

HARPER & PEARSON COMPANY, P.C.
ONE RIVERWAY, SUITE 1900
HOUSTON, TX 77056

DASRA
1 RIVERWAY STE 1900
HOUSTON, TX 77056-1951



Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

HARPER | PEARSON

Harper & Pearson Company, P.C.

One Riverway Drive, Ste. 1900

Houston, Texas 77056

Office 713.622.2310

Fax 713.622.5613

OCTOBER 14, 2023

DASRA
1 RIVERWAY STE 1900
HOUSTON, TX 77056-1951

DASRA:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

C. PAUL SIMONSEN, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2022

Prepared for	DASRA 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951
Prepared by	HARPER & PEARSON COMPANY, P.C. ONE RIVERWAY, SUITE 1900 HOUSTON, TX 77056
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

DASRA

EIN or SSN

05-0574837

Name and title of officer or person subject to tax

**BORIS SIPERSTEIN
DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 17,008,912.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) **DASRA**, (EIN) **05-0574837** and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HARPER & PEARSON COMPANY, P.C.** to enter my PIN **74837**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76216777077

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature *Boris Siperstein*

Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. DASRA	Taxpayer identification number (TIN) 05-0574837
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1 RIVERWAY STE 1900	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77056-1951	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

BORIS SIPERSTEIN

• The books are in the care of ▶ **ONE RIVERWAY, STE 1900 - HOUSTON, TX 77056**

Telephone No. ▶ **713-622-2310** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2022** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p>DASRA</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>1 RIVERWAY STE 1900</p> City or town, state or province, country, and ZIP or foreign postal code <p>HOUSTON, TX 77056-1951</p>	D Employer identification number <p>05-0574837</p> E Telephone number <p>713-622-2310</p> G Gross receipts \$ 17,008,912. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <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		
J Website: WWW.DASRAUS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 2003 M State of legal domicile: TX		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DASRA, INC. (DASRA) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED UNDER THE LAWS 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 124. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">13,108,411.</td> <td style="text-align: right;">17,008,788.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">212.</td> <td style="text-align: right;">124.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">13,108,623.</td> <td style="text-align: right;">17,008,912.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	13,108,411.	17,008,788.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	212.	124.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,108,623.	17,008,912.							
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Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">5,646,411.</td> <td style="text-align: right;">4,121,142.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">407,912.</td> <td style="text-align: right;">601,466.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) 62,620.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">232,744.</td> <td style="text-align: right;">646,697.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">6,287,067.</td> <td style="text-align: right;">5,369,305.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">6,821,556.</td> <td style="text-align: right;">11,639,607.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,646,411.	4,121,142.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	407,912.	601,466.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) 62,620.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	232,744.	646,697.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,287,067.	5,369,305.	19 Revenue less expenses. Subtract line 18 from line 12	6,821,556.	11,639,607.	
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Part II Signature Block

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 BORIS SIPERSTEIN, DIRECTOR <i>Boris Siperstein</i>	Date
Paid Preparer Use Only	Print/Type preparer's name C. PAUL SIMONSEN, CPA	Preparer's signature
	Firm's name HARPER & PEARSON COMPANY, P.C.	Date
	Firm's address ONE RIVERWAY, SUITE 1900 HOUSTON, TX 77056	Check if self-employed <input type="checkbox"/> PTIN P01257308
		Firm's EIN 74-1695589
		Phone no. (713) 622-2310

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
DASRA, INC. (DASRA) IS A NOT-FOR-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE UNITED STATES HAVING ITS REGISTERED OFFICE AT ONE RIVERWAY, SUITE 1900, HOUSTON, TX

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,968,339. including grants of \$ 1,591,284.) (Revenue \$)
#BACKTHEFRONTLINE IS A DASRA PROGRAM AIMED TO SUPPORT APPROX. 100+ NGOS IN INDIA SERVING THE VULNERABLE POPULATIONS FOR COVID RELIEF IN BELOW SPECIFIED AREAS:
 -AWARENESS, INFORMATION & COUNSELLING (VACCINATION DRIVES/ READINESS, COVID SYMPTOMS & APPROPRIATE BEHAVIOUR, MENTAL HEALTH COUNSELLING INCL. AFFECTED FAMILIES, COMMUNITIES, GEN. POPN., HELPLINE)
 -INFRASTRUCTURE, EQUIPMENT & MEDICAL SUPPORT (BEDS, SCREENING, TESTING, AMBULANCE, O2 GENERATION PLANTS, MEDICINES, DOCTOR CONSULTATIONS)
 -SKILLING & LIVELIHOODS (MASK MAKING, BUYING & SELLING PRODUCE, ACCESS TO GOVT. SCHEMES)
 -FINANCIAL ASSISTANCE (FINANCIAL SUPPORT, PAYING SALARIES OF MEDICAL STAFF)

4b (Code:) (Expenses \$ 371,085. including grants of \$ 300,000.) (Revenue \$)
MAKE A DIFFERENCE (MAD) WAS FOUNDED IN 2006 WITH THE AIM AND OBJECTIVE TO HELP CHILDREN IN NEED OF CARE AND PROTECTION AND BREAK OUT OF THE CYCLE OF POVERTY ETC. MAD'S MISSION IS TO "TRANSITION URBAN ULTRA-POOR CHILDREN OUT OF POVERTY", BY WORKING WITH CHILDREN IN NEED OF CARE AND PROTECTION ACROSS INDIA. THESE CHILDREN COME FROM BROKEN FAMILIES WHERE THE HOUSEHOLD INCOME IS < \$2 A DAY. MAD BUILDS A COMMUNITY-POWERED SOCIAL-PROTECTION SYSTEM THAT PROVIDES A HOLISTIC, HIGH TOUCH, LONG TERM SUPPORT SYSTEM FOR CHILDREN IN NEED OF CARE & PROTECTION. BY MOBILIZING THE COMMUNITY, MAD IS ABLE TO ENSURE CHILDREN ARE RECEIVING THE NECESSARY CARE, AFTER SCHOOL SUPPORT, COLLEGE PLACEMENTS SUPPORT, SCHOLARSHIPS, LIVING STIPENDS, JOB PLACEMENTS & CAREER PROGRESSION SUPPORT FROM THE AGE OF 10 TILL THE AGE OF 28.

4c (Code:) (Expenses \$ 309,238. including grants of \$ 250,000.) (Revenue \$)
CONSORTIUM FOR DEWATS DISSEMINATION SOCIETY (CDD) IS A NOT-FOR-PROFIT ORGANIZATION, REGISTERED IN 2005, THAT INNOVATES, DEMONSTRATES, AND DISSEMINATES DECENTRALIZED NATURE-BASED SOLUTIONS FOR THE CONSERVATION, COLLECTION, TREATMENT, AND REUSE OF WATER RESOURCES AND MANAGEMENT OF SANITATION FACILITIES. THESE FUNDS WILL BE USED FOR STRENGTHENING CDD'S CAPACITIES IN THE WATER, SANITATION, AND HYGIENE SECTOR (WASH).

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 2,448,986. including grants of \$ 1,979,858.) (Revenue \$)

4e Total program service expenses 5,097,648.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed TX, CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
BORIS SIPERSTEIN - 713-622-2310
ONE RIVERWAY, STE 1900, HOUSTON, TX 77056

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEVAL SANGHAVI PRESIDENT	60.00			X			250,480.	0.	0.	
(2) NEERA NUNDY KEY EMPLOYEE	60.00				X		250,480.	0.	0.	
(3) BORIS SIPERSTEIN DIRECTOR	2.00	X					0.	0.	0.	
(4) ARPAN SHETH DIRECTOR	2.00	X					0.	0.	0.	
(5) MATTHEW SPACIE DIRECTOR	1.00	X					0.	0.	0.	
(6) ANKUR SAHU DIRECTOR	1.00	X					0.	0.	0.	
(7) TARUN JOTWANI DIRECTOR	2.00	X					0.	0.	0.	
(8) SAPPHIRA GORADIA DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							500,960.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							500,960.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	17,008,788.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							17,008,788.
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			124.		124.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	(ii) Personal				
	b Less: rental expenses ...	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
	d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				17,008,912.	0.	124.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	223,985.	223,985.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,897,157.	3,897,157.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	500,960.	375,720.	62,620.	62,620.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	65,000.	65,000.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	4,160.		4,160.	
10 Payroll taxes	31,346.		31,346.	
11 Fees for services (nonemployees):				
a Management				
b Legal	28,191.		28,191.	
c Accounting	66,702.		66,702.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	15,255.		15,255.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	133,429.	133,429.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	763.		763.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TECH FOR SOCIAL CHANGE	321,284.	321,284.		
b CONTRACT SERVICES	81,073.	81,073.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,369,305.	5,097,648.	209,037.	62,620.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	11,451,891.	1	16,933,143.
	2 Savings and temporary cash investments	117,806.	2	117,894.
	3 Pledges and grants receivable, net	1,016,159.	3	8,033,667.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	120,306.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		12,585,856.	16	25,205,010.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	818,680.	18	1,829,747.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	31,520.	25	0.
	26 Total liabilities. Add lines 17 through 25	850,200.	26	1,829,747.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,109,259.	27	6,987,651.
	28 Net assets with donor restrictions	5,626,397.	28	16,387,612.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	11,735,656.	32	23,375,263.
	33 Total liabilities and net assets/fund balances	12,585,856.	33	25,205,010.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,008,912.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,369,305.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,639,607.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,735,656.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,375,263.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization DASRA	Employer identification number 05-0574837
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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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2380686.	2539999.	2976801.	13106010.	17008788.	38012284.
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	2380686.	2539999.	2976801.	13106010.	17008788.	38012284.
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)						20300123.
6 Public support. Subtract line 5 from line 4.						17712161.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2380686.	2539999.	2976801.	13106010.	17008788.	38012284.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	346.	5,724.	1,558.	2,613.	124.	10,365.
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 VI.)		52.				52.
11 Total support. Add lines 7 through 10						38022701.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f))	14	46.58 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	50.19 %

16a 33 1/3% support test - 2022. 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 - 2021. 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

17a 10% -facts-and-circumstances test - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2021. 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 VI 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 Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information input.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2022

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
EMPOWERMENT FOUNDATION	7,855,711.	7,095,257.
TARSADIA FOUNDATION	3,532,000.	2,771,546.
GATES FOUNDATION	4,209,190.	3,448,736.
SKOLL FOUNDATION	1,537,061.	776,607.
FIDELITY B/O ACTION FAMILY GIVING	892,363.	131,909.
GOLDMAN SACHS B/O YELLOW CHAIR FOUNDATION	833,333.	72,879.
CHINTU GUDIYA FOUNDATION	4,245,005.	3,484,551.
DONALD LOBO MARI TILOS TTEE LOBO	2,300,000.	1,539,546.
THE DAVID & LUCILE PACKARD FOUNDATION	1,500,000.	739,546.
FIDELITY APAC	1,000,000.	239,546.
Total Excess Contributions to Schedule A, Part II, Line 5		20,300,123.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

DASRA

Employer identification number

05-0574837

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

Form 990-PF

501(c)(3) exempt private foundation

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization DASRA	Employer identification number 05-0574837
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EMPOWERMENT FOUNDATION (BHAGWAN PRAGJI THACKER) 27555 FARMINGTON ROAD FARMINGTON HILLS, MI 48334	\$ 7,715,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TARSADIA FOUNDATION 520 NEWPORT CENTER DRIVE NEWPORT, CA 92660	\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	GATES FOUNDATION P.O. BOX 23350 SEATTLE, WA 98102	\$ 1,618,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	SKOLL FOUNDATION 250 UNIVERSITY AVE, SUITE 200 PALO ALTO, CA 94301	\$ 1,087,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SARVA MANGAL FAMILY TRUST 2095 NORTH BATAVIA STREET ORANGE, CA 92865	\$ 644,851.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FIDELITY (BEHALF OF ACTON FAMILY GIVING) 855 EL CAMINO REAL, BUILDING 4, STE 200 PALO ALTO, CA 94301	\$ 592,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DASRA	Employer identification number 05-0574837
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROUNDGLASS FOUNDATION 1800 114TH AVE SE, SUITE 210 BELLEVUE, WA 98004	\$ 373,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BRYAN O'CONNOR 3005 SCHWAB WAY WESTLAKE, TX 76252	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	UNIVERSITY OF PENNSYLVANIA US WALNUT STREET, SUITE 714 PHILADELPHIA, PA 19104	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	GOLDMAN SACHS (BEHALF OF YELLOW CHAIR FOUNDTION) 1660 BUSH STREET NO 300 SAN FRANCISO, CA 94109-5308	\$ 333,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	VARIOUS ADDITIONAL GRANTS ONE RIVERWAY, SUITE 1900 HOUSTON, TN 77056	\$ 1,443,388.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DASRA	Employer identification number 05-0574837
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization DASRA	Employer identification number 05-0574837
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **DASRA** Employer identification number **05-0574837**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 17,008,912.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 5,369,305.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

DASRA

Employer identification number

05-0574837

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
INDIA		2	GRANTS TO RECIPIENTS	FINANCIAL ASSISTANCE	3,897,157.
3 a Subtotal	0	2			3,897,157.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	2			3,897,157.

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

Schedule F (Form 990) 2022

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		INDIA	COVID SUPPORT	1591284.	BANK TRANSFER	0.		
		INDIA	EDUCATION	300,000.	BANK TRANSFER	0.		
		INDIA	SANITATION	250,000.	BANK TRANSFER	0.		
		INDIA	10TO19 DASRA ADOLESCENTS COLLABORATIVE (DAC)	180,343.	BANK TRANSFER	0.		
		INDIA	REBUILD INDIA FUND	166,642.	BANK TRANSFER	0.		
		INDIA	FLOOD RELIEF	78,000.	BANK TRANSFER	0.		
		INDIA	EDUCATION	75,500.	BANK TRANSFER	0.		
		INDIA		75,000.	BANK TRANSFER	0.	MENSTRUAL HEALTH AWARENESS	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		INDIA		52,597.	BANK TRANSFER	0.		
		INDIA		28,333.	BANK TRANSFER	0.		
		INDIA		25,813.	BANK TRANSFER	0.	YOUTH FELLOWSHIP PROGRAMS	
		INDIA		22,190.	BANK TRANSFER	0.	YOUTH COALITION	
		INDIA		17,848.	BANK TRANSFER	0.	EDUCATION	
		INDIA		17,540.	BANK TRANSFER	0.	WATER AND SANITATION	
		INDIA		5,000.	BANK TRANSFER	0.	PORTFOLIO OF WELFARE ENTITLEMENTS AND RIGHTS (POWER)	
		INDIA	VARIOUS GRANTS PAYABLE	1011067.	BANK TRANSFER	0.	VARIOUS GRANTS PAYABLE	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (H):

REGION: INDIA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: PORTFOLIO OF WELFARE

ENTITLEMENTS AND RIGHTS (POWER) PROGRAM

Multiple horizontal lines for providing additional information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **DASRA** Employer identification number **05-0574837**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
EDUCATE GIRLS 5178 MOWRY AVE FREMONT, CA 94538	94-3350821	501(C)3	100,000.	0.			ADOLESCENT GIRLS AND YOUNG WOMEN
UNICEF 3 UNITED NATIONS PLAZA NEW YORK, NY 10017	13-1760110	501(C)3	73,985.	0.			10 TO 19 DASRA ADOLESCENTS COLLABORATIVE (DAC)
ADOLESCENT HEALTH CHAMPIONS INC (US) - 6806 CORTE MUNRAS - PLEASANTON, CA 94566	82-1087254	501(C)3	50,000.	0.			PROGRAM "GIRLS HEALTH CHAMPIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3** Enter total number of other organizations listed in the line 1 table _____

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization DASRA	Employer identification number 05-0574837
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEVAL SANGHAVI PRESIDENT	(i)	222,705.	27,775.	0.	0.	0.	250,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NEERA NUNDY KEY EMPLOYEE	(i)	222,705.	27,775.	0.	0.	0.	250,480.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **DASRA** Employer identification number: **05-0574837**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	846	120,306.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)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
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

DASRA

Employer identification number

05-0574837

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF THE UNITED STATES HAVING ITS REGISTERED OFFICE AT ONE RIVERWAY,

SUITE 1900, HOUSTON, TX

77056 OF THE STATE OF TEXAS. DASRA'S MISSION IS TO CULTIVATE STRATEGIC

PHILANTHROPY AMONGST

U.S. BASED INDIVIDUALS AND INSTITUTIONS TOWARDS INDIA'S DEVELOPMENT AND

TO SUPPORT INDIAN

NGOS TO SCALE THEIR IMPACT

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

77056 OF THE STATE OF TEXAS. DASRA'S MISSION IS TO CULTIVATE STRATEGIC

PHILANTHROPY AMONGST

U.S. BASED INDIVIDUALS AND INSTITUTIONS TOWARDS INDIA'S DEVELOPMENT AND

TO SUPPORT INDIAN

NGOS TO SCALE THEIR IMPACT

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

-CARE PACKAGES (RATION/ FOOD AID, HYGIENE, COVID ESSENTIALS)

-TRAINING & CAPACITY BUILDING OF FLW/ COMMUNITY WORKER / VOLUNTEER

NETWORKS/ FIELD STAFF (1ST RESPONSE, BP/O2 READINGS, HEALTHCARE GUIDES,

PREVENTION KIT)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ALL OTHER GRANTS TO VARIOUS PROGRAM SERVICES AND EXPENSES.

EXPENSES \$ 2,448,986. INCLUDING GRANTS OF \$ 1,979,858. REVENUE \$ 0.

Name of the organization

DASRA

Employer identification number

05-0574837

FORM 990, PART VI, SECTION A, LINE 2:

NEERA NUNDY IS A KEY EMPLOYEE AND IS RELATED TO DEVAL SANGHAVI.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS ARE LISTED IN PART VII.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS ARE SAME AS LISTED IN PART VII.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS SENT AND REVIEWED AND DISCUSSED AT THE BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

PRESIDENT DEVAL SANGHAVI'S SALARY WAS APPROVED BY THE BOARD OF MEMBERS. COMPENSATION IS REVIEWED AND DISCUSSED AT THE BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 19:

PART VI, LINE 19: FORM 990 ANNUAL FINANCIAL STATEMENTS, RETURN, AND POLICIES AVAILABLE AT US OFFICE AND AVAILABLE ON REQUEST

PART XII, LINE 2C

THERE WERE NO CHANGES IN 2022

Name of the organization

DASRA

Employer identification number

05-0574837

FORM 990 PART IX LINE 24A

DASRA HAS SUPPORTED TECH4DEV INITIATIVE WHICH IS A GROUP OF SOFTWARE FIRMS, ECOSYSTEM PARTNERS, AND FUNDERS, INITIATED BY A TECH ENTREPRENEUR AND PHILANTHROPIST AND SUPPORTED BY PRIVATE FAMILY FOUNDATION. TECH4DEV BRINGS TECHNOLOGY TO THE CORE OF PROGRAM DESIGN AND IMPLEMENTATION, AMPLIFYES T4D THROUGH OUR VARIOUS PLATFORMS AND NETWORKS, CIRCULATING A CYCLICAL T4D CALL FOR APPLICATIONS WITHIN OUR NON-PROFIT NETWORK WITH THE AIM OF RECOMMENDING RELEVANT NGOS, UNDERTAKING GRANT MANAGEMENT INCLUDING, TECH-VENDOR MANAGEMENT, DUE DILIGENCE, DOCUMENTATION AND ENSURING FUND TRANSFER AND PROCESS ACCOUNTABILITY.

TECH4DEV HELPS SOCIAL ORGANIZATIONS BY:

- PROVIDING CUSTOMIZED TECHNOLOGY SOLUTIONS TO SOCIAL ORGANIZATIONS, AT A REASONABLE COST.
- DEVELOPING OPEN SOURCE SOLUTIONS THAT ARE MADE AVAILABLE FOR OTHER NGOS TO ACCESS, USE, AND BUILD ON
- CREATING A COLLABORATIVE OF SOFTWARE FIRMS THAT WORK EFFECTIVELY WITH SOCIAL SECTOR LEADERS.

SCHEDULE F PART II, COLUMN (D)

NAME: #BACKTHEFRONTLINE

REGION: INDIA

#BACKTHEFRONTLINE IS A DASRA PROGRAM AIMED TO SUPPORT APPROX. 100+ NGOS IN INDIA SERVING THE VULNERABLE POPULATIONS FOR COVID RELIEF IN BELOW SPECIFIED AREAS:

- AWARENESS, INFORMATION & COUNSELLING (VACCINATION DRIVES/ READINESS, COVID SYMPTOMS & APPROPRIATE BEHAVIOUR, MENTAL HEALTH COUNSELLING INCL.

Name of the organization DASRA	Employer identification number 05-0574837
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AFFECTED FAMILIES, COMMUNITIES, GEN. POPN., HELPLINE)

-INFRASTRUCTURE, EQUIPMENT & MEDICAL SUPPORT (BEDS, SCREENING, TESTING, AMBULANCE, O2 GENERATION PLANTS, MEDICINES, DOCTOR CONSULTATIONS)

-SKILLING & LIVELIHOODS (MASK MAKING, BUYING & SELLING PRODUCE, ACCESS TO GOVT. SCHEMES)

-FINANCIAL ASSISTANCE (FINANCIAL SUPPORT, PAYING SALARIES OF MEDICAL STAFF)

-CARE PACKAGES (RATION/ FOOD AID, HYGIENE, COVID ESSENTIALS)

-TRAINING & CAPACITY BUILDING OF FLW/ COMMUNITY WORKER / VOLUNTEER NETWORKS/ FIELD STAFF (1ST RESPONSE, BP/O2 READINGS, HEALTHCARE GUIDES, PREVENTION KIT)

SCHEDULE F PART II, COLUMN (D)

NAME: MAKE A DIFFERENCE

REGION: INDIA

MAKE A DIFFERENCE (MAD) WAS FOUNDED IN 2006 WITH THE AIM AND OBJECTIVE TO HELP CHILDREN IN NEED OF CARE AND PROTECTION AND BREAK OUT OF THE CYCLE OF POVERTY ETC. MAD'S MISSION IS TO "TRANSITION URBAN ULTRA-POOR CHILDREN OUT OF POVERTY", BY WORKING WITH CHILDREN IN NEED OF CARE AND PROTECTION ACROSS INDIA. THESE CHILDREN COME FROM BROKEN FAMILIES WHERE THE HOUSEHOLD INCOME IS < \$2 A DAY. MAD BUILDS A COMMUNITY-POWERED SOCIAL-PROTECTION SYSTEM THAT PROVIDES A HOLISTIC, HIGH TOUCH, LONG TERM SUPPORT SYSTEM FOR CHILDREN IN NEED OF CARE & PROTECTION. BY MOBILIZING THE COMMUNITY, MAD IS ABLE TO ENSURE CHILDREN ARE RECEIVING THE NECESSARY CARE, AFTER SCHOOL SUPPORT, COLLEGE PLACEMENTS SUPPORT, SCHOLARSHIPS, LIVING STIPENDS, JOB PLACEMENTS & CAREER PROGRESSION SUPPORT FROM THE AGE OF 10 TILL THE AGE OF 28.

Name of the organization

DASRA

Employer identification number

05-0574837

SCHEDULE F PART II, COLUMN (D)

NAME: CONSORTIUM FOR DEWATS DISSEMINATION SOCIETY

REGION: INDIA

CONSORTIUM FOR DEWATS DISSEMINATION SOCIETY (CDD) IS A NOT-FOR-PROFIT ORGANIZATION, REGISTERED IN 2005, THAT INNOVATES, DEMONSTRATES, AND DISSEMINATES DECENTRALIZED NATURE-BASED SOLUTIONS FOR THE CONSERVATION, COLLECTION, TREATMENT, AND REUSE OF WATER RESOURCES AND MANAGEMENT OF SANITATION FACILITIES. THESE FUNDS WILL BE USED FOR STRENGTHENING CDD'S CAPACITIES IN THE WATER, SANITATION, AND HYGIENE SECTOR (WASH).

SCHEDULE F PART II, COLUMN (D)

NAME: IMPACT FOUNDATION

REGION: INDIA

IMPACT FOUNDATION (INDIA) IS A NOT-FOR-PROFIT ORGANIZATION THAT ACTS AS A CATALYST IN INDIA'S VIBRANT PHILANTHROPIC SECTOR BY DRIVING COLLABORATIVE ACTION TO ACCELERATE SOCIAL CHANGE. IT WORKS TO BUILD PARTNERSHIPS WITH HUNDREDS OF NON-PROFITS IN INDIA AND PHILANTHROPISTS FROM AROUND THE WORLD, TO IMPROVE THE ECOSYSTEM OF THE SOCIAL SECTOR AND DRIVE DIGNITY AND EQUITY FOR ALL.

THE FUNDS WILL BE UTILISED FOR PROGRAM OF INDIA YOUTH ACTION NETWORK A NATIONAL, COLLABORATIVE, YOUTH-DRIVEN COALITION THAT AIMS TO SERVE AS THE VOICE OF INDIA'S YOUTH THAT ENGAGES WITH POLICYMAKERS AND THE PRIVATE SECTOR TO ADVOCATE FOR ADVANCEMENTS THAT ENABLE YOUTH EMPOWERMENT AND PROGRESS. THE YOUTH NETWORK WILL FOCUS ON NEEDS FOR INFORMATION AND ACCESS TO CONTRACEPTION AND ENGAGE WITH KEY

Name of the organization DASRA	Employer identification number 05-0574837
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STAKEHOLDERS ON SEXUAL AND REPRODUCTIVE HEALTH ISSUES FOR YOUNG PEOPLE
WITH FOCUS ON QUALITY OF LIFE.

SCHEDULE F PART II, COLUMN (D)

NAME: ASSAM FLOOD RELIEF

REGION: INDIA

DASRA HAS SUPPORTED NGOS IN ASSAM TO HELP THEM OVERCOME WITH THE IMPACT
OF FLOOD WHICH THEY FACE EVERY YEAR. THE SUPPORT WAS EXTENDED TO THE
ORGANISATION WITH A MISSION TO IMPROVE THE LIVELIHOOD OF THE LOW-INCOME
SEGMENT BY INCREASING OPPORTUNITIES AND ENRICHING THE SOCIAL, ECONOMIC,
EDUCATIONAL, AND CULTURAL SECTORS OF NORTH EAST FOR A BETTER FUTURE AND
SUPPORT FOR BETTERMENT OF WOMEN HOUSEHOLDS, ANIMAL HUSBANDRY, WEAVING
(MATERIAL SUPPORT) AGRICULTURE - WINTER PADDY, SEED, FERTILIZER,
LABORERS.

SCHEDULE F PART II, COLUMN (D)

NAME: REBUILD INDIA

REGION: INDIA

REBUILD INDIA FUND WAS LAUNCHED AS A RELIEF INITIATIVE AT THE HEIGHT OF
THE COVID PANDEMIC IN INDIA IN APRIL 2021. RECOGNIZING THE LONG-TERM
IMPACT COVID WILL HAVE ON INDIA'S VULNERABLE AND MARGINALIZED
COMMUNITIES, AS WELL AS THE NEED TO STAND IN SOLIDARITY AND SUPPORT
LOCAL PARTNERS WITH OPPORTUNITIES TO EXERCISE POWER, AGENCY AND
LEADERSHIP, DASRA EXPANDED THE SCOPE OF THE REBUILD INDIA FUND TO BE A
PLATFORM THAT CHAMPIONS PROXIMATE LEADERSHIP TO REVITALIZE COMMUNITIES
AND ESTABLISH RESILIENT PATHWAYS FOR SUSTAINABLE CHANGE.

SCHEDULE F PART II, COLUMN (D)

Name of the organization DASRA	Employer identification number 05-0574837
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NAME: INSTITUTE FOR DEVELOPMENT EDUCATION AND LEARNING (IDEAL)

REGION: INDIA

IDEAL IS A NOT-FOR-PROFIT ORGANIZATION WITH THE VISION TO STRENGTHEN HUMAN RIGHTS CULTURE & AN ALL-INCLUSIVE PLURALIST SOCIETY, FREE OF VIOLENCE, INJUSTICE, DISCRIMINATION, PREJUDICES, AND STEREOTYPING. THIS FUND WILL BE USE FOR FOR EDUCATING AND CREATING AWARENESS OF ENTITLEMENTS TOWARDS REDUCING INEQUALITIES FACED BY SOCIALLY AND ECONOMICALLY BACKWARD GROUPS.

SCHEDULE F PART II, COLUMN (D)

NAME: GRAMIN VIKAS SAMITI

REGION: INDIA

GRAMIN VIKAS SAMITI (UNINHIBITED) IS A NON-PROFIT ENTITY WITH A VISION TO BUILD SAFE SPACES TO DE-STIGMATIZE MENSTRUAL HEALTH (MH) FOR MARGINALIZED ADOLESCENT GIRLS & ALLIES (WOMEN, TEACHERS, MEN, BOYS & DECISION MAKERS). THIS FUND WILL SUPPORT THE PROGRAM FOR MENSTRUAL HEALTH AWARENESS AMONG 5000 WOMEN & GIRLS ACROSS JHABUA, JAMUI & PALGHAR REGIONS IN XYZ STATES OF INDIA.

SCHEDULE F PART II, COLUMN (D)

NAME: CHILD IN NEED INSTITUTE (CINI)

REGION: INDIA

CHILD IN NEED INSTITUTE IS A NON-GOVERNMENT ORGANIZATION (NGO), REGISTERED UNDER SOCIETIES REGISTRATION ACT, 1860 AND FOREIGN CONTRIBUTION ACT, 2010 IN INDIA. THE ORGANIZATION, FOUNDED IN 1974, HAS BEEN WORKING WITH SOME OF THE MOST DEPRIVED AND MARGINALIZED COMMUNITIES IN THE STATE OF WEST BENGAL, JHARKHAND, ODISHA, AND ASSAM.

Name of the organization DASRA	Employer identification number 05-0574837
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THE ORGANIZATION IS WORKING FOR ENABLING AND EMPOWERING WOMEN AND CHILDREN FOR IMPROVING THE INDICATORS ON THEIR EDUCATION, CHILD PROTECTION, HEALTH, AND NUTRITION.

SCHEDULE F PART II, COLUMN (D)

NAME: UNNATI- ORGANIZATION FOR DEVELOPMENT EDUCATION

REGION: INDIA

UNNATI - ORGANISATION FOR DEVELOPMENT EDUCATION IS A VOLUNTARY NON-PROFIT ORGANIZATION REGISTERED UNDER THE SOCIETIES REGISTRATION ACT (1860) IN 1990. IT IS OUR AIM TO PROMOTE SOCIAL INCLUSION AND DEMOCRATIC GOVERNANCE SO THAT THE VULNERABLE SECTIONS OF SOCIETY ARE EMPOWERED TO EFFECTIVELY AND DECISIVELY PARTICIPATE IN MAINSTREAM DEVELOPMENT AND DECISION-MAKING PROCESSES.

SCHEDULE F PART II, COLUMN (D)

NAME: JANVIKAS TRUST

REGION

JANVIKAS IS A PUBLIC CHARITABLE TRUST RECOGNIZED AS A LEADING 'ORGANIZATION DEVELOPMENT AND SUPPORT INSTITUTE.' IT PRACTICES EMPOWERMENT APPROACH FOR ALL ITS INTERVENTIONS AND ENSURES COMMUNITY LEADERS, COMMUNITY-BASED ORGANIZATIONS AND CIVIL SOCIETY ORGANIZATIONS AT LARGE ARE ABLE TO EMPOWER THEIR COMMUNITIES SO THAT THEY ARE ABLE TO ACCESS QUALITY SERVICES AND ENTITLEMENTS AND PARTICIPATE MEANINGFULLY IN DEMOCRATIC PROCESSES.

SCHEDULE F PART II, COLUMN (D)

NAME: STUDENT PARTNERSHIP WORLDWID INDIA PROJECT TRUST

REGION: INDIA

Name of the organization DASRA	Employer identification number 05-0574837
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SPW STARTED THEIR WORK TO SUPPORT STUDENT LEARNING AND EXCHANGE FOR STUDENTS IN VELLORE, TAMILNADU. LATER THEIR WORK EXPANDED TO SUPPORT SCHOOLS /COLLEGES IN KANCHEEPURAM, THIRUVALLUR AND CHENNAI. SPW LED A RESPONSE TO THE TSUNAMI CRISIS IN COASTAL TAMILNADU IN THE YEAR 2005-06. IN THE YEAR 2010, SPW STARTED EXPANDING ITS FOOTPRINT TO THE RESOURCE POOR STATES OF BIHAR, ODISHA, JHARKHAND AND RAJASTHAN. SPW'S STRENGTH COMES FROM YOUNG PEOPLE AND YOUNG PROFESSIONALS, FROM THE BOARDROOM RIGHT THROUGH TO THE FIELD. IT ENGAGES YOUNG PEOPLE TO ADDRESS THE MOST URGENT ISSUES THEY FACE IN INDIA GOVERNANCE, LIVELIHOODS AND HEALTH, SINCE 2000. SPWS FOOTPRINTS ARE IN THE INDIAN STATES OF TAMIL NADU, BIHAR, JHARKHAND, ODISHA, RAJASTHAN AND NEW DELHI. IT PRIMARILY WORKS ON AREAS OF SEXUAL & REPRODUCTIVE HEALTH, CIVIC PARTICIPATION AND GOVERNANCE, LIVELIHOOD & EMPLOYMENT.

SCHEDULE F PART II, COLUMN (D)

NAME: THE AANGAN TRUST

REGION: INDIA

AANGAN'S MISSION IS TO MAKE CHILDREN'S SAFETY AND WELL-BEING EVERYONE'S BUSINESS SO THAT EVEN THE MOST VULNERABLE CHILD IS SAFE, SUPPORTED, IN SCHOOL, FREE FROM VIOLENCE AND EXPLOITATION, AND EQUIPPED TO LIVE AN INDEPENDENT LIFE OF HER OWN CHOOSING. THESE FUNDS WILL BE USED TO SUPPORT THE PROGRAM 'SCHOOL AND SAFETY MODEL A 360-DEGREE PREVENTATIVE MODEL' IMPACTING GIRLS' SAFETY, AGENCY, AND FUTURE SECURITY.

SCHEDULE F PART II, COLUMN (D)

NAME: CEPT RESEARCH AND DEVELOPMENT FOUNDATION

Name of the organization DASRA	Employer identification number 05-0574837
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REGION: INDIA

THE CENTRE FOR WATER AND SANITATION (C-WAS) WAS ESTABLISHED IN 2017 AND IS HOUSED UNDER CRDF. WHILE CEPT HAS BEEN WORKING IN THE URBAN SANITATION SPACE SINCE 2009, 2017 ONWARDS, IT CONDUCTS THESE PROGRAMS UNDER THE C-WAS BANNER. C-WAS ENABLES STATE AND LOCAL GOVERNMENTS TO IMPROVE SERVICE DELIVERY THROUGH ACTIVITIES THAT INCLUDE PERFORMANCE ASSESSMENT, ACTION RESEARCH, SANITATION FINANCE, TRAINING AND ADVOCACY.

SCHEDULE F PART II, COLUMN (D)

NAME: INDUS ACTION INITIATIVES

REGION: INDIA

INDUS ACTION IS A POLICY IMPLEMENTATION ORGANIZATION DOING THE NECESSARY TASKS TO SEE THAT POLICIES DESIGNED TO TRANSFORM THE SOCIAL FABRIC OF THE COUNTRY ARE FULLY REALIZED. IN ESSENCE, IT BRIDGES THE GAP BETWEEN LAW AND ACTION. THESE FUND WILL BE USED TOWARDS SUPPORT THE 'PORTFOLIO OF WELFARE ENTITLEMENTS AND RIGHTS (POWER) PROGRAM.

SCHEDULE F PART II, COLUMN (D)

NAME: EDUCATE GIRLS

REGION: US

EDUCATE GIRLS PROMOTES AND PROTECTS THE RIGHT OF EVERY GIRL TO GAIN QUALITY EDUCATION THROUGH CHALLENGING PATRIARCHY, ENROLLING GIRLS IN SCHOOL, AND PROVIDING SUPPORT TO CHILDREN TO IMPROVE THEIR LEARNING OUTCOMES. THIS FUND WILL BE UTILIZED TO SUPPORT THE PROGRAM WHICH AIMS TO ENROLL OUT-OF-SCHOOL ADOLESCENT GIRLS AND YOUNG WOMEN.

Name of the organization

DASRA

Employer identification number

05-0574837

SCHEDULE F PART II, COLUMN (D)

NAME: UNICEF

REGION: INDIA

UNICEF INDIA IS COMMITTED TO ITS CONTINUED SUPPORT TO THE GOVERNMENT IN THIS EXTRAORDINARY JOURNEY OF DEVELOPMENT TO REACH EVERY CHILD EVERYWHERE IN INDIA. UNICEF'S GOAL IS TO ENABLE EVERY CHILD BORN IN INDIA TO HAVE THE BEST START IN LIFE, TO THRIVE, AND DEVELOP TO HER OR HIS FULL POTENTIAL. UNICEF WORKS WITH PARTNERS TO TACKLE THE ROOT OF SEVERAL, DEEPLY ENTRENCHED STRUCTURAL CHALLENGES. THEY HAVE BEEN PRESENT IN INDIA FOR 70 YEARS. UNICEF'S KEY STRENGTH LIES IN OUR EVIDENCE-BASED TECHNICAL EXPERTISE THAT INFORMS POLICY ACTION AND IMPLEMENTATION, WHILE AT THE SAME TIME BUILDING THE CAPACITY OF PARTNERS. WITH ABOUT 450 STAFF MEMBERS WORKING IN 17 STATES THAT TOGETHER COVER 90 PERCENT OF INDIA'S CHILD POPULATION THE LARGEST FIELD PRESENCE AMONG UN AGENCIES IT IS WELL POSITIONED TO REACH THE COUNTRY'S MOST VULNERABLE CHILDREN.

SCHEDULE F PART II, COLUMN (D)

NAME: ADOLESCENT HEALTH CHAMPIONS

REGION: INDIA

ADOLESCENT HEALTH CHAMPIONS, INC IS AN AWARD-WINNING NGO CATALYZING A YOUTH-LED MOVEMENT IN INDIA AT THE INTERSECTION OF ADOLESCENT HEALTH, GENDER, AND EDUCATION. THIS FUND WILL SUPPORT THE PROGRAM OF 'GIRLS HEALTH CHAMPIONS' IN 27 KASTURBA GANDHI BALIKA VIDYALAYA (KGBV) SCHOOLS IN RURAL AREAS OF JHARKHAND STATE IN INDIA DURING THE CURRENT ACADEMIC YEAR I.E, 2022-23

2022 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	DASRA 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951															
Prepared by	HARPER & PEARSON COMPANY, P.C. ONE RIVERWAY, SUITE 1900 HOUSTON, TX 77056															
To be signed and dated by	NOT APPLICABLE															
Amount of tax	<table> <tr> <td>Total tax</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Less: payments and credits</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Plus: other amount</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Plus: interest and penalties</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>NO PMT REQUIRED</td> <td>\$</td> <td></td> </tr> </table>	Total tax	\$	0.00	Less: payments and credits	\$	0.00	Plus: other amount	\$	0.00	Plus: interest and penalties	\$	0.00	NO PMT REQUIRED	\$	
Total tax	\$	0.00														
Less: payments and credits	\$	0.00														
Plus: other amount	\$	0.00														
Plus: interest and penalties	\$	0.00														
NO PMT REQUIRED	\$															
Overpayment	<table> <tr> <td>Credited to your estimated tax</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Other amount</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>Refunded to you</td> <td>\$</td> <td>0.00</td> </tr> </table>	Credited to your estimated tax	\$	0.00	Other amount	\$	0.00	Refunded to you	\$	0.00						
Credited to your estimated tax	\$	0.00														
Other amount	\$	0.00														
Refunded to you	\$	0.00														
Make check payable to	NOT APPLICABLE															
Mail tax return and check (if applicable) to	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE CONTACT OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.															
Return must be mailed on or before	NOT APPLICABLE															
Special Instructions																

TAXABLE YEAR

2022

California Exempt Organization Annual Information Return

228941 01-10-23 FORM

199

Calendar Year 2022 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

DASRA

3895196

Additional information. See instructions.

FEIN

05-0574837

Street address (suite or room)

1 RIVERWAY STE 1900

PMB no.

City

HOUSTON

State

TX

ZIP code

77056-1951

Foreign country name

Foreign province/state/country

Foreign postal code

- A First return
B Amended return
C IRC Section 4947(a)(1) trust
D Final information return
E Check accounting method
F Federal return filed?
G Is this a group filing?
H Is this organization in a group exemption

- I Did the organization have any changes to its guidelines not reported to the FTB?
J If exempt under R&TC Section 23701d, has the organization engaged in political activities?
K Is the organization exempt under R&TC Section 23701g?
L Is the organization a limited liability company?
M Did the organization file Form 100 or Form 109 to report taxable income?
N Is the organization under audit by the IRS or has the IRS audited in a prior year?
O Is federal Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues (Total gross receipts: 17,008,912), Expenses (Total expenses: 5,369,305), and Filing Fee (Balance due: 11,639,607).

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Baris Siperstein), Title (DIRECTOR), Date, Telephone

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, PTIN (P01257308), Firm's FEIN (74-1695589), Telephone ((713) 622-2310)

Firm's name (HARPER & PEARSON COMPANY, P.C.), and address (ONE RIVERWAY, SUITE 1900 HOUSTON, TX 77056)

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

228951 01-10-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	124	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	124	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	4,121,142	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees	•	11	500,960	00	
	12	Other salaries and wages	•	12	65,000	00	
	13	Interest	•	13		00	
	14	Taxes	•	14	31,346	00	
	15	Rents	•	15		00	
	16	Depreciation and depletion (See instructions)	•	16		00	
	Expenses and Disbursements	17	Other expenses and disbursements	•	17	650,857	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	5,369,305	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		11,569,697		•	17,051,037
2 Net accounts receivable				•	
3 Net notes receivable				•	
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments STMT 5				•	120,306
10 a Depreciable assets					
b Less accumulated depreciation	()	()			
11 Land				•	
12 Other assets STMT 6		1,016,159		•	8,033,667
13 Total assets		12,585,856			25,205,010
Liabilities and net worth					
14 Accounts payable				•	
15 Contributions, gifts, or grants payable		818,680		•	1,829,747
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities STMT 7		31,520			
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		11,735,656		•	23,375,263
22 Total liabilities and net worth		12,585,856			25,205,010

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	11,639,607	
2 Federal income tax	•		
3 Excess of capital losses over capital gains	•		
4 Income not recorded on books this year. Attach schedule	•		
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		11,639,607	
7 Income recorded on books this year not included in this return. Attach schedule	•		
8 Deductions in this return not charged against book income this year. Attach schedule	•		
9 Total. Add line 7 and line 8			
10 Net income per return. Subtract line 9 from line 6			11,639,607

DASRA

05-0574837

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
EMPOWERMENT FOUNDATION (BHAGWAN PRAGJI THACKER)	2755 FARMINGTON ROAD FARMINGTON HILLS, MI 48334		7,715,711.
TARSADIA FOUNDATION	520 NEWPORT CENTER DRIVE NEWPORT, CA 92660		2,500,000.
GATES FOUNDATION	P.O. BOX 23350 SEATTLE, WA 98102		1,618,294.
SKOLL FOUNDATION	250 UNIVERSITY AVE, SUITE 200 PALO ALTO, CA 94301		1,087,061.
SARVA MANGAL FAMILY TRUST	2095 NORTH BATAVIA STREET ORANGE, CA 92865		644,851.
FIDELITY (BEHALF OF ACTON FAMILY GIVING)	855 EL CAMINO REAL, BUILDING 4, STE 200 PALO ALTO, CA 94301		592,363.
ROUNDGLASS FOUNDATION	1800 114TH AVE SE, SUITE 210 BELLEVUE, WA 98004		373,787.
BRYAN O'CONNOR	3005 SCHWAB WAY WESTLAKE, TX 76252		350,000.
UNIVERSITY OF PENNSYLVANIA US	WALNUT STREET, SUITE 714 PHILADELPHIA, PA 19104		350,000.
GOLDMAN SACHS (BEHALF OF YELLOW CHAIR FOUNDTION	1660 BUSH STREET NO 300 SAN FRANCISO, CA 94109-5308		333,333.
VARIOUS ADDITIONAL GRANTS	ONE RIVERWAY, SUITE 1900 HOUSTON, TN 77056		1,443,388.
TOTAL INCLUDED ON LINE 3			<u>17,008,788.</u>

DASRA

05-0574837

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	2
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ACTIVITY CLASSIFICATION: GENERAL GIVING

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
#BACKTHEFRONTLINE	MUMBAI - MUMBAI, INDIA, INDIA	NONE	1,591,284.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
MAKE A DIFFERENCE	14TH A MAIN, 16TH CROSS RD, SECTOR 4, HSR LAYOUT - BENGALURU, URBAN KARNATAK	NONE	300,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
CONSORTIUM FOR DEWATS DISSEMINATION SOCI	SURVEY NO 205, OPP. BEEDI WORKERS COLONY, KOMAGHATTA ROAD - BENGALURU, KARNA	NONE	250,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
IMPACT FOUNDATION (INDIA)	1ST FLOOR, LAXMI WOOLLEN MILLS, OPPOSITE G5A SHAKTI MILLS LANE, OFF DR. - MA	NONE	180,343.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
REBUILD INDIA	MUMBAI - MUMBAI, MUMBAI, INDIA	NONE	166,642.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
EDUCATE GIRLS	5178 MOWRY - AVEFREMONT, CA 94538	NONE	100,000.

DASRA05-0574837

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ASSAM FLOOD RELIEF	MUMBAI - MUMBAI, MUMBAI, INDIA	NONE	78,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INSTITUTE FOR DEVELOPMENT EDUCATION AND	C-106,ROYAL CHINMAY OPP. IOC PUMP, OFF. JUDGES BYNGALOW ROAD BODAKDEV - AHME	NONE	75,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
GRAMIN VIKAS SAMITI	504/1 BHIM GARH KHERI, PART-2 GURUGRAM - HARYANA, INDIA, INDIA 122001	NONE	75,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNICEF	3 UNITED NATIONS PLAZA - NEW YORK, NY 10017	NONE	73,985.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHILD IN NEED INSTITUTE (CINI)	DAULATPUR, P.O. PAILAN, VIA JOKA 24 PARGANAS - PARGANAS, WEST BENGAL, INDIA	NONE	52,597.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
ADOLESCENT HEALTH CHAMPIONS INC	6806 CORTE MUNRAS - PLEASANTON, CA 94566	NONE	50,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNNATI-ORGANISATION FOR DEVELOPMENT EDUC	G-1, 200 AZAD SOCIETY, - AHMEDABAD, GUHARAT, INDIA, INDIA 380015	NONE	28,333.

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<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
JANVIKAS TRUST	C/105-106, ROYAL CHINMAY, OFF. JUDGES BUNGALOW ROAD, BODAKDEV, VASTRAPUR - A	NONE	25,813.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
STUDENT PARTNERSHIP WORLDWIDE INDIA PROJ	16-A B-7 EXT, SAFDARJUNG ENCLAVE - NEW DELHI, DELHI, INDIA 110029	NONE	22,190.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE AANGAN TRUST	101 ARUN CHAMPERS TARDEO ROAD, TARDEO - MUMBAI, MAHARASHTRA, INDIA 400034	NONE	17,848.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CEPT RESEARCH AND DEVELOPMENT FOUNDATION	2GVW+5CX, UNIVERSITY AREA - AHMEDABAD, GUHARAT, INDIA, INDIA 38009	NONE	17,540.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
INDUS ACTION INITIATIVES	G-7, 2ND FLOOR, LAJPAT NAGAR III - NEW DELHI, INDIA, INDIA 110024	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VARIOUS GRANTS PAYABLE	MUMBAI - MUMBAI, INDIA, INDIA	NONE	1,011,067.

TOTAL FOR THIS ACTIVITY			4,121,142.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9			<u>4,121,142.</u>
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DASRA

05-0574837

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
DEVAL SANGHAVI 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951	PRESIDENT 60.00	0.
NEERA NUNDY 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951	KEY EMPLOYEE 60.00	0.
BORIS SIPERSTEIN 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951	DIRECTOR 2.00	0.
ARPAN SHETH 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951	DIRECTOR 2.00	0.
MATTHEW SPACIE 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951	DIRECTOR 1.00	0.
ANKUR SAHU 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951	DIRECTOR 1.00	0.
TARUN JOTWANI 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951	DIRECTOR 2.00	0.
SAPPHIRA GORADIA 1 RIVERWAY STE 1900 HOUSTON, TX 77056-1951	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
TECH FOR SOCIAL CHANGE	321,284.
CONTRACT SERVICES	81,073.
OTHER EMPLOYEE BENEFITS	4,160.
LEGAL FEES	28,191.
ACCOUNTING FEES	66,702.

DASRA	05-0574837
OFFICE EXPENSES	15,255.
CONFERENCES AND CONVENTIONS	133,429.
INSURANCE	763.
TOTAL TO FORM 199, PART II, LINE 17	650,857.

CA 199	OTHER INVESTMENTS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
STOCK DONATION- CHARLES SCHWAB	0.	120,306.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	0.	120,306.	

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER ASSETS	0.	0.	
PLEDGES AND GRANTS RECEIVABLE	1,016,159.	8,033,667.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,016,159.	8,033,667.	

CA 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYROLL LIABILITY	31,520.	0.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	31,520.	0.	

CA 199	FUND BALANCES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
NET ASSETS WITHOUT DONOR RESTRICTIONS	6,109,259.	6,987,651.	
NET ASSETS WITH DONOR RESTRICTIONS	5,626,397.	16,387,612.	
TOTAL TO FORM 199, SCHEDULE L, LINE 21	11,735,656.	23,375,263.	

022
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR
2022

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name DASRA	Identifying number 05-0574837
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Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	17,008,912
2	Total gross income (Form 199, line 8)	2	17,008,912
3	Total expenses and disbursements (Form 199, line 9)	3	5,369,305

Part II Settle Your Account Electronically for Taxable Year 2022

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number _____		
6	Account number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2022 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	<i>Boris Giperstein</i>	Date	DIRECTOR	Title
	Signature of officer			

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code		
	HARPER & PEARSON COMPANY, P.C. ONE RIVERWAY SUITE 1900 HOUSTON, TX	74-1695589	77056		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	Firm's FEIN	ZIP code	
	HARPER & PEARSON COMPANY, P.C. ONE RIVERWAY, SUITE 1900 HOUSTON, TX	74-1695589	77056	