak Kapur, 620 Cedar Hill	President, 1 h/wk				
Albuquerque, NM 87122		-0-		-0-	-0-
Dr. Biju Mathew	Vice-President, 1 h/wk				
652 West 168 St. New York NY 10032	,	-0-		-0-	-0-
Dr. Abha Sur	Vice-President, 1 h/wk				
131 Antrim St., Cambridge MA 02139	vioc i rediaem, i mwk	-0-		-0-	-0-
Dr. Rajasekhar Ramakrishnan	Soo Trocourer Ebbuk				
50 West 97 St. 15-T, New York NY 10025	Sec-Treasurer, 5h/wk	-0-		-0-	-0-
30 17 30 10 1, 11 10 1, 11 10 10 10 11 11 10 10 10 10 10 10 10					-
	1		İ		

Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			
			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		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
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 your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 Did the organization file Form 1120-POL for this year?	37b		✓
	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 unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		✓
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	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 \blacktriangleright			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		✓
41	List the states with which a copy of this return is filed. ▶ New York			
42a	The books are in care of ► Rajasekhar Ramakrishnan Located at ► 50 West 97 St. 15-T, New York NY 10025 ZIP + 4	0025	66-16 6081	16
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	401-	Yes	No
	account)?	42b		~
	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.	10		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	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			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		163	140
	Form 990-EZ	44		√
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		√

Part	and complete the tables for lines 50				ons 46	-49
46 Di	id the organization engage in direct or indirect pandidates for public office? If "Yes " complete S	political campaign activit	ies on behalf of or	in opposition to	-1	Yes No
					46	1
					47	1
	id the organization make any transfers to an exempt can charitable missing it "Yes," complete Schedule E.					
	os, was the related organization(s) a continu	607 ***		80 80 80 W 26 W	49a 49b	1
30	omplete this table for the five highest compensate received more than \$100,000 of compensate	the description of the second	an officers, directors, lf there is none,	ors, trustees and key enter "None."	emplo	yees) wh
	(e) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans Al	accou	opense unt and
None.		CONSTRUCTION OF THE PERSON OF		deferred compensation	other al	owances
				1		
	.,		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
		355 at 65	<u> </u>		-	
			1			*
Total nur	mber of other employees paid over \$100,000					
None.	(a) Name and address of each independent contractor page 1	aid more than \$100,000	(b) Ty	pe of service	c) Compe	nsation
						7000 1000 1000 1000
					-6	
		7.000000000000000000000000000000000000				
-0		40 40 0 m. 40 0 0 m. 46 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		- +	-33	
otal num	nber of other independent contractors each rec	eiving over \$100,000 .	, Þ			
ign	Under penalties of perjury, I declare that I have examiner and belief, this type, correct, and complete, pecuaration	d this return, including accomp of preparer (other than officer	anying schedules and :) is based on all Inform	statements, and to the beat attop of which preparer h	at of my ku es any kr	nowledge lowledge.
ere	Signature of officer Rajasekhar Ramakrishnan, Secretary-Ti Type or print name and title.	'easurer	0	ate ("
aid 'eparer's	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying Nu	nber (See in	estructions)
se Only	Firm's name (or yours if self-employed), address, and ZIP + 4		El	8 • !		
ay the IF	RS discuss this return with the preparer shown	ahoug? Con instituti	Pt	none no. > 1		gi-s
	silv preparer showin	above : See instructions	8 V N V O 0	<u>, , , , , , , , , , , , , , , , , , , </u>	Yes	
				Form	990-E	Z (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

2008

Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number **Singh Foundation** 13 3719319 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). (Attach Schedule H.) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An organization that normally receives: (1) more than 331/3 % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 Dy 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 II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (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? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (iii) Type of organization (ii) EIN (iv) Is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the U.S.? (see instructions)) support? Yes Yes Nο Yes No Nο

Total

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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,110	42,785	30,546	33,791	27,913	167,145
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1-3	32,110	42,785	30,546	33,791	27,913	167,145
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						9,249
^	shown on line 11, column (f)						157,896
6	Public support. Subtract line 5 from line 4. tion B. Total Support						157,090
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	32,110	42,785	30,546	33,791	27,913	167,145
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	,	,	·		·	· · · · · ·
	sources	2,552	6,307	12,457	14,007	10,169	45,492
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						212,637
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	57,680
13	First five years. If the Form 990 is for	•	,			ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u></u>	<u> </u>		` 🕨 🗆
Sec	tion C. Computation of Public Su	port Percer	ntage			T T	
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 11	I, column (f))		14	74.0 %
15	Public support percentage from 2007 Sch					15	73.9 %
	33\% support test—2008. If the organizand stop here. The organization qualifies	as a publicly s	supported organ	nization			• 🗸
b	33\% support test-2007. If the organization qual box and stop here. The organization qual						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circumstances test—20 more, and the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" the organization meets the organization m	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumsta" organization meets the "facts-and-circumsta"	acts-and-circum	stances" test, c	heck this box a	and stop here.	Explain in Part	IV how the
18	Private foundation. If the organization did		-			-	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

Singh Foundation 3719319 13 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) **General Rule** For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33%% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	4	4
Page	of	of Part

Name of organization Employer identification number Singh Foundation 13 3719319

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Lower Manhattan Cultural Council 125 Maiden Lane, 2nd Floor New York NY 10038	\$\$,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule of Information for Form 990-EZ for 2008

Part I, line 10

Grantees who received at least \$5,000 during 2008

- 1. Rakesh Sharma, documentary filmmaker in Mumbai; \$25,000; no relationship of any kind to the foundation or to officebearers; class of activity: promotion of secularism (religious harmony) as in Part III line 28.
- 2. Centre d'Étude et Ressources d'Asie Sud, 254 Kensington Ave, Westmount (Montreal), Canada H3Z 2G6; \$12,000; relief work in poor communities in India; class of activity: development as in Part III line 29.
- 3. Bharathi Trust, 4/10 Lalitha Garden, Tiruvanmiyur, Chennai India 600 041; \$9,000; worker education; class of activity: development as in Part III line 29.
- 4. Alwan for the Arts, 16 Beaver St 4th Floor, New York NY 10004; \$5,000; screening documentaries from South Asia; class of activity: development as in Part III line 29.