Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	e 2018 calendar year, or tax year beginning and endi	ing		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre	THE PRASAD PROJECT, INC.			
	Name chang			14-1	751086
	Initial return Final return	100 SULLIVAN AVE	m/suite	E Telephone numbe 845-	434-0376
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,573,090.
Ļ	Ameno	FERNDADE, NI 12/54		H(a) Is this a group re	
	Application pendir			for subordinates	
	•	SAME AS C ABOVE	1	<b>H(b)</b> Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or	527	· ·	list. (see instructions)
<u>J</u>	Websit	re: ► WWW • PRASAD • ORG organization: X Corporation Trust Association Other ► I	. V.	H(c) Group exemption	n number ► M State of legal domicile: NY
		Summary	L Year (	or formation: 1992	A State of legal domicile: 14 1
	T	Briefly describe the organization's mission or most significant activities: THE MIS	SSTO	N OF THE PR	ASAD
Governance	'	PROJECT IS TO HELP IMPROVE THE QUALITY OF I	JIFE	AND OFFER	110110
na.	2	Check this box if the organization discontinued its operations or disposed of			ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		1	5
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
Se Se		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			7
Ϋ́		Total number of volunteers (estimate if necessary)			5
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		750,170.	630,464.
ē	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		52,222.	73,370.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		342.	3,886.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		802,734. 176,821.	707,720. 105,903.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1/0,821.	· · · · · · · · · · · · · · · · · · ·
	1	Benefits paid to or for members (Part IX, column (A), line 4)		280,877.	0. 261,110.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		200,077.	0.
en	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  23,927.	:  -	<u> </u>	0.
Ä	17	Total fundraising expenses (Part IX, column (D), line 25)  23,927.  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		184,663.	217,904.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		642,361.	584,917.
		Revenue less expenses. Subtract line 18 from line 12	··	160,373.	122,803.
Or Sec	3		Bed	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,355,212.	2,329,766.
ASS	21	Total liabilities (Part X, line 26)		36,349.	29,258.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,318,863.	2,300,508.
P	art II	Signature Block			
	•	lties of perjury, I declare that I have examined this return, including accompanying schedules and $$		•	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.	
		Signature of officer		 Date	
Sig				Date	
He	re	JYOTIKA PATEL, TRUSTEE  Type or print name and title			
			П	Date Check	II PTIN
Pai	d	Print/Type preparer's name  FREDERICK MARTENS  Preparer's signature		l if	
	parer	Firm's name LUTZ AND CARR, CPAS LLP		self-employ Firm's EIN ▶	13-1655065
	e Only	Firm's address 551 FIFTH AVENUE, SUITE 400		I IIIII S EIIV	13 1033003
500	,	NEW YORK, NY 10176		Phone no 21	2-697-2299
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110.22	X Yes No

Form	1990 (2018) THE PRASAD PROJECT, INC.	14-1751086	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE PRASAD PROJECT INC IS TO HELP IMP	ROVE THE QUALIT	Y
	OF LIFE AND OFFER OPORTUNITIES FOR SELF-RELIANCE BY		
	PARTNERSHIP WITH PEOPLE IN NEED AND THEIR COMMUNITIE		
	Did the experiention undertake any significant program convices duving the year which were not listed as	a the	
2	Did the organization undertake any significant program services during the year which were not listed or		<b>v</b> .
	prior Form 990 or 990-EZ?	Yes	L <b>∆</b> No
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as measured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 89 , 055 • including grants of \$	) (Revenue \$	)
	CONSTITUENT EDUCATION		′
	CONSTITUENT EDUCATION IS AN EDUCATIONAL PROGRAM WITH	I A COAL OF	
	ENLIGHTENING AND EDUCATING THE PUBLIC ABOUT THE ACT		C TN
	THE COMMUNITIES THAT WE SERVE. THE PROGRAM PROVIDES		.S
	ELECTRONIC NEWSLETTERS AND WEBSITE UPDATES THROUGHOU	JT THE YEAR.	
41-	(Code: ) (Expenses \$ 147,573 • including grants of \$ 55,000 •	(Revenue \$	
4b	(Code:) (Expenses \$ 147,573. including grants of \$ 55,000. PRASAD CHILDREN'S DENTAL HEALTH PROGRAM	(Revenue \$	)
	PRASAD CHILDREN S DENIAL REALIR PROGRAM		
	PRASAD CDHP PROVIDES DENTAL SERVICES AND DENTAL HEAD		
	CHILDREN AT THEIR SCHOOLS VIA A MOBILE DENTAL CLINIC		
	PROGRAM PROVIDED DENTAL HEALTH EDUCATION CLASSES TO		
	CHILDREN. IN ADDITION, THE DENTAL CLINIC RECEIVED 70	5 DENTAL VISITS	AND
	PERFORMED 2,037 DENTAL PROCEDURES.		
	·		
4c		(Revenue \$	)
	PRASAD CHIKITSA		
	RESPONDING TO THE LIMITED AVAILABILITY OF QUALITY ME	EDICAL CARE IN T	HE
	TANSA VALLEY REGION OF INDIA, PRASAD CHIKITSA OFFERS		
	SPECIALIZED HEALTH CARE SERVICES, INCLUDING HIV/AIDS		<u> </u>
			<u>'</u>
	TREATMENT, AND SCHOOL HEALTH CAMPS. IN 2018, THE MOR		
	RECEIVED 3,700 VISITS, AND THERE WERE 2,700 PARTICIS		
	HIV/AIDS PREVENTION AND AWARENESS MEETINGS. THE NUTF		
	PROVIDED 168,000 NUTRITIONAL SUPPLEMENTS TO CHILDREN	I, PREGNANT WOME	N
	AND NURSING MOTHERS, AND 2,900 WOMEN PARTICIPATED IN	N SELF-HELP GROU	PS
	· ·		
4d	Other program services (Describe in Schodule O )		
<del>-</del> u	` 02 252	`	
4	(Expenses \$ 83,352 • including grants of \$ ) (Revenue \$	)	
40	Iniai ninorani service eynenses 🖚 — — — — — — — — — — — — — — — — — —		

15231104 759420 4343

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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	<b>-</b>		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
5	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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	١Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
р	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	Х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	21	Х
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		174		
	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	
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		Х
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	Х	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Dest IV	Charlist of Dogwing Cabadulas	/ !! !!
Partiv	Checklist of Required Schedules	(continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	103	Х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
		23		x
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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,"			37
	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
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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			, v
04	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 Part V, line 1	34	х	
35 =	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del></del>	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<del></del> -
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note. All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Sofiedule O Contains a response of flote to any line in this Part V		v	<u> </u>
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	

# Form 990 (2018) THE PRASAD PROJECT, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 7			
	filed for the calendar year ending with or within the year covered by this return		OI-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	21	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		Х
			3b		22
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 6 At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial	• •	4a		х
h	If "Yes," enter the name of the foreign country:	account):	Tu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ for \ goods \ goods \ for \ goods \ for$	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			l
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7 <del>f</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, airplan		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
9			8		
э a	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		0.0		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	<b>.</b>			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l 1			
	organization is licensed to issue qualified health plans	13b			
C	Enter the amount of reserves on hand	13c	44		X
14a			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule to the aggregation subject to the aggregation (1960 to a payment (2) of many than \$1,000,000 in required		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		X
	excess parachute payment(s) during the year?		15		- 42
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	t income?	10		
	n 100, complete i onn 4120, concedite o.		Eorm	990	(2019)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY , CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LINDA HINDES - 845-434-0376			
	100 SULLIVAN AVE, FERNDALE, NY 12734			

832006 12-31-18

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

(A)	(B)			(C Posi	C)	1		(D)	(E)	(F)	
Name and Title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) HARRIETTE COLE CHAIRMAN	20.00	x		х				0.	0.	0	
(2) JYOTIKA PATEL	15.00	25		22				0.	0.		
TREASURER	13.00	x		х				0.	0.	0	
(3) TOM KORULA	15.00								<u> </u>		
TRUSTEE		Х						0.	0.	0	
(4) DEBORAH ROYCE	15.00										
TRUSTEE		Х						0.	0.	0	
(5) VIVEK PANCHAPAKESAN	15.00								0		
SECRETARY	20 00	Х						0.	0.	0	
(6) KATY WYCKOFF SECRETARY (TO 6/1/18)	20.00	$\mathbf{I}$		х				0.	0.	0	
(7) MARIA ESCARRA	40.00			Λ				0.	0.		
ASSISTANT SECRETARY/EXEC. DIRECTOR	10.00	1		Х				92,378.	0.	7,303	
(8) LINDA HINDES	40.00							2 = 7 = 1		,,,,,,,	
ASSISTANT TREASURER/FINANCE DIRECTOR	10.00			Х				69,038.	0.	806	
						_					
		1					l				

Pa	C VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees/	, an	<u>d Hi</u>	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		ar	nount	of
		week (list any	$\vdash$	oo a	10 0 0		2.7 d uS		from	from related		_	other	41.
		hours for	lirecto				L		the organization	organization (W-2/1099-MIS			pensa om th	
		related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-18113	50)		anizat	
		organizations	Individual trustee or director	Institutional trustee		/ee	mper		(** 2, 1000 111100)			_	d relat	
		below	idual	ution	 	key employee	est co oyee	æ				orga	anizati	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			1											
			4											
							_							
			-											
			1											
		+	$\vdash$	$\vdash$	$\vdash$		$\vdash$	_						
			1											
			1											
			1											
			1											
1b	Sub-total	•					•	<u> </u>	161,416.		0.		8,1	09.
	Total from continuation sheets to Part \								0.		0.			0.
	Total (add lines 1b and 1c)								161,416.		0.		8,1	09.
2	Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer			-	•	•	•		•					
	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s	· · · · · · · · · · · · · · · · · · ·		-					<u>-</u>	the organization		_		37
_	and related organizations greater than \$15			•								4		X
5	Did any person listed on line 1a receive or											_		Х
500	rendered to the organization? If "Yes," coretion B. Independent Contractors	npiete Scheaui	e J i	or s	ucn	pers	son .					5		Λ
1	Complete this table for your five highest complete the stable for your five highest complete the your five	omnensated in	don	anda	ant o	·ont	ranti	ore +	that received more than	\$100,000 of oor	nonc	ation :	from	
'	the organization. Report compensation for										iheilis	auUH	IOIII	
	(A)	trie caleridar y	Cai	criui	iiig v	VILII	OI W		(B)	year.		((	:)	
	Name and busines	s address	N	INC	E				Description of s	ervices	С		nsatio	n
								T						
2	Total number of independent contractors		ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					<u> </u>						000	
												Form	<b>990</b> (2	2018)

. u	1 L VI	Check if Schedule O cont		or note to any lin	e in this Part VIII			
		GRISON II GORICAGIO O COM	and a response	of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Gra Iou	k	Membership dues	1b					
s, ( Am	C	Fundraising events	1c	15,086.				
Gift	c	d Related organizations	1d					
JS, imi	•	Government grants (contribut	ions) <b>1e</b>					
tior S r	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abo	ve <b>1f</b>	615,378.				
ont.	ç	Noncash contributions included in lines	1a-1f: \$	5,450.				
Contributions, Gifts, Grants   and Other Similar Amounts	ŀ	Total. Add lines 1a-1f		<b></b>	630,464.			
				Business Code				
e e	2 8	a						
er	k	·						
n S	C	·						
Program Service Revenue	C	d						
	•	·						
ъ.		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			40 222			40 222
		other similar amounts)			49,233.			49,233.
	4	Income from investment of tax		T				
	5	Royalties	(i) Real	(ii) Personal				
	6 4	Gross rents		(II) Personal				
		Gross rents Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	1,882,462	<del>  ``</del>				
	ŀ	Less: cost or other basis	, ,					
		and sales expenses	1,858,325					
		Gain or (loss)	24,137					
		d Net gain or (loss)		<b></b>	24,137.			24,137.
9		Gross income from fundraising			·			·
Other Revenu		including \$15	,086. of					
eve		contributions reported on line						
erF		Part IV, line 18	a					
Œ	k	Less: direct expenses	b	7,045.				
	C	Net income or (loss) from fund	draising events	<b>&gt;</b>	0.			
	9 a	a Gross income from gaming ac						
		Part IV, line 19		1				
		Less: direct expenses						
		Net income or (loss) from gam		······				
	10 a	Gross sales of inventory, less						
	_	and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sale						
	44	Miscellaneous Revenu MISCELLANEOUS	ie	Business Code 900099	2 006			2 006
				300033	3,886.			3,886.
	k							
		d All other revenue			3,886.			
	12	Total revenue. See instructions			707,720.	0.	0	77,256.

## Part IX Statement of Functional Expenses

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

Do :	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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	FF 000	FF 000		
	and domestic governments. See Part IV, line 21	55,000.	55,000.		
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	E0 002	EU 003		
	individuals. See Part IV, lines 15 and 16	50,903.	50,903.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	160 525	140 570	11 007	0 060
	trustees, and key employees	169,525.	149,578.	11,087.	8,860
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	CO C27	E0 4C0	1 057	1 110
7	Other salaries and wages	60,637.	58,462.	1,057.	1,118
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	10 540	11 160	1 412	1.60
9	Other employee benefits	12,749.	11,168.	1,413.	168
10	Payroll taxes	18,199.	15,876.	1,589.	734
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	17,475.	15,330.	1,698.	447
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,434.		10,434.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	39,595.	34,733.	3,849.	1,013
12	Advertising and promotion [				
13	Office expenses	31,741.	28,921.	1,935.	885
14	Information technology				
15	Royalties				
16	Occupancy	37,299.	23,808.	12,404.	1,087
17	Travel	7,202.	6,537.	456.	209
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,703.	2,365.	240.	1,098
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,863.	2,515.	274.	74
 23	Insurance	13,233.	12,062.	590.	581
_0 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	31,863.	26,416.	4,157.	1,290
h	MISCELLANEOUS	20,868.	14,573.	0.	6,295
C	FEES/PERMITS	1,234.	1,089.	88.	57.
d	SEMINARS AND EDUCATION	394.	329.	54.	11.
	All other expenses	3,2,	3231		
25	Total functional expenses. Add lines 1 through 24e	584,917.	509,665.	51,325.	23,927
25 26	Joint costs. Complete this line only if the organization		202,000.	32,3234	
20	reported in column (B) joint costs from a combined				
	* * * * * * * * * * * * * * * * * * * *				
	. $\square$				
	educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b>

# Form 990 (2018) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	133,834.	1	211,423
2	Savings and temporary cash investments	171,648.	2	193,226
3	Pledges and grants receivable, net	122,576.	3	20,785
4	Accounts receivable, net	908.	4	891
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u> 2</u>	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
₹   <sub>8</sub>	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	8,081.	9	7,828
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 125,983.			
b	Less: accumulated depreciation 10b 118,228.		10c	7,755
11	Investments - publicly traded securities	1,804,557.	11	1,772,957
12	Investments - other securities. See Part IV, line 11	102,943.	12	114,601
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	300
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,355,212.	16	2,329,766
17	Accounts payable and accrued expenses	36,349.	17	29,258
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ທູ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
<b>-</b> 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	26 240	25	00 050
26	Total liabilities. Add lines 17 through 25	36,349.	26	29,258
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses	complete lines 27 through 29, and lines 33 and 34.	2 210 062		2 200 500
27	Unrestricted net assets	2,318,863.	27	2,300,508
28	Temporarily restricted net assets		28	
27 28 29 29 29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
0   aa	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32 32 32 33 33 33 33 33 33 33 33 33 33	Retained earnings, endowment, accumulated income, or other funds	2,318,863.	32	2,300,508
33	Total net assets or fund balances	2,355,212.	33	2,300,300
34	Total liabilities and net assets/fund balances	4,333,414.	34	Z, 329, 700

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7 <u>,7</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,31		
5	Net unrealized gains (losses) on investments	5	-14	<u>1,1</u>	<u>58.</u>
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	2,30	0,5	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	e basis,			
	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			l	
	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 Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

**Employer identification number** 

THE PRASAD PROJECT. INC. 14-1751086 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

## 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	· · ·	•	•			
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	, , , , , , , , , , , , , , , , , , , ,	, ,	, ,	, ,	(,,	(,
	membership fees received. (Do not						
	include any "unusual grants.")	712,669.	597,694.	526,384.	750,170.	630,464.	3217381.
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	712,669.	597,694.	526,384.	750,170.	630,464.	3217381.
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)						445,733.
6	Public support. Subtract line 5 from line 4.						2771648.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	712,669.	(b) 2015 597,694.	(c) 2016 526, 384.	(d) 2017 750,170.	(e) 2018 630,464.	(f) Total 3217381.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	41,762.	39,260.	34,950.	38,496.	49,233.	203,701.
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.)	48,377.	949.	940.	342.	3,886.	54,494.
11	Total support. Add lines 7 through 10						3475576.
12		etc. (see instruction	ons)			12	
13	•	•	,			n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) d	ivided by line 11, c	column (f))		14	79.75 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	80.75 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s
_			,	, , , ,,		edule A (Form 990	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(u) 2014	(5) 2010	(6) 2010	(4) 2017	(6) 2010	(i) rotai
	Gross income from interest,						<del> </del>
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						<del> </del>
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						<del> </del>
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						+
	First five years. If the Form 990 is for	the ergenization's	first seemd this	d fourth or fifth t	av voor op a poetie	F01(a)(2) arga	nization
'-		-			•		
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2018 (li			column (f))		15	%
						16	
	Public support percentage from 2017 ction D. Computation of Inves					101	<del></del>
	•			no 12 column (fl)		17	04
	Investment income percentage for 20					<del> </del>	<u>%</u>
	Investment income percentage from 2					18	% 0.17 is not
198	33 1/3% support tests - 2018. If the						e i / is not
	more than 33 1/3%, check this box ar						PL
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	nıs box and see ins	structions	

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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.)

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
5	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
	·		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		<u></u>
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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		
	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		
Seci	tion C. Type II Supporting Organizations		V	
_	When a section to the		Yes	No
	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		
	tion D. All Type III Supporting Organizations		ш	
000	tion 5.7th Type in Supporting Siguinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	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		
	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		
	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 instruc	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see instructions	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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		
	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 <b>Part VI</b> 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		
	Parent of Supported Organizations. Answer (a) and (b) below.			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete :	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 <b>Part VI</b> ):			
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 integr	ated Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

rai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE PRASAD PROJECT TNC **Employer identification number** 14-1751086

organization answered "Yes" on Form 990, Part IV, line 6.  1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of prants from (during year) 4 Aggregate value of prants from (during year) 5 Did the organization in property, subject to the organization's exclusive legal control? 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of a natural habitat Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of a certified historic structure Preservation of conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 Number of conservation easements and certified historic structure included in (a) 2 C 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   No Number of states where property subject to conservation easements in located  No Habita in the form of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  No Sets and enforcement of the conservation easements in thiols?  No In Part XIII, describe how the organization reports conservation easements that describes	Pai	t I Organizations Maintaining Donor Advise		her Similar Fund	ds or Accou	Ints Complete if the
Total number at end of year   2   Aggregate value of contributions to (during year)   3   Aggregate value of contributions to (during year)   4   Aggregate value at end of year   5   Did the organization informal all donors and donor advisors in writing that the assets held in donor advised funds are the organization informal all donors and donor advisors in writing that the assets held in donor advised funds are the organization informal all grantees, donors, and donor advisors in writing that grant funds can be used only for chartafable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?   Perservation factor or donor advisor, or for any other purpose conferring impermissible private benefit?   Perservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure   Preservation of open space   Complete inse 2 a through 2 off the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.   Reld at the End of the Tax Year a conservation easements and the conservation easements   2b	· u			nor ommar r and	ao	into: Complete il trie
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization is property, subject to the organization's exclusive legal control? 6 Did the organization is property, subject to the organization's exclusive legal control? 7 Organization in form all grantees, donnes, and donor advisors in writing that prant funds can be used only for charitable purposes and not for the benefit? 8 Part II Conservation Easements. Complete if the organization answered "yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply). 9 Preservation of land for public use (e.g., recreation or education) 9 Preservation of a conservation easements held by the organization (check all that apply). 9 Preservation of preservation or advisors or advisors of a conservation easement on the last organization in the form of a conservation easement on the last of the tax year. 1 Protection of natural habitat 1 Preservation of a conservation easements 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2 Total number of conservation easements 2 Test and the structure of the st		organization answered fes on Form 990, Part IV, illi		advised funds	(h) Fun	ds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of arants from (during year) 4 Aggregate value at end of year 5 Did the organization informal all donors and donor advisors in writing that the assets held in donor advised funds are the organization informal all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donors advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apoly).    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a conservation easement or preservation of open space 2 complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  2 total number of conservation easements   2		Tatal samela and a sad afore an	(4) Donor 8	advisca idrias	(5) 1 011	
3 Aggregate value of grants from (during year)  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in sproperty, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in sproperty. Subject to the organization's exclusive legal control?  7 Or charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible purvate benefit?  8 Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  9 Preservation of land for public use (e.g., recreation or education) Preservation of a nestric instorior structure Preservation or a fund for public use (e.g., recreation or education) Preservation of a certified historior structure Preservation or a fund for public use (e.g., recreation or education) Preservation on a historically important land area Protection of natural habitat  9 Protection of natural habitat  1 Protection of natural habitat  2 Protection of natural habitat  3 Protection of natural habitat  4 Protection of natural habitat  5 Protection of	_					
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant tunds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of open space 2 Complete line 22 strough 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements □ Did a large grestricted by conservation easements □ Conservation easements included in (a) acquired after /725/06, and not on a historic structure □ listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holdes?  5 Does be organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holdes?  5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170fh(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)						
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?	3				-	
are the organization's property, subject to the organization's exclusive legal control?	4					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charifable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?    Part   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purpose(5) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of on fautural habitat   Preservation of on a certified historic structure   Preservation of on a certified historic structure   Preservation of ones space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   2a	5	-	-			
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of organization habitat   Preservation of organization of open space   Protection of natural habitat   Preservation of a certified historic structure   Preservation of open space   Protection of conservation easements   Preservation of a certified historic structure   Preservation of open space   Protection of conservation easements   Preservation of a certified historic structure   Preservation of open space   Protection of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation   Preservatio						Yes No
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1   Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of open space  2   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   2a   Held at the End of the Tax Year    b Total acreage restricted by conservation easements   2a    c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   2d    3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    4 Number of states where property subject to conservation easements is located   2d    5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   Yes   No    Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   S    9 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)   Yes   No    9 In Part XIII, describe how the organization reports conservation easements that describes the organization's accounting for conservation easements.    Part IIII   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.    Complete if the organization answered "Yes" on Form 990, Part IV, line 8.    1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other s	6	Did the organization inform all grantees, donors, and donor a	dvisors in writing t	hat grant funds can b	e used only	
Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of part of p		for charitable purposes and not for the benefit of the donor o	or donor advisor, o	for any other purpos	se conferring	
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (e.g., recreation or education)						
Preservation of land for public use (e.g., recreation or education)	Pai	t II   Conservation Easements. Complete if the org	ganization answere	d "Yes" on Form 990	, Part IV, line 7.	
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organization	on (check all that a	apply).		
Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements an a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expenses statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its fi		Preservation of land for public use (e.g., recreation or e	education)	Preservation of a his	storically impor	tant land area
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f))  and section 170(h)(4)(B)(f)(f))  Per No  In Part XIII, describe how the organization reports conservation easements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items:  (i) Revenue include		Protection of natural habitat		Preservation of a ce	ertified historic	structure
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Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year    Some seach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)   and section 170(h)(4)(B)(iii)?	Ū					Ves No
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li></ul>	6	•				
<ul> <li>▶ \$</li></ul>	J	b	Trainding of Violatio	ons, and emoreing ee	niscivation cas	ements during the year
<ul> <li>▶ \$</li></ul>	7	Amount of expenses incurred in monitoring inspecting hand	lling of violations	and enforcing consen	vation easemer	ats during the year
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<ul> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 8.     </li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:         <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> </ul> </li> </ul>	_		•			Yes No
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	Pai		f Art, Historica	al Treasures, or	Other Simil	ar Assets.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:						
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to rep	ort in its revenue stat	ement and bala	ance sheet works of art,
the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:						
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					·	, , , , , , , , , , , , , , , , , , , ,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	b			n its revenue stateme	ent and balance	sheet works of art, historical
relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:						
(i) Revenue included on Form 990, Part VIII, line 1		•		511 III 141 III 161 411 61 411 61 41	, a.a., a.a., p	
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> </ul>		-			<b>&gt;</b> 9	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					<b>.</b> .	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	2					
	_	-			nai gairi, provid	•
	а			-	<b></b>	\$
b Assets included in Form 990, Part X						

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

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	t <b>s</b> (conti	nued)	<u>-                                    </u>
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at are a s	ignificant ı	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	b Scholarly research e Other										
С											
4											
5	During the year, did the organization solicit or	r receive donations	of art, h	istorical trea	asures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, o		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabi	lity?	L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par						
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	<b>(e)</b> Fou	years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held a	and administe	ered for t	he organiz	ation			
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				)				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	), Part I	V, line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o		(b) Cost	t or other		ccumulate	d	(d) Boo	k value	е
		basis (investr	nent)	basis	(other)	de	preciation				
	Land										
	Buildings										
С	Leasehold improvements				3,375.			54.		3,2	
d	Equipment			12	22,608.		118,00	64.		4,5	44.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10c.)					7,7	55.

Schedule D (Form 990) 2018 THE PRASAD	PROJECT, II	NC.	14	-1/51086 Page <b>3</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990	, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
·				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<b>Total.</b> (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	d-of-year market value
(1)				<u> </u>
(2)				
(3)				
(5)				
(6)				
(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.	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See For	m 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			1	
(2)				
			4	
(3)			-	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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

Pai	rt XI Reconciliation of Revenue per Audited Financi			
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts	1	
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	1 , 0			
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	, , , , , , , , , , , , , , , , , , , ,			
b	7	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Pa	rt XII Reconciliation of Expenses per Audited Finance		ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	·	1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
С.				
d	7	· ·		
_	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4		4-		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	40	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII   Supplemental Information.	4b	5	rt XI.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII   Supplemental Information.	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	I, line 18.)	5	rt XI,

## SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

## **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

**Employer identification number** 

TH:	E PRASAD PROJ	ECT, INC				14-175108	36
Pa				tside the United States. Comple	te if the organ		
	Form 990, Part I\	V, line 14b.		·			
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	istance? 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 out	side the
3	Activities per Region. (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SOU	TH ASIA -						
	HANISTAN,						
	GLADESH, BHUTAN,		_	GRANTS TO RECIPIENT LOCATED			
IND	IA, MALDIVES,	0	0	IN REGION			50,903.
3 2	Subtotal	0	0				50,903.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						1.
_	and 3b)	0	0				50,903.
LHA	For Paperwork Reduct	tion Act Notice.	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2018

832071 10-31-18

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			MEDICAL PROGRAMS AND SELF HELP GROUPS	50 903	WIRE TRANSFER	0.		
		110111	SHI HHI GROOFF	30,303.	THE THINGTER			

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
^	Fortunated as only all the communications are sufficient

3 Enter total number of other organizations or entities

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

# Schedule F (Form 990) 2018 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	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; don't file with Form 990)	Yes	X No

# Schedule F (Form 990) 2018 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART 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.

## **SCHEDULE G**

Department of the Treasury

(Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization THE PRASAD PROJECT, INC. 14-1751086 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990 or 990-EZ) 2018

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

	edu art l	Fundraising Events. Complete if to fundraising event contributions and g	ne organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	
		or randraioning overte contributions and g	(a) Event #1  BOARD EVENT	<b>(b)</b> Event #2	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue		Crops resoints	(event type) 22,131.	(event type)	(total number)	22,131
Re		Gross receipts	45.006			
	2	Less: Contributions	15,086.			15,086
	3	Gross income (line 1 minus line 2)	7,045.			7,045
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs	3,050.			3,050
Direct Expenses	7	Food and beverages				
	8	Entertainment	3,533.			3,533
	9	Other direct expenses				462
	ı	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				7,045
Pa	rt l					
		\$15,000 on Form 990-EZ, line 6a.				_
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	L∟ No	└── No	
	7	Direct expense summary. Add lines 2 through		No No		
		Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
а	7 8 Ent		th 5 in column (d)7 from line 1, column (d) lucts gaming activities:		<b>&gt;</b>	Yes No

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Schedule G (Form 990 or 990-EZ) 2018

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Sch	ledule G (Form 990 or 990-EZ) 2018 THE PRASAD PROJECT, INC. 14-1	/5T086	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
•	The file half and address of the person with propares the organization organization of garming, special events soons and resolution		
	Name ►		
	Name ►		
	Address		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
(	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	billodein cined.		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•		Yes	□ No
	retain the state gaming license?	162	□ NO
K	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
П	organization's own exempt activities during the tax year > \$		01 401
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

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Schedule G	(Form 990 or 990-EZ)	THE PRASAD	PROJECT,	INC.	1.	4-1751086	Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Info	rmation (continued)					
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Schedule G (Form 990 or 990-EZ)

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2018** 

Open to Public Inspection

Employer identification number

THE PRASE	AD PROJECT	r, INC.					14-1751086
Part I General Information on Grants	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	sistance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	_						•
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PRASAD CHILDREN'S DENTAL HEALTH							
PROGRAM, INC 100 SULLIVAN AVE -	-						
FERNDALE, NY 12734		501(C)3	55,000.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in t	he line 1 table				<b>&gt;</b> 1.
3 Enter total number of other organization	ns listed in the line	1 table					<b>&gt;</b> 0.

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART	I, LINE 2:					
REVIE	W OF BOOKS AND RECORDS, RECE	IPTS FOR	CAPITAL EX	KPENDITURES	, VISITS TO	
PROGF	AMS.					

## SCHEDULE O

Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization **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 4D, OTHER PROGRAM SERVICES: PRASAD DE MEXICO THE LINK BETWEEN POVERTY AND POOR HEALTH IS ONE OF MEXICO'S BIGGEST CHALLENGES. A LACK OF ACCESS TO QUALITY EYE CARE LEAVES THOUSANDS OF UNDERSERVED MEXICANS BLIND. IN 2018, PRASAD DE MEXICO'S VOLUNTEER TEAM PERFORMED FREE EYE SURGERY ON 1,150 ADULTS AND CHILDREN. EXPENSES \$ 83,352. INCLUDING GRANTS OF \$ 0. 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 11B:

FORM 990 PREPARED BY PAID PREPARER AND SENT TO PRASAD PROJECT'S FINANCE DIRECTOR. THE FINANCE DIRECTOR REVIEWS THE FORM AND A COPY OF THE FORM IS SENT TO TREASURER AND TRUSTEE FOR REVIEW. ONCE THE FORM IS REVIEWED AND THE FORM IS SIGNED AND FILED WITH THE INTERNAL REVENUE SERVICE. APPROVED, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

THE PRASAD PROJECT, INC.

Employer identification number 14-1751086

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 THE ATTENTION OF THE BOARD PROMPTLY FOR ACTION AT THE NEXT REGULAR MEETING OF THE BOARD OR DURING A SPECIAL MEETING CALLED SPECIFICALLY TO REVIEW THE POTENTIAL CONFLICT OF INTEREST.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization THE PRASAD PROJECT, INC. **Employer identification number** 14-1751086

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.

IF THE BOARD DECIDES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO DISCLOSE A POSSIBLE CONFLICT OF INTEREST, THE BOARD SHALL TAKE SUCH 832212 10-10-18

Name of the organization  THE PRASAD PROJECT, INC.	Employer identification number 14-1751086
DISCIPLINARY AND CORRECTIVE ACTION AS THE BOARD SHALL DET	ERMINE TO BE
APPROPRIATE UNDER THE CIRCUMSTANCES, INCLUDING DISMISSAL	OR TERMINATION.
FORM 990, PART VI, SECTION B, LINE 15A:	
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.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL ARE AVAILABLE UPON REQUEST.	

## **SCHEDULE R** (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE PRASAD PROJECT, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 14-1751086

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-yea	r assets Direct	<b>(f)</b> Direct controlling entity	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
SYDA FOUNDATION - 23-7376445							
371 BRICKMAN RD, PO BOX 600 FALLSBURG, NY 12779	TAX-EXEMPT CHURCH	NEW YORK	501(C)(3)	LINE 1	N/A		х
PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC 94-3309195, 100 SULLIVAN AVE, FERNDALE, NY 12734	SEE SCH R PART VII SUPPLEMENTAL INFORMATION	NEW YORK	501(C)(3)	LINE 11	THE PRASAD PROJECT, INC.		x
For Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.				Schedule F	(Form 99	90) 2018

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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.

	· · · ·		T	1					1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo
		-									
										$\perp \perp$	
										+	
-											

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>(b)</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(k contr ent	tion o)(13) rolled ity?
		country)		J. 1.25.7				Yes	No
-									<del></del>
									<u> </u>
		15							Щ.

Page 3

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		Х		
b	Gift, grant, or capital contribution to related organization(s)				1b	Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		X		
g	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
- 1	Performance of services or membership or fundraising solicitations for related organizations	anization(s)			11	Х			
	m Performance of services or membership or fundraising solicitations by related organization(s)								
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)							Х		
	•								
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses							Х		
	, , , , , , , , , , , , , , , , , , , ,								
r Other transfer of cash or property to related organization(s)									
	s Other transfer of cash or property from related organization(s)								
	If the answer to any of the above is "Yes," see the instructions for information on v								
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved/				
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,								
(1)	INC.	L	93,208.	VALUE OF DONATED SERVICE	ES				
<u>`                                     </u>	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,								
(2)	INC.	В	55,000.	AMOUNT OF CASH GRANT					
(3)									
<u> </u>									
(4)									
(5)									
(6)									
		16		Cahadula	D /Fax	000	0040		

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.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners se	Share of	Share of	Dispri	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes No	p mcome	assets	Yes	No	(F01111 1065)	Yes N	0
											1
										1 1	

832165 10-02-18 Schedule R (Form 990) 2018