Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

-	F		· · · · · · · · ·		
<u>A</u>	For the		ending	1	
В	Check if applicable	C Name of organization		D Employer identified	cation number
	Addres	THE PRASAD PROJECT, INC.			
Ļ	change				751086
Ľ	return		Room/suite		
Ľ	Termin	405 BRICHMAN KOAD		845-	434-0376
Ľ	Amenc	City, town, or post office, state, and ZIP code		G Gross receipts \$	815,018.
	Applic: tion pendin	1000001010000, N1 12/4/-5514		H(a) Is this a group re	
	ponum	F Name and address of principal officer: J IOTIKA PATEL		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? 🔄 Yes 🔛 No
		mpt status: 🗶 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	list. (see instructions)
		e: WWW.PRASAD.ORG		H(c) Group exemptio	
		organization: 🔟 Corporation 🔝 Trust 🔛 Association 🔛 Other 🕨	L Year	of formation: 1992	State of legal domicile: NY
P		Summary			
é	1	Briefly describe the organization's mission or most significant activities:	MISSIC	N OF THE PR	ASAD
Activities & Governance		PROJECT IS TO HELP IMPROVE THE QUALITY OF			
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1	
Š					4
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b) $_{\rm .}$			4
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a) $\ldots$		9	
ivit		Total number of volunteers (estimate if necessary)			4
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		760,433.	711,898.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-106,058.	17,594.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		269.	3,998.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		654,644.	733,490.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		157,459.	86,550.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	257,563.	314,283.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
Ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	173,724.	100 565
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			189,565.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		588,746.	590,398.
<u>_</u>	19	Revenue less expenses. Subtract line 18 from line 12		65,898.	143,092.
ts ol				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,720,442. 23,540.	1,880,161.
let A	21	Total liabilities (Part X, line 26)		<u> </u>	<u>34,972.</u> 1,845,189.
	22 21	Net assets or fund balances. Subtract line 21 from line 20		1,090,902.	1,040,109.
		-	and states	anto and to the best of m	uknowledge and helief it in
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and bellet, it is
<u>ur ue</u>	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	non preparer	nas any knowledge.	
				1	

Sign	Signature of officer		Date	9
Here				
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	FREDERICK MARTENS			if P00298107
Preparer	Firm's name 🕨 LUTZ AND CARR, C	PAS LLP	Firn	n's EIN 🕨 13-1655065
Use Only	Firm's address 300 EAST 42ND ST	REET		
	NEW YORK, NY 100	17	Pho	ne no. 212-697-2299
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
232001 12-1	10-12 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

. a	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE PRASAD PROJECT INC IS TO HELP IMPROVE THE QUALITY
	OF LIFE AND OFFER OPORTUNITIES FOR SELF-RELIANCE BY WORKING IN
	PARTNERSHIP WITH PEOPLE IN NEED AND THEIR COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	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?
	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 \$ 138,838 · including grants of \$ 45,000 · ) (Revenue \$
14	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM INC
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM'S MISSION IS TO IMPROVE THE
	DENTAL HEALTH OF UNDERSERVED CHILDREN BY PROVIDING COMPREHENSIVE, QUALITY DENTAL SERVICES THROUGH EDUCATION, PREVENTION, DETECTION AND
	TREATMENT. IN 2012 ALONE, PRASAD CDHP PROVIDED DENTAL HEALTH EDUCATI
	AND DENTAL CARE TO MORE THAN 4,800 CHILDREN, PROVIDED 1454 DENTAL
	VISITS AND PERFORMED 5,059 DENTAL PROCEDURES IN SULLIVAN AND ULSTER
	COUNTY NEW YORK.
4b	(Code: ) (Expenses \$ 134,391. including grants of \$ 23,180. ) (Revenue \$
	FRADAD CHIRIDA
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4d 4e 32002	IN 2012, THE ANUKAMPA HEALTH CENTER HAS OFFERED 29,461 PATIENT VISITS TO THE PEOPLE OF THE TANSA REGION. THE SHREE MUKTANANDA MOBILE HOSPIT MAKES TRIPS TWO DAYS A WEEK AND PROVIDED 2,416 MEDICAL VISITS. AT THE FAMILY HEATH AND HIV/AIDS FACILITY 10,872 TESTS FOR HIV WERE PERFORMED, 7,243 COUNSELING SECTION WERE OFFERED, 8,014 PEOPLE PARTICIPATED IN THE HIV AWARENESS TALKS. TODAY, IN THE TANSA VALLEY, 2,892 MEMBERS OF OUR SELF-HELP GROUPS CAN GET MICRO FINANCING TO START BUSINESSES, FARMERS RECEIVE SUPPORT AND (Code:) (Expenses 107,849. including grants of \$) (Revenue \$) CONSTITUENT EDUCATION CONSTITUENT EDUCATION IS AN EDUCATIONAL PROGRAM WITH A GOAL OF ENLIGHTENING AND EDUCATING THE PUBLIC ABOUT THE ACTIVITIES AND NEEDS THE COMMUNITIES THAT WE SERVE. THE PROGRAM PROVIDES PRINT AS WELL AS ELECTRONIC NEWSLETTERS AND WEBSITE UPDATES THROUGHOUT THE YEAR. 

Form 990 (2012)

Part IV Checklist of Required Schedules

14201021 759420 4343

THE PRASAD PROJECT, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
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? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		
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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	x	
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? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<u>-</u> -
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 10		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 23
31	15 Was II source late Ochood via NJ David J	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	01		
0L	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012)

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Pa	Check if Schedule O contains a response to any question in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4		res	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
لم	to file Form 8282?	7c		
u e	If "Yes," indicate the number of Forms 8282 filed during the year Zd	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c			
		14a	-	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a		<u> </u>
			1 <b>990</b>	(2012)

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Form 990 (2012)

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14-1751086 Page **6** 

N	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 in Schedule O. See instructions.	

Cr		conta	 onse to any	question in this Part VI	
~	 	 			

X

			1		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4	4					
	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 in Schedule 0.								
	Enter the number of voting members included in line 1a, above, who are independent			4					
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship								
	officer, director, trustee, or key employee?			2		X			
	Did the organization delegate control over management duties customarily performed by or under								
	of officers, directors, or trustees, or key employees to a management company or other person?			3	X	77			
	Did the organization make any significant changes to its governing documents since the prior Form			4		X			
	Did the organization become aware during the year of a significant diversion of the organization's a			5	v	X			
	Did the organization have members or stockholders?			6	X				
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a	x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by tl	ne following:						
	The governing body?			8a	X	$\vdash$			
b	Each committee with authority to act on behalf of the governing body?			8b	X	—			
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)			<u> </u>			
_					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bet	ore filing the form?	11a	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	x				
			afliataQ	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rivide the organization regularly and consistently monitor and enforce compliance with the policy? If			12b					
				10-	x				
	in Schedule O how this was done			12c	X				
	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			13	X				
	Did the organization have a written document retention and destruction policy?			14					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		ndependent						
		1		15a	x				
	The organization's CEO, Executive Director, or top management official			15a	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			150					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a						
	taxable entity during the year?			16a		x			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org								
	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure								
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$ , CA								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Sec	tion 501(c)(3)s only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain the content of the con	in in Sc	hadula (1)						
0			,	nd fine	noial				
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, estatements available to the public during the tay year	JoininCt	or interest policy, a	nu tina	ncial				
	statements available to the public during the tax year.	and re-	ordo of the area-i-	otion: •					
	State the name, physical address, and telephone number of the person who possesses the books LINDA HINDES - 845-434-0376	anu reo	Jorus of the organiz						
32006	465 BRICKMAN ROAD, HURLEYVILLE, NY 12747								
-10-1	2			Forn	n <b>990</b>	(2012			
<b>~ - -</b>	6		-						
UI(	JZI /59420 4343 ZUIZ.04030 THE PRASAD PRO	лĘС	021 759420 4343 2012.04030 THE PRASAD PROJECT, INC. 4343						

#### THE PRASAD PROJECT, INC.

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	box offic	not c , unle:	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	hours for related organizations	e or director					_	from	from related	other
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FREDERIC DACQMINE	20.00									
TRUSTEE & CHAIRMAN		Х		Х				0.	0.	0.
(2) DR. GARY BARTH TRUSTEE	15.00	x						0.	0.	0.
(3) JYOTIKA PATEL	15.00	x						0.	0.	0.
TRUSTEE	20.00	<u>^</u>						0.	0.	0.
(4) KATY WYCKOFF SECRETARY		x						0.	0.	0.
(5) LINDA HINDES FINANCE DIRECTOR	40.00			x				59,775.	0.	480.
(6) MARIA ESCARRA	40.00							,		
EXECUTIVE DIRECTOR	10.00			х				44,634.	0.	4,002.
232007 12-10-12		•				7		•		Form <b>990</b> (2012)

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2012.04030 THE PRASAD PROJECT, INC.

	1 990 (2012) THE PRASE	D PROJE	EC.	г,	IN	IC .	•			14-1'	751	086	Pa	ige <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	Average Position (do not check more than one box, unless person is both an				than o is botl	n an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	ation amount o			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensat om the anizati I relate nizatio	e on ed
	Sub-total								104,409.		0.	4	1,48	32.
	Total from continuation sheets to Part VI						•		0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							no re	104,409. eceived more than \$100	),000 of reportab	<b>0.</b> le	4	1,48	<u>52.</u> 0
											-		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	uch individual							-			3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
	rendered to the organization? If "Yes," competition B. Independent Contractors					-						5		X
1	Complete this table for your five highest con the organization. Report compensation for t										npensa	ation fr	rom	
	(A) Name and business			ONE		VILII			(B) Description of s		C	(C omper		 1
			111	2141	-									
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	e e	iot li	mite	d to		se lis )	stec	l above) who received m	nore than				
23200 12-10	8											Form <b>S</b>	<b>990</b> (2	2012)

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			PRASAD PR	OJECT, I	NC.		14-1751	086 Page 9
Pa	t VI							
		Check if Schedule O cont	ains a response	to any question		<b>(D)</b>	(0)	
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
<u>o</u> ula		Membership dues						
Am C		Fundraising events						
la Ĝi	d	Belated organizations	1d					
ns,	е	e Government grants (contribut	ions) <b>1e</b>					
er S	f	All other contributions, gifts, gran						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ve 1f	711,898.				
a di	g	Noncash contributions included in lines	1a-1f: \$	990.	544 000			
σō	h	Total. Add lines 1a-1f			711,898.			
	_			Business Code				
/ice	2 a							
Ser	b							
E and	C							
Program Service Revenue	d							
Pro	e f	All other program service reve						
		<b>Total.</b> Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			17,206.			17,206.
	4	Income from investment of tax	x-exempt bond p	roceeds 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	a Gross amount from sales of assets other than inventory	(i) Securities 81,916.	(ii) Other				
	h	Less: cost or other basis	01,0100					
	N	and sales expenses	81,528.					
	с	Gain or (loss)						
		Net gain or (loss)		<b>&gt;</b>	388.			388.
e		Gross income from fundraising						
Other Revenue		including \$						
Je		contributions reported on line						
er		Part IV, line 18						
f		Less: direct expenses						
		Net income or (loss) from func	-	<b>&gt;</b>				
	9 a	Gross income from gaming ac						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
	с	Net income or (loss) from sale	s of inventory	►				
		Miscellaneous Revenu	e	Business Code				2 2 2 2
	11 a	MISCELLANEOUS		900099	3,998.			3,998.
	b	)						
	C							
		All other revenue			3,998.			
	е 12	• Total. Add lines 11a-11d Total revenue. See instructions.		····· <b>F</b>	733,490.	0.	0.	21,592.
23200 12-10-				····· •	, 1900	<b>~</b> •		Form <b>990</b> (2012)
10-					9			

#### 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 to any question in this Part IX

 amounts reported on lines 6b,

 (A)

 Total expenses

 Program

 (C) Management and (B) Program s Do not include amounts reported on lines 6b, I onvico

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	63,320.	63,320.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	23,230.	23,230.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 001		12 202	0 610
	trustees, and key employees	108,891.	92,888.	13,393.	2,610
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	160 170	121 002	17 274	11 001
7	Other salaries and wages	160,178.	131,003.	17,374.	11,801
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	20 590	17 110	2 246	1 1 2 1
9	Other employee benefits	20,589. 24,625.	17,112. 20,489.	2,346. 2,815.	1,131 1,321
0	Payroll taxes	44,040.	20,489.	∠,۵⊥ጋ.	1,341
1	Fees for services (non-employees):				
a	Management				
b		19,641.	16,288.	3,353.	
	Accounting	19,041.	10,200.	5,555.	
	Professional fundraising services. See Part IV, line 17	7,801.		7,801.	
f	Investment management fees	7,001.		7,001.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	25,476.	18,511.	4,633.	2 2 2 2
0		18,313.	17,283.	<u> </u>	2,332
12	Advertising and promotion	33,767.	31,274.	1,608.	885
3	Office expenses	55,707.	51,274.	1,000.	001
4	Information technology				
15	Royalties	32,502.	26,349.	4,462.	1,691
16 17		5,605.	4,851.	408.	346
7		5,005.	4,051.		540
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
0		1,769.	1,595.	174.	
9	Conferences, conventions, and meetings	1,705.	1,555.	1/10	
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	4,678.	3,988.	458.	232
23		11,154.	7,521.	3,098.	535
23 24	Other expenses. Itemize expenses not covered		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMPUTER SUPPLIES	11,376.	9,204.	1,592.	580
b	REPAIRS AND MAINTENANCE	8,359.	6,996.	963.	400
c	MISCELLANEOUS	6,867.	5,827.	633.	407
d	FEES/PERMITS	2,010.	1,757.	146.	107
	All other expenses	247.	206.	25.	16
	Total functional expenses. Add lines 1 through 24e	590,398.	499,692.	65,977.	24,729
25				,-,-	,.2.
	Joint costs. Complete this line only if the organization	I			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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10 2012.04030 THE PRASAD PROJECT, INC.

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s (including federal incom	e tax, payables to related third			
ther liabilities not included	d on lines 17-24). Complete Part X of			
			25	
	5	23,540.	26	34,972.
	ASC 958), check here $\blacktriangleright$ X and			
es 27 through 29, and lin	es 33 and 34.			
et assets		1,696,902.	27	1,845,189.
			28	
			29	
	S 117 (ASC 958), check here 🕨 🗌			
e lines 30 through 34.				
or trust principal, or curre	nt funds		30	
tal surplus, or land, buildi	ng, or equipment fund		31	
ings, endowment, accum	ulated income, or other funds		32	
ts or fund balances		1,696,902.		1,845,189.
	inces		34	1,880,161.
				Form <b>990</b> (2012)
	11			
4343	2012.04030 THE PRA	SAD PROJECT, I	INC	. 43431

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 6,526 7,315. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 505,844. basis. Complete Part VI of Schedule D _____ 10a 5,456. 13,093. b Less: accumulated depreciation _____10b 492,751. 10c 1,346,720. Investments - publicly traded securities 1,371,388. 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 3,420 3,420. 15 15 Other assets. See Part IV, line 11 1,880,161. 1,720,442. 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 23,540. 34,972. Accounts payable and accrued expenses 17 Grants payable 18 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disgualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities parties, and of Schedule D 26 Total liabilitie Organizations complete line Unrestricted n 28 Temporarily re 29 Permanently r Organizations and complete 30 Capital stock 31 Paid-in or cap 32 Retained earn Total net asse **Total liabilities** 

THE PRASAD PROJECT, INC.

Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year 15,878. Cash - non-interest-bearing

14-1751086 Page 11

1

2

3

4

299,415.

13,421.

29,606.

(B)

End of year

12,826.

27,199.

28,578.

416,342.

1

2

3

4

Assets

11

14

16

17 18

19

20

21

27

33

34

Liabilities

Net Assets or Fund Balances

Accounts receivable, net

Savings and temporary cash investments

Pledges and grants receivable, net

232012 12-10-12

Form 990 (2012)

Part XI Reconciliation of Net Assets

#### 14201021 759420 4343

12 2012.04030 THE PRASAD PROJECT, INC. 4343___1

1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,3		
3	Revenue less expenses. Subtract line 2 from line 1	3	14	3,0	92.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,69			
5	Net unrealized gains (losses) on investments	5		5,1	95.	
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 in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,84	5,1	89.	
Pa	rt XII Financial Statements and Reporting		1 -	- 1		
	Check if Schedule O contains a response to any question in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	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 separat	e basis,				
	consolidated basis, or both:					
	Separate basis IX Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					

Act and OMB Circular A-133?

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 in Schedule O and describe any steps taken to undergo such audits

Check if Schedule O contains a response to any question in this Part XI

THE PRASAD PROJECT, INC.	T	HE PR	ASAD PR	OJECT,	INC.
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733,490.

Х

3a

3b

Form 990 (2012)

SCHEDULE A
------------

Department of the Treasury

#### (Form 990 or 990-EZ)

## 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.

Internal Revenue Service Inspection Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number THE PRASAD PROJECT, INC. 14-1751086 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **d** Type III - Non-functionally integrated **c** Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than ρ foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No (i) the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (v) Did you notify the organization in col. (i) listed in your organization in col. (i) organized in the (vii) Amount of monetary (ii) EIN (i) Name of supported organization sunnort

- 5			governing	document?	(i) of your support?		U.S.?		
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									
HA For Paperwork Be	duction Act Notice	see the Instructions f	or				Schodul	a A (Ear	m 990 or 990-E7) 2012

eduction Act Notice, se Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public

232021 12-04-12

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2012.04030 THE PRASAD PROJECT, INC. 4343 1

#### Schedule A (Form 990 or 990-EZ) 2012 THE PRASAD PROJECT, INC. Part II

(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.)

Se	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	844,019.	733,403.	720,604.	760,433.	711,898.	3770357.
2	Tax revenues levied for the organ-						
	ization'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 $\dots$						
4	Total. Add lines 1 through 3	844,019.	733,403.	720,604.	760,433.	711,898.	3770357.
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)						399,059.
	Public support. Subtract line 5 from line 4.						3371298.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	(b) 2009 733,403.	(c) 2010	(d) 2011	(e) 2012	(f) Total 3770357.
7	Amounts from line 4	844,019.	733,403.	720,604.	760,433.	711,898.	3770357.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	30,870.	3,299.	2,387.	2,989.	17,206.	56,751.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	2,209.	60.	411.	269.	3,998.	<u>6,947.</u> 3834055.
11	Total support. Add lines 7 through 10						3834055.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stor						<b>)</b>
See	ction C. Computation of Publ	ic Support Pe	rcentage			r - i	
	Public support percentage for 2012 (		•			14	87.93 %
	Public support percentage from 2011					15	89.14 %
<b>1</b> 6a	33 1/3% support test - 2012. If the o	-					
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2011.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
-	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						•
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2012

232022 12-04-12

14 2012.04030 THE PRASAD PROJECT, INC. 4343___1

14201021 759420 4343

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	´•	· · · · ·				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
_	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(,	(1)	(0) = 0 + 0	(0) = 0 + 1		(1) 1010
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization's	L s first second thi	rd fourth or fifth t	I ax year as a section	n 501(c)(3) organia	ration
	check this box and stop here	0					· .
Se	ction C. Computation of Publ						
	Public support percentage for 2012 (			column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inve						/0
	Investment income percentage for 20					17	%
	Investment income percentage for 2					18	% %
	a 33 1/3% support tests - 2012. If the						
195							
ŀ	more than 33 1/3%, check this box a 3 3 1/3% support tests - 2011. If the						
Ĺ	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 12-04-12	T GIG HOL CHECK a		a, UL 190, CHECK I			
2020				15	301		5 51 550-EZJ 2012
201	L021 759420 4343	201	L2.04030		D PROJECT	, INC.	4343 1

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Internal Revenue Service

## **Schedule of Contributors**

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

INC.

OMB No. 1545-0047

2012

Employer identification number

N	lame	of	the	orga	nization
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14-175108	6

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

THE PRASAD PROJECT,

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

(d)

Type of contribution

X

14-1751086

THE PRASAD PROJECT, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 1 | WILLIAM H. CREE

1	WILLIAM H. CREE		Person X Payroll
	3250 CHERRY AVE	<u>\$ 20,000.</u>	Noncash
	LONG BEACH, CA 90807		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FROM INSIDE ART CORP.		Person X
	1428 BRICKELL AVENUE SUITE 206	\$87,905.	Payroll Noncash
	MIAMI, FL 33131		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MICHAEL GERSTEIN		Person X
	5 KATO SUMMIT	<u> </u>	Payroll Noncash
	SUDBURY, MA 01776		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
110.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II if there
(a)	(b)	\$ (c)	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there
(a) No.	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4		Person

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2012.04030 THE PRASAD PROJECT, INC.

4343___1

Employer identification number

14-1751086

#### THE PRASAD PROJECT, INC.

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF)
3453 12-21-12	18		390, 990-EZ, 01 990-PF)

art III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	the following line entry. For organizati tc., contributions of <b>\$1,000 or less</b> fo nal space is needed.	(10) organizations completing Part III, en rthe year. (Enter this information of the year. (Enter this information of the second seco	ter bonce.)  \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
	Transferee's name, address, a	(e) Transfer of git and ZIP + 4		transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
	Transferee's name, address, a	(e) Transfer of git and ZIP + 4		transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
	Transferee's name, address, a	(e) Transfer of git		transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
Part I		(e) Transfer of git		
	Transferee's name, address, a			transferor to transferee
				le B (Form 990, 990-EZ, or 990-Pl

#### (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization THE PRASAD PROJECT,INC •	Employer identification number 14-1751086
Pa		
1 0	organization answered "Yes" to Form 990, Part IV, line 6.	Accounts.Complete il the
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	ua dia
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fu	
~	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
Pa	impermissible private benefit? <b>TII Conservation Easements.</b> Complete if the organization answered "Yes" to Form 990, Part IV	
		, inte 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	ally important land area
	Preservation of land for public use (e.g., recreation or education)     Protection of natural habitat     Preservation of a certified h	
	Preservation of open space	listone structure
•		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
-		
a	Total number of conservation easements	
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 8/17/06, 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 orga	anization 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, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the o	rganization's accounting for
Da	conservation easements. t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assots
га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
	· · · · · · · · · · · · · · · · · · ·	
Ia	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	or public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
D	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items:	
	(i) Revenues included in 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	i, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	► \$
b	Assets included in Form 990, Part X	🕨 \$
LHA 23205	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2012
23205 12-10-	12	

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20 2012.04030 THE PRASAD PROJECT, INC.

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OMB No. 1545-0047

**Open to Public** 

Inspection

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-		SAD PROJEC							5108		je <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures, o	or Other	r Simila	r Asse	<b>ts</b> (contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	ck any of the	following that	t are a sig	nificant u	se of its	collectio	n items	
	(check all that apply):										
а	Public exhibition	d	IЦ		hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hey further th	ne organizatio	on's exem	npt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	nistorical trea	sures, or othe	er similar a	assets	_	-		
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if th	e organizatio	n answered "	Yes" to F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	r contribution	is or other as	sets not ir	ncluded		-		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i							<u> </u>			<u> </u>
		(a) Current year	(b) l	Prior year	(c) Two years	s back (c	<b>d)</b> Three ye	ears back	(e) ⊦our	years ba	ack
<b>1</b> a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	-	e (line ⁻	1g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administer	red for the	e organiza	ation	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
b	If "Yes" to 3a(ii), are the related organizations								3b		
	t VI Land, Buildings, and Equipm										
Fai				Í	au athau	(2) ( 2)					
	Description of property	(a) Cost or o basis (investr		1	or other (other)	• •	cumulated reciation	- L	(d) Bool	value	
4-	Land		nonty	04315		uepi	Colation				
	Land										
	Buildings			10	4,141.	1	01,87	2		2,26	9
	Leasehold improvements				3,243.		$\frac{01,07}{57,10}$			5,14	
	Equipment				8,460.		<u>33,77</u>			1,68	
	Other		X colu			5	55,11	<u>.</u>		<u>,00</u> 3,09	
Tota		guari onni 000, i dit	<i>, 0010</i>	(D), III C I			s	Chedule			

Schedule D (Form 990) 2012

232052 12-10-12

21 14201021 759420 4343 2012.04030 THE PRASAD PROJECT, INC. 4343__1

Schedule D	(Form 990)	) 20

# Schedule D (Form 990) 2012 THE PRASAD PROJECT, INC. Part VIII Investments - Other Securities. See Form 990, Part X line 12

		valuation: Cost or e	nd-of-year market value
(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
15.			
			(b) Book value
15)		<b></b>	•
10 201	(b) Book value		
		-	
		-	
		-	
		-	
25.) 🕨		-	
	(b) Book value	(b) Book value (c) Method of (c) Method	e Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or en 15. Description

232053 12-10-12

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 THE PRASAD PROJECT, INC	•	14-175	1086 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Sta			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		
	t XIII Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; ${\sf I}$			art V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p RT X, LINE 2: MANAGEMENT HAS EVALUATED A			
<u>r Al</u>	(I A, DINE 2: MANAGEMENI HAG EVALUATED A	THCOME IN	W LOSTITONS	עווא
<u>C01</u>	NCLUDED THAT THERE ARE NO UNCERTAIN TAX	POSITIONS TH	HAT REQUIRE	
DI	SCLOSURE IN THE FINANCIAL STATEMENTS			

Schedule D (Form 990) 2012

232054 12-10-12

(Form 990)		Complete if the	e organization answered "Yes" to For		ales	2012
Department of the Treasury			Part IV, line 14b, 15, or 16. orm 990. See separate instruction	ns.		Open to Public Inspection
Internal Revenue Service Name of the organization					Employer id	lentification number
-						
THE PRASAD PROJ					14-175	
		Activities Ou	tside the United States. Comple	ete if the organ	ization answer	red "Yes"
to Form 990, Pa <b>1 For grantmakers.</b> Does		n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance.	
-	-		the selection criteria used to award the			X Yes No
-	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	e outside the
United States. 3 Activities per Region. (T	he following Par	t L line 3 table c	an be duplicated if additional space is r	heeded )		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	) (f) Total
	offices	employees, agents, and independent	(by type) (e.g., fundraising, program	is a pro	gram service,	expenditures for and
	in the region	independent contractors in region	services, investments, grants to recipients located in the region)		e specific type ce(s) in region	investments in region
			GRANTS TO RECIPIENTS			
SOUTH ASIA	0	0	LOCATED IN REGION			23,180
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION			50
		, , , , , , , , , , , , , , , , , , ,				
	0	0				
<b>3 a</b> Sub-total <b>b</b> Total from continuation	0	0				23,230.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3h)	I 0	I 0				23 230

**Statement of Activities Outside the United States** 

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

Schedule F (Form 990) 2012

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OMB No. 1545-0047

232071 12-10-12

SCHEDULE F

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV appraisal, other)
			ANULAMPA HEALTH CENTER AND DENTAL					
		SOUTH ASIA	EQUIPMENT	23,180.	WIRE TRANSFER	0.		
			recognized as charities by the n 501(c)(3) equivalency letter					1
						<b>&gt;</b>		(

Schedule F (Form 990) 2012

## orm 990) 2012 THE PRASAD PROJECT, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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14-1751086

Schedule F (Form 990) 2012

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to 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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations.</i> (see Instructions for Form 5471)	Yes	X 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? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2012

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32075 12-10-12	Schedule F (Form 990 28
PROGRAMS.	
REVIEW OF BOOKS AND REG	CORDS, RECEIPTS FOR CAPITAL EXPENDITURES, VISITS T
APPROPRIATE, REQUIREMEN	NT FOR FINANCIAL AND PROGRAM NARRATIVE REPORTING,
BOARD MEMBERS TO VIEW	THE PROGRAMS, REQUEST FOR RECEIPTS WHEN
DOISIDE THE UNITED STA.	TES INCLUDE: QUARTERLY REPORTS, PERIODIC TRIPS BY

2012.04030 THE PRASAD PROJECT, INC.

Complete this part to 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.

Supplemental Information

Part V

SCHEDULE I									OMB No. 15	45-0047
(Form 990)				l Other Assistances, and Individuals	-				<b>20</b> ⁻	12
Department of the Treasury		Comp	lete if the organizatio		-	rt IV, line 21 or 22.			Open to	
Internal Revenue Service				Attach to For	m 990.				Inspec	tion
Name of the organizat	tion THE PRASA	D PROJECI	, INC.					Employer id	lentification 14-175	
Part I General I	nformation on Grants a		•							
1 Does the organi	zation maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	ction		,
criteria used to a	award the grants or assi	stance?	-						X Yes	No No
	IV the organization's pr									
Part II Grants an	nd Other Assistance to	Governments an	d Organizations in the	e United States. C	Complete if the org	anization answered "	res" to Form 990, Part	: IV, line 21, f	or any	
recipient t	hat received more than	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.					
.,	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		urpose of gi r assistance	
PRASAD CHILDREN'S PROGRAM, INC 4 - HURLEYVILLE, N	465 BRICKMAN ROAD	94-3309195	501(C)3	45,000.	0.			DENTISTRY EDUCATION		, HEALTH
AMERICAN RED CROS									D MICOTIN	
99 INDIAN FIELD F GREENWICH, CT 068		53-0196605	501(C)3	10 220	٥.			RELIEF FO HURRICANE		OF
GREENWICH, CI 000	0.5.0	53-0190005	501(C)5	18,320.	· ·			HURKICANE	SANDI.	
2 Enter total numb	per of section 501(c)(3) a	and government o	ganizations listed in th	ne line 1 table						2.
	per of other organization							►		0.
LHA For Paperwork	<b>k Reduction Act Notice</b>	, see the Instruct	tions for Form 990.					Schedu	le I (Form 9	90) (2012)

Schedule I (Form 990) (2012) THE PRASAD PROJECT, INC.

## Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

#### SCHEDULE I, PART I, LINE 2: REVIEW OF BOOKS AND RECORDS, RECEIPTS FOR

CAPITAL EXPENDITURES, VISITS TO PROGRAMS.

Page **2** 

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. 2012 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE PRASAD PROJECT, INC.

Employer identification number 14 - 1751086

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

OPPORTUNITIES FOR SELF-RELIANCE BY WORKING IN PARTNERSHIP WITH PEOPLE

IN NEED AND THEIR COMMUNITIES.

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

RESOURCES TO SUCCEED; PEOPLE LIVING WITH HIV GET COMPASSIONATE

TREATMENT AND COUNSELING; REPRODUCTIVE AND CHILD HEALTH PROGRAMS ENSURE

SAFER BIRTHS.

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

MEXICO AND OTHER AFFILIATES

IN 1996, PRASAD DE MEXICO WAS FOUNDED AND BEGAN TO SPONSOR EYE CAMPS IN

RURAL AREAS IN MEXICO. IN 2012, PRASAD DE MEXICO PROVIDED 2400 EYE

SURGERIES IN 12 EYE CAMPS FOR CATERACTS & STRABISMUS.

EXPENSES \$ 100,294. INCLUDING GRANTS OF \$ 50. REVENUE \$ 0.

DISASTER RELIEF

THE DISASTER RELIEF PROGRAM WAS ESTABLISHED IN 2012 TO PROVIDE GRANT

ASSISTANCE TO THE VICTIMS OF HURRICANE SANDY.

EXPENSES \$ 18,320. INCLUDING GRANTS OF \$ 18,320. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3: FOR THE PERIOD JANUARY 1, 2012

THROUGH MARCH 31, 2012 THE MANAGEMENT DUTIES OF THE PRASAD PROJECT, INC.

 

 WERE DELEGATED TO CICI ESSCARA OF PRASAD CHILDREN'S DENTAL HEALTH PROGRAM

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2012)

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2012.04030 THE PRASAD PROJECT, INC. 4343___1

Schedule O (Form 990 or 990-EZ) (2012)	Page <b>2</b>
Name of the organization THE PRASAD PROJECT, INC.	Employer identification number $14 - 1751086$
(CDHP). THE PRASAD PROJECT PAID CDHP ON A MONTHLY BASIS F	OR THE USE OF ONE
OF THEIR EMPLOYEES. AS OF APRIL 2012, CICI ESSCARA BECAME	A FULL-TIME
EMPLOYEE OF THE PRASAD PROJECT.	

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S SOLE MEMBER IS THE SYDA FOUNDATION, A 501(C)(3) TAX-EXEMPT CHURCH ORGANIZED UNDER LAWS OF THE STATE OF NEW YORK.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S TRUSTEES ARE ELECTED BY THE BOARD OF DIRECTORS OF ITS SOLE MEMBER, THE SYDA FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 PREPARED BY PAID PREPARER AND SENT TO PRASAD PROJECT'S FINANCE DIRECTOR. THE FINANCE DIRECTOR REVIEWS THE FORM AND A COPY OF THE FORM IS SENT TO TREASURER AND TRUSTEE FOR REVIEW. ONCE THE FORM IS REVIEWED AND APPROVED, THE FORM IS SIGNED AND FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: IT APPLIES TO THE BOARD OF TRUSTEES AND STAFF WITH SIGNIFICANT DECISION-MAKING AUTHORITY. PERSONS COVERED UNDER THIS POLICY, AS WELL AS THEIR RELATIVES AND ASSOCIATES, ARE HEREINAFTER REFERRED TO AS "INTERESTED PARTIES."

Name of the organization

THE PRASAD PROJECT, INC.

DISCLOSURE STATEMENTS WILL BE SUBMITTED AS FOLLOWS. FOR TRUSTEES, THE DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE CHAIR OF THE BOARD. THE CHAIR'S DISCLOSURE STATEMENT SHALL BE PROVIDED TO THE SECRETARY OF THE BOARD OR ITS EQUIVALENT.

WHENEVER THERE IS REASON TO BELIEVE THAT A POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN PRASAD AND A BOARD TRUSTEE, THE BOARD OF TRUSTEES SHALL DETERMINE THE APPROPRIATE RESPONSE. THIS SHALL INCLUDE, BUT NOT NECESSARILY BE LIMITED TO, INVOKING THE PROCEDURES DESCRIBED BELOW WITH RESPECT TO A SPECIFIC PROPOSED ACTION, POLICY OR TRANSACTION. THE DESIGNATED REVIEWING OFFICIAL HAS A RESPONSIBILITY TO BRING A POTENTIAL CONFLICT OF INTEREST TO THE ATTENTION OF THE BOARD PROMPTLY FOR ACTION AT THE NEXT REGULAR MEETING OF THE BOARD OR DURING A SPECIAL MEETING CALLED SPECIFICALLY TO REVIEW THE POTENTIAL CONFLICT OF INTEREST.

WHERE THE POTENTIAL CONFLICT INVOLVES AN EMPLOYEE OF PRASAD, THE BOARD CHAIR SHALL ALSO BE RESPONSIBLE FOR REVIEWING THE MATTER AND MAY TAKE APPROPRIATE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF PRASAD.

WHERE A POTENTIAL CONFLICT EXISTS BETWEEN THE INTERESTS OF PRASAD AND AN INTERESTED PARTY WITH RESPECT TO A SPECIFIC PROPOSED ACTION, POLICY OR TRANSACTION, THE BOARD OF TRUSTEES SHALL CONSIDER THE MATTER DURING A MEETING OF THE BOARD. PRASAD SHALL REFRAIN FROM ACTING UNTIL SUCH TIME AS THE PROPOSED ACTION, POLICY OR TRANSACTION HAS BEEN APPROVED BY THE DISINTERESTED MEMBERS OF THE BOARD OF TRUSTEES OF PRASAD. THE FOLLOWING PROCEDURES SHALL APPLY:

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Schedule O (Form 990 or 990-EZ) (2012)	Page <b>2</b>
Name of the organization THE PRASAD PROJECT, INC.	Employer identification number $14 - 1751086$
AN INTERESTED PARTY WHO HAS A POTENTIAL CONFLICT OF INTER	EST WITH RESPECT
TO A PROPOSED ACTION, POLICY OR TRANSACTION OF THE CORPOR	ATION SHALL NOT
PARTICIPATE IN ANY WAY IN, OR BE PRESENT DURING, THE DELI	BERATIONS AND
DECISION-MAKING VOTE OF PRASAD WITH RESPECT TO SUCH ACTIO	N, POLICY OR
TRANSACTION. HOWEVER, AS THE BOARD DEEMS APPROPRIATE IN I	TS SOLE
DISCRETION, THE INTERESTED PARTY MAY BE PROVIDED AN OPPOR	TUNITY TO PROVIDE
FACTUAL INFORMATION ABOUT THE PROPOSED CONFLICT AND/OR AC	TION, POLICY OR
TRANSACTION. ALSO, THE BOARD MAY REQUEST THAT IF THE BOAR	D OF TRUSTEES HAS
REASON TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO	DISCLOSE A
POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSO	N OF THE BASIS FOR
SUCH BELIEF AND ALLOW THE PERSON AN OPPORTUNITY TO EXPLAI	N THE ALLEGED
FAILURE TO DISCLOSE.	

IF THE BOARD DECIDES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO DISCLOSE A POSSIBLE CONFLICT OF INTEREST, THE BOARD SHALL TAKE SUCH DISCIPLINARY AND CORRECTIVE ACTION AS THE BOARD SHALL DETERMINE TO BE APPROPRIATE UNDER THE CIRCUMSTANCES, INCLUDING DISMISSAL OR TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15: BOARD MEMBERS ARE ASKED TO APPROVE SALARIES AND INCREASES FOR MANAGEMENT POSITIONS. THE EXECUTIVE DIRECTOR IS CHOSEN BY THE BOARD. HER SALARY IS REVIEWED AND COMPARED TO OTHERS OF SIMILAR ORGANIZATIONS BY THE BOARD OF TRUSTEES AND SHE IS REVIEWED BY THE BOARD ANNUALLY. A SIMILAR PROCESS IS FOLLOWED FOR DETERMINING THE FINANCE DIRECTOR'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19: ALL ARE AVAILABLE UPON REQUEST.

232212 01-04-13

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3011		ᅳᅳ	

(Form 990) Department of the Treasury Internal Revenue Service

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Employer identification number

14-1751086

Name of the organization

THE PRASAD PROJECT, INC.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	<b>(g)</b> Section 512(b)(13 controlled entity?	
				501(c)(3))		Yes	No
SYDA FOUNDATION - 23-7376445							
371 BRICKMAN RD, PO BOX 600							
FALLSBURG, NY 12779	TAX-EXEMPT CHURCH	NEW YORK	501(C)(3)	LINE 1	N/A		X
PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,							
INC 94-3309195, 465 BRICKMAN RD,	SEE SCH R PART VII				THE PRASAD		
HURLEYVILLE, NY 12747	SUPPLEMENTAL INFORMATION	NEW YORK	501(C)(3)	LINE 9	PROJECT, INC.		Х
	4						
	•						

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)		e)	(	(f)	(g	)	ł)	ו)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr			of total come	Share of end-of-year assets		Disproportion- ate allocations		Code V-UE amount in b 20 of Sched	ox ⁿ ule	nanaging partner?	1
		country)		sections						Yes	No	K-1 (Form 10	65) <b>Y</b>	'es No	<u> </u>
	_														
	_														
	_														
	_														
	_														
	-														
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	-														
	-														
	-														
	-														
	-														
	-														
V Identification of Related C organizations treated as a c	Drganizations Taxable	as a Corpo	<b>oration or Trust</b> (C year.)	omplete if th	ne organizat	ion answ	vered "Yes	s" to Form	n 990, Pa	rt IV, I	ine 34	because it ha	ad one	e or mo	ore relat
(a)		(b)		(c) (d)			(e)		(f)			(g)	(	h)	(i) Secti
Name, address, and EIN of related organization				Legal domicile (state or	Direct controlling Type o		Type of	ype of entity corp, S corp, incom		of total		Share of end-of-year ownership		512(b)(	

or related organization		foreign country)	entity	or trust)	Income	assets	ownersnip	ent	tity?
		country)				455615		Yes	No
	1								
	1								

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)
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Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1										
а	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity									
b	<b>b</b> Gift, grant, or capital contribution to related organization(s)									
с	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)									
g	g Sale of assets to related organization(s)									
h	Purchase of assets from related organization(s)				_ 1h		X			
i	Exchange of assets with related organization(s)						X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	Lease of facilities, equipment, or other assets from related organization(s)				. 1k	X				
- 1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11	Х				
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			. 1m		X X			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)										
							x			
р	p Reimbursement paid to related organization(s) for expenses									
q	q Reimbursement paid by related organization(s) for expenses									
r	Other transfer of cash or property to related organization(s)				. 1r		X X			
	s Other transfer of cash or property from related organization(s)									
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	this line, including covered	relationships and transaction thresholds.						
	(a) Name of other organization	(b)	(c)	(d)						
	Name of other organization	Transaction	Amount involved	Method of determining amount i	nvolved					
		type (a-s)								
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,		04 007		л					
<u>(1)</u> .	INC.	L	94,807.	VALUE OF DONATED SERVIC	ES					
(2)										
(3)										
<u>(4)</u>										
(=)										
(5)										
(0)										
<u>(6)</u>										

#### Schedule R (Form 990) 2012 THE PRASAD PROJECT, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.	) sec. (3) ?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(I Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn <b>Yes</b>	) ging her?	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2012

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

NAME OF RELATED ORGANIZATION:

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC.

PROGRAM ACTIVITY: THE ORGANIZATION IS THE SOLE MEMBER OF PRASAD

CHILDREN'S DENTAL HEALTH PROGRAM, INC., A TAX-EXEMPT ORGANIZATION.

232165 12-10-12

Schedule R (Form 990) 2012

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