Department of the Treasury

A For the 2015 colorder year

or toy yoor beginning

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 private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



АГ	or the	and and and and and and and and and	enuing	_	
B a	Check if pplicable	C Name of organization		D Employer identific	cation number
	Addres	THE PRASAD PROJECT, INC.			
	Name Change	Doing business as		14-1	751086
Initial return Final		Number and street (or P.0. box if mail is not delivered to street address) 465 BRICKMAN ROAD	Room/suite	E Telephone number	434-0376
L	_return/ termin- ated			G Gross receipts \$	657,048.
	Amend			H(a) Is this a group re	-
				for subordinates	
	pendin	^g SAME AS C ABOVE		H(b) Are all subordinates in	
11	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 527	1	list. (see instructions)
		e: ► WWW.PRASAD.ORG		H(c) Group exemption	()
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: NY
		Summary	I		0
	1	Briefly describe the organization's mission or most significant activities: THE	MISSIO	N OF THE PRA	ASAD
nc.	:	PROJECT IS TO HELP IMPROVE THE QUALITY OF	F LIFE	AND OFFER	
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	5
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)		5	
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	6
iviti	6	Total number of volunteers (estimate if necessary)			6
Activities &	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		712,669.	597,694.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40,201.	28,960.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		48,377.	949.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		801,247. 87,274.	627,603.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		07,274.	178,520. 0.
		Benefits paid to or for members (Part IX, column (A), line 4)		255,207.	247,959.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	235,207.	0.
nəc		Professional fundraising fees (Part IX, column (A), line 11e)	69	• •	•
Ă		Total fundraising expenses (Part IX, column (D), line 25) ► 16 , / Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		178,519.	181,687.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		521,000.	608,166.
		Revenue less expenses. Subtract line 18 from line 12		280,247.	19,437.
es		nevenue less expenses. Oubtract line to nonnine 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,067,636.	2,037,508.
ASS J Ba	21	Total liabilities (Part X, line 26)		31,043.	42,812.
-Unc	22	Net assets or fund balances. Subtract line 21 from line 20		2,036,593.	1,994,696.
		Signatura Plack			

Part II | Signature Block

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JYOTIKA PATEL, TRUSTEE Type or print name and title		I Da	ate				
Paid	Print/Type preparer's name FREDERICK MARTENS	Preparer's signature	Date	Check if self-employed	PTIN P00298107			
Preparer	Firm's name 🕨 LUTZ AND CARR, C		Fi	rm's EIN 🛌 1	3-1655065			
Use Only	Firm's address 300 EAST 42ND STREET NEW YORK, NY 10017 Phone no.212-697-2299							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
	332001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2015) THE PRASAD PROJECT, INC.	14-1751086 Page
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF THE PRASAD PROJECT INC IS TO HELP	IMPROVE THE OUALITY
	OF LIFE AND OFFER OPORTUNITIES FOR SELF-RELIANCE	
	PARTNERSHIP WITH PEOPLE IN NEED AND THEIR COMMUNI	ITIES.
2	Did the organization undertake any significant program services during the year which were not lis 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 progr	am services?Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	
	revenue, if any, for each program service reported.	
4a		97.) (Revenue \$
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM INC	
	IN 2015, PRASAD CDHP PROVIDED 200 DENTAL HEALTH H	EDUCATION CLASSES TO
	4,761 CHILDREN IN SULLIVAN AND ULSTER COUNTIES IN	NEW YORK. IN
	ADDITION, THE DENTAL CLINIC RECEIVED 885 DENTAL V	/ISITS AND PERFORMED
	MORE THAN 2,000 DENTAL PROCEDURES.	
4b	(Code:) (Expenses \$ 176,886. including grants of \$ 76,33	35.) (Revenue \$
	PRASAD CHIKITSA	
	THE NUTRITION PROGRAM PROVIDED 42,756 NUTRITIONAL CHILDREN, PREGNANT WOMEN AND NURSING MOTHERS. PRA	
	TO TRAIN AND EMPOWER WOMEN IN THE REGION. CURRENT	
	WOMEN IN 245 WOMEN'S SELF-HELP GROUPS	· · · · · · · · · · · · · · · · · · ·
	RESPONDING TO THE LIMITED AVAILABILITY OF QUALITY TANSA VALLEY REGION, PRASAD CHIKITSA OFFERS GENER	
	PREVENTIVE HEALTH CARE SERVICES, DENTAL CARE, HIV	
	TREATMENT, AND SCHOOL HEALTH SCREENINGS TO CHILDE	REN. LAST YEAR THE
	ANUKAMPAA HEALTH CENTER RECEIVED 20,117 VISITS FE	
1c	(Code:) (Expenses \$ 84,577. including grants of \$) (Revenue \$
	CONSTITUENT EDUCATION IS AN EDUCATIONAL PROGRAM V	
	ENLIGHTENING AND EDUCATING THE PUBLIC ABOUT THE A THE COMMUNITIES THAT WE SERVE. THE PROGRAM PROVI	
	ELECTRONIC NEWSLETTERS AND WEBSITE UPDATES THROUGH	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 128,466. including grants of \$ 41,488.) (Revenue \$)
<u>4e</u>	Total program service expenses ► 541,521.	Form 990 (20
32002 2-16-	5 SEE SCHEDULE O FOR CONTINU	
	2	
50	926 759420 4343 2015.04020 THE PRASAD PR	OJECT, INC. 4343

Form 990 (2015)

THE PRASAD PROJECT, INC.

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part 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			
-	Schedule D, Part III	8		x
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	Х	
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2015)

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THE PRASAD PROJECT, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
b	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	21	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558	1	
5	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	Х	

Form **990** (2015)

532004 12-16-15

Check if Schedule O contains a response or note to any line in this Part V 1 1a Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1 1 0 2 Enter the number of Forms W26 included in line 1a. Enter -0 lined applicable 1 0 0 2 Enter the number of encyloses reported on Form W3, Transmittal of Wage and Tax Statements. 2 6 3 Enter the number of encyloses reported on Form W3, Transmittal of Wage and Tax Statements. 2 8 3 Enter the number of encyloses reported on Form W3, Transmittal of Wage and Tax Statements. 2 8 3 Diff the cignalization have intraviation fiel all required feeral encylorment tax returns? 20 X Note. If the sum of lines ta and 2 is greater than 250, your may be request to -#6 (see instructions) 3a X 3 Bit the cignalization have instruction have an interest n, or a signalization or other anither ware? 3b 4a 4 At any time the name of the forgin country: 5a X 5b 4 Wast the organization have in hereine Rest Price Net Rest Price R		990 (2015) THE PRASAD PROJECT, INC. 14-1751	086	F	age 5		
1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 1a 4 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter 0. If not applicable 1b 0 <th>Pa</th> <th></th> <th></th> <th></th> <th></th>	Pa						
a Enter the number optored in Box of Form 1098. Enter-0 in not applicable 1a 4 1b 0 b Enter the number of orm W2G holdade in line its. Enter-0 in not applicable 1c X X 2 Enter the number of orm W2G holdade in line its. Enter-0 in not applicable 1c X X 2 Enter the number of orm y2G and the sector within the year covered by this return 2a C X 3 Enter the number of orm y2G and the sector may be required in derail employment tax returns? 2b X Note. If the sum of lines 1 and 2 a is greater than 250, your may be required to e-file (see instructions) 3a X 4 Aray time during the calendar year, dift to organization have an interest 1, or a signification or other authority over, at financial account in a foreign country. 3a X b If Yes, 'instit field a foreign country. If Yes, 'instit field a provint organization have an interest 1, or a significator or other authority over, at financial account in a foreign country. Sa X b If Yes, 'instit field a provint for the year year if Yos, 'to fire organization have an interest 1, or a signification an enterest 1, or a signification an entere		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Parms W22 included in line 1a. Enter 0. If not applicable 10 <				Yes	No		
c Dot the organization comply with backup withholding rules for reportable gamming to the within the summary of employees reported on Form W3. Transmittal of Wage and Tax Statements, the field for the calendar year anding with or within the year covered by this return	1a						
In the second of the second	b						
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 6 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 e-file (see instructions) 3a X b If "Yes," that if field a form 90-1 for this year? If No," to ine 3b, provide an explanation in Schedule O 3b X b If Yes," that if field a form 90-1 for this year? If No," to ine 3b, provide an explanation in Schedule O 3b X b If Yes," that if field a form 90-1 for this year? If No," to ine 3b, provide an explanation in Schedule O 3b X b If Yes," that if field a form 90-1 for this year? If No, to ine 3b, provide an explanation in Schedule O 3b X b If Yes," to line 5a or 5b, dot the organization has a thank account, securities account, or other financial account if A 5a X b If Yes," to line 5a or 5b, dot the organization has a theler transaction due tax year and impact the angelination in Schedule O 5a X b If Yes," to line 5a or 5b, dot the organization has a theler transaction due tax year and impact tax should be angelination in account is a party to a prohibited tax sheller transaction? 5a X b<	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
tiet for the calendary use anding with or within the year covered by this return		(gambling) winnings to prize winners?	1c	X			
b If at least one is roported on line 2a, did the organization lis al required to deral employment tax returns? 2b X Note. If the sum existed business gross income of 31,000 or more during the year? 3a X b If "Yes," has it lide a Form 390.1" for line 3b, provide an explanation in Schedule O 3a X b If "Yes," has it lide a Form 390.1" for line 3b, provide an explanation in Schedule O 3a X b If "Yes," has it lide a Form 390.1" for line 3b, provide an explanation in Schedule O 3a X b If "Yes," runt the name of the foreign country (such as a bark account, securities account, or other financial account)? 4a X b If "Yes," to line 5a of 5b, did the organization has explit to a prohibited tax shelf transaction at any time during the tax year? 5a X b Did any taxable pary notify the organization has explit to a prohibited tax shelf transaction? 5b X b If "Yes," toline 5a of 5b, did the organization has explit to a prohibited tax shelf transaction? 5b X b If "Yes," did the organization neiter shell as a contributions? 5b X b If "Yes," did the organization neiter shell as a contribution an express statement thas such contributions or gifts were not tax deductible? 7a X	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> file (see instructions) 3a X 3a Diff the organization have unrelated business gress income of \$1,000 or more during the yea? 3a X 4a At any time during the calendar year, did the organization have an inferest II, or a signature or other suthomy ver, a financial account is a creing country be a bank account, securities account, or other financial accounts? 3a X b If "Yes," enter the name of the foreign country be a bank account, securities account, or other financial accounts? 5a X 5a Was the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5a If "Yes," the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 6a Does the organization notift we dorn or the value of the organization trats. 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were no tax edouctible? 7a X b If wes, 'i did the organization notift the dorn of the value of the ogods and services provided to the pary? 7a X b If "Yes,' did the organization notift the dorn of the value of the ogods and services provided to the pary? 7a		filed for the calendar year ending with or within the year covered by this return 2a 6					
3a Did the organization have unrelated business gross neome of \$1,000 or more during the year? 3a X bit "Yes, "has it field a Form 980 Tor this year? #"No," to file 3b, provide an explanation in Schedule O 3b 4 bit "Yes," that it field a Form 980 Tor this year? #"No," to file 3b, provide an explanation in Schedule O 3b 4 bit "Yes," that it field a Form 980 Tor this year? #"No," to file 3b, a bank account, securities account, or other nathority over, a 4a X bit "Yes," that it field a Form 980 Tor this year? #"No," to a prohibited tax shelts transaction at any time during the axyear? 5a X bit "Yes," to line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelts transaction? 5b X cit "Yes," to line 6a or 5b, did the organization file Form 8886 T? 6a X cit "Yes," to line 6a or 5b, did the organization file Form 8886 T? 6a X di the organization nave annual gross receipts that are normaly greater than \$100,000, and did the organization solicit ary contributions that may receive daductible as charitable contributions? 6a X di the organization nave annual gross receipts that are normaly greater than \$100,000, and did the organization nave annual gross receipts that are normaly greater than so tho the solut on the solut of the greater and the organization nave annual gross receipts that are normaly greater than and the organization file form 8282? 7a 7	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
b if "Yes," has it filed a Form 990-T for this yea? If "No," to <i>line 3b, provide an explanation in Schedule O</i> 3b 4a At any time during the calendar year, ald 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 accounts? 4a X b If "Yes," enter the name of the foreign country: >>		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
4a 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 county (such as a bark account, securities account, or other financial account)? 4a X b If 'Yes,'' reiter the name of the foreign county:>> See instructions for fling requirements for FInCEN Form 114, Report of Foreign Bark and Financial Account (FBAR). 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c X 6a Does the organization area wind greater than \$100,000, and did the organization solid any contributions include with every solicitation ane express statement that such contributions or gifts 5a X b If 'Yes,' did the organization network with every solicitation and express statement that such contributions or gifts 6a X '' To organization setup approximation network application of the value of the goods or services provided to the pary of the organization receive apyment mesces of \$75 made party as contributions and party for goods and services provided to the pary of the foreign application setup applications equivaling the year Td X '' Tyes,' did the organization network of charding the year Td X X '' Did the organization ceve any funds, directly or indirectly, to pay prelimes on a personal benefit contract? Td X '' Tyes,' did the organization secole application seceve any funds, directly or indirectly, to a personal be	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X		
time tim time time time	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b				
b If 'Yes,' enter the name of the foreign country.* See instructions for tining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Sa Was the organization a party to a prohibed tax shelter transaction at any time during the tax year? So X D Id any taxable party notify the organization that It was or is a party to a prohibed tax shelter transaction? So X B Dest the organization approximation that any two or is a party to a prohibed tax shelter transaction? So X B Dest the organization include with were y solicitation an express statement that such contributions or gifts Go X D Did the organization necitive a payment in eccess of \$75 made party is as contributions and party for goods and services provided to the payor? 7a X D Id the organization necitive a payment in eccess of \$75 made party is as contribution and party for goods and services provided? 7b Y D Id the organization necive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If 'Yes,' id the organization necive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f X Id the organization receive a contribution of qualified intellectual property, id the organization receive as contrabution of qualified intellectual property, id the organization fee acrequality on any taxable dist	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b b 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 13b c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	b						
b 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. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	40		10				
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Itab			12a				
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b							
Note. See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: Imag			40-				
b 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 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	а		13a				
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b							
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44-		x		
	<u>a</u>	in res, has it lieu a ronn 720 to report these payments (in ivo, provide an explanation in Schedule O			(2015)		

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5 2015.04020 THE PRASAD PROJECT, INC. 4343__1

THE	PRASAD	PROJECT,	INC
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Form 990	(2015))
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THE PRASAD PROJECT, INC.

X

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

Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management						
						Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1	a		5		t
	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 O.						
b	Enter the number of voting members included in line 1a, above, who are independent	11	.		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			other	-		
2	officer, director, trustee, or key employee?				2		T
3	Did the organization delegate control over management duties customarily performed by or under t						t
0	of officers, directors, or trustees, or key employees to a management company or other person?				3		I
4							t
	Did the organization make any significant changes to its governing documents since the prior Form				·		ł
5	Did the organization become aware during the year of a significant diversion of the organization's as				·	x	╉
6	Did the organization have members or stockholders?				. 6		╉
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				_	- v	
	more members of the governing body?				. 7a	X	┦
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				. 7b		4
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-		-			Į
	The governing body?					Х	1
b	Each committee with authority to act on behalf of the governing body?				. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ache	d at th	e			Ι
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Rever	nue Co	de.)			
						Yes	I
0a	Did the organization have local chapters, branches, or affiliates?				10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such						1
~	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1-1	Has the organization provided a complete copy of this Form 990 to all members of its governing bo				11a	x	┫
		uy be			114		t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	x	l
	Did the organization have a written conflict of interest policy? If "No," go to line 13		onflicto	 ດ	. 12a	X	╉
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				. 12b	<u> </u>	╉
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	in Schedule O how this was done					X	┦
3	Did the organization have a written whistleblower policy?					X	┦
4	Did the organization have a written document retention and destruction policy?				. 14	X	ł
15	Did the process for determining compensation of the following persons include a review and approv	val by	/ indep	pendent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official				. 15a	X	
	Other officers or key employees of the organization				. 15b	Х	ſ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						I
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emen	t with a	a			1
	taxable entity during the year?				16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu						1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized structure arrangements under applicable federal tax law, and take steps to safeguard the organized structure arrangements under applicable federal tax law, and take steps to safeguard the organized structure are structure at the steps to safeguard the organized structure at the steps to safeguard structure at the steps to s		-	,			l
	exempt status with respect to such arrangements?				16b		l
ec	tion C. Disclosure						4
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , CA						-
		т (с.	otion	501(0)(2)0 00%			-
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 for public inspection. Indicate how you made these available. Check all that apply	- (36	SCION	SUTICICIES ONLY	y avdiidi	216	
	for public inspection. Indicate how you made these available. Check all that apply.	_ :_ ·	Data -				
~	X Own website Another's website X Upon request Other (explained of the second s			,			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflic	t of int	erest policy, a	ind finar	ncial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks	and re	ecords:			
	LINDA HINDES - 845-434-0376						
	465 BRICKMAN ROAD, HURLEYVILLE, NY 12747						
2006	3 12-16-15				Forr	n 990) (
	6						
50	926 759420 4343 2015.04020 THE PRASAD PRC	JE(CT,	INC.	43	43	

(E)

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated	t
	Employees, and Independe	ent Contra	ctors			

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

Т

(D)

(^)

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.

 (\mathbf{n})

(D)

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	recto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din				ted		organization	(W-2/1099-MISC)	from the
	related	stee (ruste			en sa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloye	com				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	<u> </u>	lns	ŧ	, K e	≞, E	<u>ē</u>			
(1) FREDERIC DACQMINE	20.00	x		x				0.	0.	0
TRUSTEE & CHAIRMAN	15.00	<u> </u>		^				0.	0.	0.
(2) JYOTIKA PATEL	15.00							0.	0.	0
TREASURER/TRUSTEE		X						0.	0.	0.
(3) HARRIET COLE	20.00	l							•	•
TRUSTEE		X		х				0.	0.	0.
(4) TOM KARULA	20.00									
TRUSTEE		X						0.	0.	0.
(5) DEBORAH ROYCE	20.00									
TRUSTEE	10.00	X						0.	0.	0.
(6) KATY WYCKOFF	20.00									
SECRETARY	10.00			X				0.	0.	0.
(7) MARIA ESCARRA	40.00									
ASSISTANT SECRETARY/ EXEC. DIR.	10.00			X				64,906.	0.	6,262.
(8) LINDA HINDES	40.00									
ASSISTANT TREASURER	10.00	1		X				64,676.	0.	708.
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
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7 2015.04020 THE PRASAD PROJECT, INC.

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Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghes	st C						
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss per	i tion more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	e tion ted
									129,582.		0.		<u> </u>	70.
	Sub-total Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								129,582.		0.		6,9	70.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed at	ove	e) wh	o r	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3	Did the organization list any former officer,				-	•			•			0	163	X
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	ation	n and	ot		the organization		3		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv		;	5		x
Sec	tion B. Independent Contractors			0/ 30	uon j	00/3						5		
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A)								(B)			(0		
	Name and business	address	NC	ONI	3				Description of s	ervices	С	ompe	nsatio	'n
								+						
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	iot lii	mite	d to		se lis)	tec	above) who received n	nore than				
53200 12-16												Form	990 (2015)

	n 990 (OJECT, I	NC.		14-175	L086 Page 9
Pa	rt VII	I Statement of Reve	nue					
_		Check if Schedule O cont	tains a response	or note to any lin		(D)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Am (is,	с	Fundraising events	1c	1,047.				
Gifi	d	Related organizations	1d					
Sim,		Government grants (contribut						
er (S	f	All other contributions, gifts, gran						
Ę		similar amounts not included abo		596,647.				
nd		Noncash contributions included in lines						
a O	h	Total. Add lines 1a-1f			597,694.			
•				Business Code				
Program Service Revenue	2 a b							
Ser	c b							
Ne a	d							
ngg	e							
P,	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			39,260.			39,260.
	4	Income from investment of ta						
	5	Royalties		🕨				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss) . Gross amount from sales of	(i) Securities	(ii) Other				
	1 a	assets other than inventory	12,695.					
	ь	Less: cost or other basis	,					
	~	and sales expenses	22,995.					
	с	Gain or (loss)	-10,300.					
		Net gain or (loss)		►	-10,300.			-10,300.
Other Revenue	8 a	Gross income from fundraisin including \$ 1, (
leve		contributions reported on line	e 1c). See					
erF		Part IV, line 18		6,450.				
Ę		Less: direct expenses		6,450.				
-		Net income or (loss) from fund	-	····· •	0.			
	9 a	Gross income from gaming a						
	_	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan		····· •				
	10 a	Gross sales of inventory, less						
	h	and allowances Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS		900099	949.			949.
	b							
	с							
	d							
	е			►	949.			
	12	Total revenue. See instructions.		►	627,603.	0.	0	
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Part IX Statement of Functional Expenses

THE PRASAD PROJECT, INC.

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	100 105	100 105		
	and domestic governments. See Part IV, line 21	102,185.	102,185.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	76,335.	76,335.		
	individuals. See Part IV, lines 15 and 16	10,555.	70,335.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	136,552.	117,747.	15,873.	2,932
6	Compensation not included above, to disqualified	150,552.	11/,/4/0	15,075	2,552
0	persons (as defined under section 4958(f)(1)) and				
	$\mathbf{A} = \mathbf{A} + $				
7	Other salaries and wages	80,553.	72,438.	1,871.	6,244.
7 8	Pension plan accruals and contributions (include		, 100.		0/2110
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	11,178.	9,886.	790.	502.
10	Payroll taxes	19,676.	17,193.	1,659.	824
11	Fees for services (non-employees):	- ,	,	,	
	Management				
	Legal	1,200.	1,102.	98.	
	Accounting	15,378.	14,122.	1,256.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	12,695.		12,695.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	23,934.	20,597.	1,832.	1,505.
12	Advertising and promotion				
13	Office expenses	21,321.	19,143.	1,469.	709.
14	Information technology				
15	Royalties				
16	Occupancy	33,091.	28,543.	3,141.	1,407.
17	Travel	8,370.	7,240.	705.	425.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11 500			100
19	Conferences, conventions, and meetings	11,580.	11,400.		180.
20	Interest				
21	Payments to affiliates	F 252	4 500		0.41
22	Depreciation, depletion, and amortization	5,353.	4,590.	522.	241.
23	Insurance	13,668.	9,396.	3,782.	490.
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.)	10 000	10 210	1 400	1.00
a	MISCELLANEOUS	12,286.	10,319.	1,499.	468.
b	COMPUTER SUPPLIES	11,343.	9,129.	1,766.	448
c	REPAIRS AND MAINTENANCE FEES/PERMITS	10,127. 1,107.	8,988. 962.	801. 98.	338
d	· · · · · · · · · · · · · · · · · · ·	234.	206.		<u> </u>
e	All other expenses	<u> </u>	206. 541,521.	49,876.	16,769
25	Total functional expenses. Add lines 1 through 24e	000,100.	J41,J41.	47,0/0.	10,/09.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here \blacktriangleright if following SOP 98-2 (ASC 958-720)				
	Check here Figure if following SOP 98-2 (ASC 958-720)				Eorm 990 (2015

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2,036,593.

2,067,636.

THE PRASAD PROJECT, INC.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	Dalance Sheet					
	Check if Schedule O contains a response or not	te to any lin	e in this Part X			<u></u>
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			148,274.	1	202,946.
2	Savings and temporary cash investments			290,234.	2	95,250.
3	Pledges and grants receivable, net			75,043.	3	7,876.
4	Accounts receivable, net			935.	4	885.
5	Loans and other receivables from current and fo					
	trustees, key employees, and highest compensation	ated emplo	yees. Complete			
	Part II of Schedule L	-			5	
6	Loans and other receivables from other disquali	fied person	ns (as defined under			
	section 4958(f)(1)), persons described in section	n 4958(c)(3)	(B), and contributing			
	employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr).	Complete	Part II of Sch L		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			8,227.	9	8,607.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	239,127.			
b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	228,500.	8,426.	10c	10,627.
11	Investments - publicly traded securities			1,533,077.	11	1,607,394.
12	Investments - other securities. See Part IV, line 1				12	100,503.
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			3,420.	15	3,420.
16	Total assets. Add lines 1 through 15 (must equa			2,067,636.	16	2,037,508.
17	Accounts payable and accrued expenses			31,043.	17	42,812.
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I	Part IV of S	chedule D		21	
22	Loans and other payables to current and former					
	key employees, highest compensated employee					
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X of			
	Schedule D			21 042	25	40.010
26	Total liabilities. Add lines 17 through 25			31,043.	26	42,812.
	Organizations that follow SFAS 117 (ASC 958		ere ▶ ⊥▲ and			
	complete lines 27 through 29, and lines 33 an			2 026 502		1 004 606
27	Unrestricted net assets		······ -	2,036,593.	27	1,994,696.
28	Temporarily restricted net assets		······ -		28	
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (A	SC 958), c	heck here ▶∟			
	and complete lines 30 through 34.					

Form 990 (2015)

1,994,696. 2,037,508.

30 31

32

33

34

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Form 990 (2015) Part X Bala

Assets

Liabilities

Net Assets or Fund Balances

30

31

32

33

34

	990 (2015) THE PRASAD PROJECT, INC.	14-	-1751086	Pag	je 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			03.
2	Total expenses (must equal Part IX, column (A), line 25)	2			66.
3	Revenue less expenses. Subtract line 2 from line 1	3			37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,036		
5	Net unrealized gains (losses) on investments	5	-61	.,3	34.
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	1,994	1,6	96.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate) basis	s,		
	consolidated basis, or both:				
	Separate basis X 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	e audit	,		
	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 Sche	dule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	ıdit		
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990	2015)

Form **990** (2015)

532012 12-16-15

	SCI	HED	ULE	Α
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(Form	990 or	990-EZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2015
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/	orm990.
	Empla

Nam	e of	the organization							identification number
_			PRASAD PRO						4-1751086
Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions	S.	
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 11, c	check only	one box.)			
1	Щ	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	init describ	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	'0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a	and operated exclus	ively to test for public sa	fety. See s	section 50	09(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section 5	5 09(a)(3). (Check the box in
		lines 11a through 11d that	describes the type o	of supporting organizatio	n and corr	plete lines	s 11e, 11f, and	d 11g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte			in connec	tion with, a	and functional	lly integrate	ed with,
		its supported organization							
d		Type III non-functionally						ted organi	zation(s)
		that is not functionally int							
		requirement (see instruct							
е		Check this box if the orga						II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported of	••	• • •					
g		vide the following informatior							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of	monetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	listed i governing o		support		other support (see
					Yes	No	instructi	ons)	instructions)

LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

13 2015.04020 THE PRASAD PROJECT, INC.

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 THE PRASAD PROJECT, INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	760,433.	711,898.	568,378.	712,669.	597,694.	3351072.
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						
4	Total. Add lines 1 through 3	760,433.	711,898.	568,378.	712,669.	597,694.	3351072.
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)						425,098.
6	Public support. Subtract line 5 from line 4.						2925974.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	760,433.	711,898.	(c) 2013 568,378.	(d) 2014 712,669.	(e) 2015 597,694.	3351072.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,989.	17,206.	34,224.	41,762.	39,260.	135,441.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	269.	3,998.	3,391.	48,377.	949.	56,984.
11	Total support. Add lines 7 through 10						3543497.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (I					14	82.57 %
	Public support percentage from 2014					15	85.97 %
1 6a	33 1/3% support test - 2015. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
1 7a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	in Part VI how the	;
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ►
					Sche	dule A (Form 990	or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 THE PRASAD PROJECT, INC. 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.)

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20 ⁻	15 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	t					
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						
I						
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 t	o					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, an						
3 received from disgualified persor						
b Amounts included on lines 2 and 3 received					1	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20 ⁻	15 (f) Total
9 Amounts from line 6		(0) 2012	(0) 2010	(4) 2014	(0) 20	
Da Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from business	es					
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated busines	ss					
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain	•					
or loss from the sale of capital						
assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12						
4 First five years. If the Form 990 is	·	la first second thi	rd fourth or fifth t		$= \frac{1}{2}$	
check this box and stop here	-			•		
Section C. Computation of Pu	blic Support Pe	ercentage				
15 Public support percentage for 201			column (f))		15	(
16 Public support percentage from 20					16	(
Section D. Computation of Inv						
					17	
17 Investment income percentage for						
18 Investment income percentage fro					18	
19a 33 1/3% support tests - 2015. If t	-					
more than 33 1/3%, check this bo						
b 33 1/3% support tests - 2014. If t	-					
line 18 is not more than 33 1/3%, o	check this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organ	ization ►
20 Private foundation. If the organization	tion did not check a	box on line 14, 19	9a, or 19b, check t			
32023 09-23-15				Sch	edule A (Fo	orm 990 or 990-EZ) 201
			15			
50926 759420 4343	20	15.04020	THE PRASA	D PROJECT	. INC.	4343 1
50520 755420 4545				5 11100 201	/	

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

2015.04020 THE PRASAD PROJECT, INC.

16

	Communication (communication)		Y.	N
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations	2		
000			Yes	No
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.	ractions	Yes	No
			165	NU
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ)	2015
	17			

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Schedule A (Form 990 or 990 EZ) 2015 THE PRASAD PROJECT, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-integra	ated Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
			110 2010	
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
<u> </u>				
-	From 2013			
-	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
<u> </u>	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2015 distributable amount Remainder. Subtract lines 4a and 4b from 4.			
5				
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
-	Excess from 2013			
-	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A Part VI	(Form 990 or 990-EZ) 2015 THE	PRASAD	PROJECT	, 1N				751086 Pa
	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and	. 4b. 4c. 5a. 6	3. 9a. 9b. 9c. 11	a. 11b.	and 11c: Part	IV. Section B. lir	nes 1 and 2: Pa	rt IV. Section C.
	Section D, lines 5, 6, and 8; and Pa (See instructions.)	rt V, Section I	E, lines 2, 5, and	d 6. Also	complete this	s part for any ad	ditional informa	ation.
32028 09-23-1	5			20		Sche	edule A (Form	990 or 990-EZ)
50926	759420 4343	201	5 04020	ע⊿ דHE	PRASAD	PROJECT	TNC.	4343_

	HEDULE D n 990)	Complete if the org	anization answere	I Statements ed "Yes" on Form 990,		OMB No. 1545-0047
	ment of the Treasury		Attach to Form 99	90.		Open to Public Inspection
	I Revenue Service e of the organizat	Information about Schedule D (For ion	rm 990) and its ins	structions is at www.irs.gov/f		oloyer identification number
Nalli	e of the organizat	THE PRASAD PROJECT	, INC.		CIU	14-1751086
Par	t I Organiz	ations Maintaining Donor Advise		her Similar Funds or A	ccol	
	organizatio	on answered "Yes" on Form 990, Part IV, lir	ne 6.			
			(a) Donor a	advised funds (b) Fun	ids and other accounts
1	Total number at e	nd of year				
2	Aggregate value of	of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4		at end of year	-			
5	-	on inform all donors and donor advisors in	-			
~		on's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o	•	•		
	impermissible priv			for any other purpose comer		
Par		vation Easements. Complete if the org				
1		servation easements held by the organizat	•			
	Preservation	n of land for public use (e.g., recreation or e	education)	Preservation of a historically	impor	tant land area
	Protection of	of natural habitat		Preservation of a certified his	storic	structure
	Preservation	n of open space				
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation c	contribution in the form of a co	nserv	ation easement on the last
	day of the tax yea					Held at the End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
C		rvation easements on a certified historic str			2c	
a		rvation easements included in (c) acquired			2d	
3		nal Register rvation easements modified, transferred, re				l n during the tax
Ŭ	year ►			d, or terminated by the organ	izatioi	r during the tax
4		where property subject to conservation ea	sement is located			
5		ation have a written policy regarding the pe				
	violations, and en	forcement of the conservation easements i	it holds?			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	, handling of violatio	ons, and enforcing conservation	on eas	ements during the year
	▶					
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, a	and enforcing conservation ea	semei	nts during the year
_	▶\$					
8		rvation easement reported on line 2(d) abov				
~		n)(4)(B)(ii)?				
9		ibe how the organization reports conservat		-		
	conservation ease	ble, the text of the footnote to the organiza	IIION S IMANCIAI SIAI	ements that describes the org	jariiza	uon's accounting for
Par		ations Maintaining Collections o	of Art, Historica	al Treasures, or Other	Simil	ar Assets.
		if the organization answered "Yes" on Form				
1a	If the organization	n elected, as permitted under SFAS 116 (AS	SC 958), not to rep	ort in its revenue statement ar	nd bala	ance sheet works of art,
	historical treasure	es, or other similar assets held for public ex	hibition, education,	or research in furtherance of	public	service, provide, in Part XIII,
	the text of the foo	otnote to its financial statements that descr	ibes these items.			
b	If the organization	n elected, as permitted under SFAS 116 (AS	SC 958), to report in	n its revenue statement and b	alance	e sheet works of art, historical
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or resear	ch in furtherance of public ser	vice, j	provide the following amounts
	relating to these if					
	(i) Revenue inclu	uded on Form 990, Part VIII, line 1				\$
	.,				•	\$
2	-	received or held works of art, historical tre		- ·	provid	le
	-	unts required to be reported under SFAS 1		-	•	ф.
		d on Form 990, Part VIII, line 1			•	\$
		n Form 990, Part X Reduction Act Notice, see the Instruction				\$ Schedule D (Form 990) 2015
LHA 53205 ⁻ 11-02-	1	ופטעכנוטוז אבי זיטנוכפ, צפי נוופ וווצניעכנוסח	101 FUTTI 990.			Schedule D (FUIII 990) 2015

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2015.04020 THE PRASAD PROJECT, INC. 4343___1

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) a Unduct we operated to a couplisation, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Duble cohlation d Lan or exchange programs b Scholary research e Other c Provide a description of trute generations e Other c Provide a description of trute generations e Other Part III Escrow and Custodial Arrangements. Complete if the organization collection? Yes No Part III Escrow and Custodial Arrangements. Complete if the organization collection? Yes No III IIII Escrow and Custodial Arrangements. Complete the following table: Ves No b H "Yes," explain the arrangement in Part XIII and complete the following table: Ves No b H "Yes," explain the arrangement in Part XIII concepted the erganization accurrt liability? Yes No b H "Yes," explain the arrangement in Part XIII concepted the erganization accurrt liability? Yes No b H "Yes," explain the arrangement in Part XIII concepted the erganization accurrt liability? Yes No b H'Yes," explain the arrangement in Part XIII concepted the erganization accurre accurre accurre accurre accurre accurre acurre accure accurre acure accurre accurre	Sche	dule D (Form 990) 2015 THE PRA	SAD PROJEC	т, І	NC.			1	4-17	5108	б Ра	age 2
check all that apply: d Loan or exchange programs a Debic exhibition d Loan or exchange programs b Scholarly research e Other Provide a description of the organization scollections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scollection? Yes No Part/U Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Is is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part XII. No b If "Yes," explain the arrangement in Part XIII. check here if the explanation inbas been provided on Part XII. Yes No b If Yes," explain the arrangement in Part XIII. Check here if the explanation inbas been provided on Part XII. Yes No b Detributions (e) Controbutions (a) (Three years black (e) Four years black (e) fou	Par											
a Public exhibition during the year induced and a set of the organization and a set of the organization solie of the organization solie of the organization and the organization solie of the organization and the organization solie of the organization and the	3		ion, and other record	ls, checl	k any of the	following that	at are a s	ignificant u	ise of its	collectio	n item	s
b Scholary research e Other c Prevention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 5 During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to to issole to raise hunds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. a Is the organization include an amount on Form 990, Part X, line 21. b If "Yes," explain the arrangement in Part XIII. c Distributions during the year d Idditions during t												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b The organization include an amount on Form 990, Part X, line 21. 1a Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? 2b Dation organin	а		d									
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (X) Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete III and Complete IIII and Complete IIII and Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5									٦		1
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1e 1a Distributions during the year 1e 2b Distributions during the year 1e 2b Distributions during the year 1e 2b Finding balance 1f No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X In 06. Part X Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. Inte 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back ign of ranks or scholarships Inte 10. 1a Beginning of year balance (b) Prior year of c) Two years back ign of ranks or scholarships Inte 10. 2 Provide the estimated pe	De] No
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b If "Yes," explain the arrangement in Part XIII and complete the following table:	Ia									Ves		
c Beginning balance Ic Amount d Additions during the year Id Id e Distributions during the year Id Id Id a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ime 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Ime 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the preventitions on scholarships c Net investment earnings, gains, and losses Image: and programs Image: and programs g End of year balance Image: and programs Image: and programs Image: and programs g End of year balance Image: and programs Image: and programs Image: and programs g End of year balance Image: and programs Image: and programs Image: and programs g End of year balance Image: and programs Image: and programs Image: and programs	h								······ ــــ		L	
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Image:]
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Image: State	Par	t V Endowment Funds. Complete i	if the organization ar	swered	"Yes" on Fo	orm 990, Par	t IV, line ⁻	10.				
b Contributions			(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (ii) urelated organizations (iii) related organizations (iii) related organizations 3a(ii) 3a(iii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements 104,141. 104,141. 0. c Leasehold improvements 104,141. 104,239. 104,239. 104,239.	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) are the related organization's endowment funds. Yes No 3a(i) 3a(ii) 3b 4 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation (d) Book value (d) Book value (d) Equipment (d) Cost or other (d) A, 141. (d) Book value (d) Equipment (d) A, 141.	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g											
b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) urrelated organizations 3a(i) 3a(i) (ii) urrelated organizations 3a(i)	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization set as required on Schedule R? (iii) Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Equipment (i) 104, 141. (i) 4, 141. (i) 6, 627. (i) 0, 627. 			%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i) 3a(i) 3a(ii)	с											
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or Other (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (c) Accumulated (c) Book value (c) Book value (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Accumulated (c) Accumulat		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 104, 141. 104, 141. b Buildings 104, 986. 124, 359. 10, 627. e Other 0 10. 10. 10.	3a		ession of the organiz	ation tha	at are held a	and administe	ered for t	he organiza	ation	г		
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d 104,141. 104,141. 0. d Equipment e Other		-									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Image: Complete if the organization and the depreciation Image: Complete if the organization and the depreciation Image: Complete depreciation 1a Land Image: Complete depreciation Image: Complete depreciation Image: Complete depreciation b Buildings Image: Complete depreciation Image: Complete depreciation Image: Complete depreciation c Leasehold improvements Image: Complete depreciation Image: Complete depreciation Image: Complete depreciation d Equipment Image: Complete depreciation Image: Complete depreciation Image: Complete depreciation c Leasehold improvements Image: Complete depreciation Image: Complete depreciation Image: Complete depreciation d Equipment Image: Complete deprec												
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 104,141. 104,141. d Equipment 134,986. 124,359. e Other 0 104,121.		(II) related organizations										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land				owment	tunds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	1 0			D Dart IN	/ lino 110 9	Soo Earm 00(Dort V	lino 10				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements 104,141. 104,141. d Equipment 134,986. 124,359. e Other					-				4			
1a Land		Description of property			• •						value	
b Buildings 104,141. 0. c Leasehold improvements 104,141. 104,141. d Equipment 134,986. 124,359. e Other 104,141. 104,141.	1 a	Land	`	,		. ,	-					
c Leasehold improvements 104,141. 0. d Equipment 134,986. 124,359. 10,627. e Other 100 100 100												
d Equipment 134,986. 124,359. 10,627. e Other 10 10 10					10	4,141.						-
e Other					13	4,986.		1 <u>24,</u> 35	59.	1	0,6	27.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)				1	0,6	27.

Schedule D (Form 990) 2015

532052 09-21-15

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

532053 09-21-15

Sche	dule D (Form 990) 2015 THE PRASAD PROJECT, INC.		14-1751086 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
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 4a and 4b		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total expenses and losses per audited financial statements		
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	
с	Add lines 4a and 4b		4c
_5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		
Pa	rt XIII Supplemental Information.		

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

SCHEDULE F	Statomo	nt of Act	ivities Outside the Ur	hitad Sta	atas L	OMB No. 1545-0047
			n answered "Yes" on Form 990, Part			2015
	P Complete in	and of gamzatio	Attach to Form 990.	,		Open to Public
Department of the Treasury Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f	orm990.	Inspection
Name of the organization						ntification number
THE PRASAD PROJ	ECT, INC	•			14-1751	086
Part I General Info	rmation on A		tside the United States. Comple	ete if the orgar	nization answere	d "Yes" on
Form 990, Part IV						
-	-		ds to substantiate the amount of its gra the selection criteria used to award the		· · · ·	X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	outside the
3 Activities per Region. (T	he following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If acti	vity listed in (d)	(f) Total
	offices in the region	employees, agents, and independent contractors in region	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	describe	gram service, e specific type ce(s) in region	expenditures for and investments in region
SOUTH ASIA -						
AFGHANISTAN,						
BANGLADESH, BHUTAN,			GRANTS TO RECIPIENTS			
INDIA, MALDIVES,	0	0	LOCATED IN REGION			76,335.
· · · · · ·						
3 a Sub-total	C	0				76,335.
b Total from continuation	l	,				,0,000.
sheets to Part I		o				0.
c Totals (add lines 3a		, , , , , , , , , , , , , , , , , , ,				
and 3b)		0				76 335.

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

Schedule F (Form 990) 2015

OMB No. 1545-0047

532071 10-01-15

THE PRASAD PROJECT, INC.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MEDICAL PROGRAMS AND					
		INDIA	SELF HELP GROUPS	76,335.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	I ns listed above that are	I recognized as charities by the	foreign countrv.	recognized as tax-e	xempt bv	l	L
			n 501(c)(3) equivalency letter					<u> </u>
			- 					0

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

	THE	PRASAD	PROJECT,	INC
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14-1751086

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2015

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	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 (see Instructions for Form 8621)</i>	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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Part V Supplemental Information

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

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE UNITED STATES

INCLUDE: QUARTERLY REPORTS, PERIODIC TRIPS BY BOARD MEMBERS TO VIEW THE

PROGRAMS, REQUEST FOR RECEIPTS WHEN APPROPRIATE, REQUIREMENT FOR

FINANCIAL AND PROGRAM NARRATIVE REPORTING, REVIEW OF BOOKS AND RECORDS,

RECEIPTS FOR CAPITAL EXPENDITURES, VISITS TO PROGRAMS.

532075 10-01-15

16350926 759420 4343

Schedule F (Form 990) 2015

33 2015.04020 THE PRASAD PROJECT, INC.

Grants and other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. 20 Department of the Treasury Internal Revenue Service > Attach to Form 990. > Attach to Form 990. Name of the organization > Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Department of the organization is proceeding to the organization on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. X yes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (g) Description of (h) Purpose of valuation (b) EIN	OMB No. 1545-0047									
	tion	Information	ion about Schedule I	(Form 990) and its	s instructions is a	t www.irs.gov/torm95		Employer ide	•	nber
	THE PRASA		, INC.						4-175108	
	-									
										1
								A	」¥es ∟	No
	Y		¥¥			anization answered "	Yes" on Form 990, Par	t IV. line 21. for	anv	
		. –						,		
		(b) EIN			non-cash	0. Program 2019 Inspection Inspection Image: Imployer identification n 14-1751 Image: Imployer identification n 15 Image: Imployer identification n 16 Image: Imployer identification n 17 Image: Imployer identification n 18 Image: Imployer identification n 19 Image: Imag				
PROGRAM, INC	465 BRICKMAN ROAD	94-3309195	501(C)3	60,697.	0.			PROGRAM SUE	PORT	
AMERICARES										
88 HAMILTON AVENU	UE									
STAMFORD, CT 0690	02	06-1008595	501(C)3	41,488.	٥.			DISASTER RE	LIEF	
2 Enter total numb	ber of section 501(c)(3) a	I and government o	I rganizations listed in tl	l he line 1 table		<u> </u>	1	▶		2.
3 Enter total numb	ber of other organization	s listed in the line	1 table					·····		0.
LHA For Paperwork	k Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule	I (Form 990) (2	2015)

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

532102 10-28-15

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

PART I, LINE 2:

REVIEW OF BOOKS AND RECORDS, RECEIPTS FOR CAPITAL EXPENDITURES, VISITS TO

PROGRAMS.

Part III



Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of non-cash assistance cash assistance recipients cash grant

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047

Employer identification number 14 - 1751086

THE PRASAD PROJECT, INC.

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:

FROM MANY DISEASES AND CONDITIONS, INCLUDING MALARIA. THERE WERE 5,475

PARTICIPANTS IN THE HIV/AIDS AWARENESS MEETINGS.

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

MEXICO AND OTHER AFFILIATES - SINCE ITS INCEPTION TO 2015, PRASAD DE M

XICO HAS HELD MORE THAN 180 EYE CAMPS AND PERFORMED FREE EYE SURGERY ON

28,852 ADULTS AND CHILDREN.

DISASTER RELIEF

EXPENSES \$ 128,466. INCLUDING GRANTS OF \$ 41,488. REVENUE \$ 0.

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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)
 Schedule O (Form 990 or 990-EZ) (2015)

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_____36

2015.04020 THE PRASAD PROJECT, INC. 4343__1

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization THE PRASAD PROJECT, INC.	Employer identification number 14-1751086
DIRECTOR. THE FINANCE DIRECTOR REVIEWS THE FORM AND A COP	Y OF THE FORM IS
SENT TO TREASURER AND TRUSTEE FOR REVIEW. ONCE THE FORM I	S 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."

AN INTERESTED PARTY SHALL COMPLETE THE QUESTIONNAIRE ATTACHED AS APPENDIX A TO FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY POTENTIAL CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT AND AFFIRMATION OF COMPLIANCE (APPENDIX B) SHALL BE SUBMITTED UPON HIS/HER ASSOCIATION WITH PRASAD, AND SHALL BE REVIEWED ANNUALLY THEREAFTER. AN ADDITIONAL DISCLOSURE STATEMENT SHALL BE FILED WHENEVER A POTENTIAL CONFLICT ARISES.

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

 532212 09-02-15

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 16350926 759420 4343

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:

AN INTERESTED PARTY WHO HAS A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED ACTION, POLICY OR TRANSACTION OF THE CORPORATION SHALL NOT PARTICIPATE IN ANY WAY IN, OR BE PRESENT DURING, THE DELIBERATIONS AND DECISION-MAKING VOTE OF PRASAD WITH RESPECT TO SUCH ACTION, POLICY OR TRANSACTION. HOWEVER, AS THE BOARD DEEMS APPROPRIATE IN ITS SOLE DISCRETION, THE INTERESTED PARTY MAY BE PROVIDED AN OPPORTUNITY TO PROVIDE FACTUAL INFORMATION ABOUT THE PROPOSED CONFLICT AND/OR ACTION, POLICY OR TRANSACTION. ALSO, THE BOARD MAY REQUEST THAT IF THE BOARD OF TRUSTEES HAS REASON TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND ALLOW THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

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THE PRASAD PROJECT, INC.

Employer identification number 14 - 1751086

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.

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

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2015.04020 THE PRASAD PROJECT, INC. 4343__1

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organization mplete if the organization answered Att formation about Schedule R (Form	"Yes" on Form 990, Part IV, tach to Form 990.	, line 33, 34, 35b, 3				OMB No. 154 201 Open to P Inspect	5 Public
Name of the organizat					1000.	Emr 1	ployer identi 14-1751	ification n	
Part I Identificat	ion of Disregarded Entities Comp	lete if the organization answered "Yes	" on Form 990, Part IV, line 3	3.					
	(a) Iress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea			(f) controlling entity	g
		-							
Part II Identificat organizatio	ion of Related Tax-Exempt Organ	izations Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34 b	ecause it had one	or more re	elated tax-ex	empt	
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) t controlling entity	cont	g) 512(b)(13) trolled tity?
					501(c)(3))			Yes	No
SYDA FOUNDATION									
371 BRICKMAN RD, FALLSBURG, NY 1		TAX-EXEMPT CHURCH	NEW YORK	501(C)(3)	LINE 1	N/A			x
	S DENTAL HEALTH PROGRAM,	IAA-BAEMFI CHURCH	NEW IORK	501(C)(3)		N/A			
	5, 465 BRICKMAN RD,	SEE SCH R PART VII				THE PRA	ASAD		
HURLEYVILLE, NY		SUPPLEMENTAL INFORMATION	NEW YORK	501(C)(3)	LINE 9	PROJECT	, INC.		x
		_							

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

Schedule R (Form 990) 2015

OMB No. 1545-0047

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	^{I or} Percentag ^{ing} ownership ^{r?}
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)				400010		Yes	No
								1	

Schedule R (Form 990) 2015 THE PRASAD PROJECT, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			
Reimbursement paid to related organization(s) for expenses	1p		
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,	_		
(1) INC.	L	91,996.	VALUE OF DONATED SERVICES
PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,			
(2) INC.	В	60,697.	AMOUNT OF CASH GRANT
(3)			
(4)			
(5)			
_(6)			
	10		

Schedule R (Form 990) 2015 THE PRASAD PROJECT, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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.

	, , , , , , , , , , , , , , , , , , ,		(n			(2)	()			(1)		
(a)	(b)	(c)	(d)	(e Are a partners 501 (c orgs	;)	(f)	(g)	(ł	ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners	all 'S SeC.	Share of	Share of	Dispr	opor- nate	Code V-UBI	General o	Percentage
of entity		(state or foreign	(related, unrelated,	501(c	c)(3)	total	end-of-year	tior	tions?	amount in box 20	partner?	ownership
		country)		Yes		income		Yes		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes NO	
		,,		res	NO			res	NO	(101111000)	Yes NO	·
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Schedule R (Form 990) 2015

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R (see instructions).

FORM 990 SCHEDULE R PART II

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.

532165 09-08-15

Schedule R (Form 990) 2015 44 2015.04020 THE PRASAD PROJECT, INC. 4343___1