## (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning and ending

<b>B</b> c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres				
$\vdash$	□Name	-		14-17510	86
	_ change   Initial   return	3	Room/suite	E Telephone numbe	
	   Final	100 SULLIVAN AVE	1100III/Suite	845-434-	
	لreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,094,252.
	Amend			H(a) Is this a group re	
	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)
J۷	Vebsit	e: ▶ WWW.PRASAD.ORG		H(c) Group exemptio	n number 🕨
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1992 N	A State of legal domicile: NY
Pa		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{1}}$	MISSIO	N OF THE PR	ASAD
Activities & Governance		PROJECT IS TO HELP IMPROVE THE QUALITY OF			
ern		Check this box 🕨 🔲 if the organization discontinued its operations or dispos		1 1	_
Зоv				3	5
8		Number of independent voting members of the governing body (Part VI, line 1b)			5 5
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			8
tivi		Fotal number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 39			0.
	B	vet unrelated business taxable income nom Form 990-1, line 39		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		630,464.	681,258.
nue		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		73,370.	64,443.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,886.	950.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		707,720.	746,651.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		105,903.	83,255.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		261,110.	253,297.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe		Fotal fundraising expenses (Part IX, column (D), line 25)			10100
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		217,904.	196,008.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		584,917.	532,560.
S	19	Revenue less expenses. Subtract line 18 from line 12		122,803.	214,091.
ts or inces		5 1 1 (7) (7) (7)	Be	ginning of Current Year 2,329,766.	End of Year 2,679,914.
Assets I Balanc	20	Fotal assets (Part X, line 16)		29,258.	31,162.
let ⊿ und	ı — ·	Fotal liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	······	2,300,508.	2,648,752.
Pa	rt II	Signature Block		2,300,300	2,040,732.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is
		and complete. Declaration of preparer (other than officer) is based on all information of wh			,
					_
Sigr	n	Signature of officer		Date	
Her	e	JYOTIKA PATEL, TRUSTEE			
		Type or print name and title		S-4-	DTIN
		Print/Type preparer's name Preparer's signature		Date Check Check If	PTIN
Paid		FREDERICK MARTENS		self-employe	
		Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN	13-1655065
Use	UNIY	Firm's address 551 FIFTH AVENUE, SUITE 400		51	2 607 2200
		NEW YORK, NY 10176		Phone no. 41	2-697-2299
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE MISSION OF THE PRASAD PROJECT INC IS TO HELP IMPROVE THE QUALITY
	OF LIFE AND OFFER OPORTUNITIES FOR SELF-RELIANCE BY WORKING IN
	PARTNERSHIP WITH PEOPLE IN NEED AND THEIR COMMUNITIES.
	PARTNERSHIP WITH FEORDE IN NEED AND THEIR COMMONITIES.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 81,362 • including grants of \$ ) (Revenue \$
	CONSTITUENT EDUCATION
	CONSTITUENT EDUCATION IS AN EDUCATIONAL PROGRAM WITH A GOAL OF
	ENLIGHTENING AND EDUCATING THE PUBLIC ABOUT THE ACTIVITIES AND NEEDS IN
	THE COMMUNITIES THAT WE SERVE. THE PROGRAM PROVIDES PRINT AS WELL AS
	ELECTRONIC NEWSLETTERS AND WEBSITE UPDATES THROUGHOUT THE YEAR.
4b	(Code:) (Expenses \$144,260 . including grants of \$55,000 . ) (Revenue \$)
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM
	DOLGED COUR DROUTDEG DEWELL GERLITGEG LUB DEWELL HELLEN ERVICLETON EG
	PRASAD CDHP PROVIDES DENTAL SERVICES AND DENTAL HEALTH EDUCATION TO
	CHILDREN AT THEIR SCHOOLS VIA A MOBILE DENTAL CLINIC. IN 2019, THE
	PROGRAM PROVIDED DENTAL HEALTH EDUCATION CLASSES TO APPROXIMATELY 4,500 CHILDREN. IN ADDITION, THE DENTAL CLINIC PROVIDED PREVENTATIVE AND
	RESTORATIVE CARE TO 839 PATIENTS.
	RESIDRATIVE CARE TO 039 FAITENIS.
	<u> </u>
4c	(Code:) (Expenses \$
	PRASAD CHIKITSA
	RESPONDING TO THE LIMITED AVAILABILITY OF QUALITY MEDICAL CARE IN THE
	TANSA VALLEY REGION OF INDIA, PRASAD CHIKITSA OFFERS GENERAL AND
	SPECIALIZED HEALTH CARE SERVICES, INCLUDING HIV/AIDS PREVENTION AND
	TREATMENT, AND SCHOOL HEALTH CAMPS. IN 2019, THERE WERE 69,000 MEDICAL
	VISITS, THE MOBILE HOSPITAL RECEIVED 3,300 VISITS, THERE WERE 1,700
	PARTICIPANTS IN THE HIV/AIDS PREVENTION AND AWARENESS MEETINGS, 3,195
	WOMEN PARTICIPATED IN SELF-HELP GROUPS AND 4000 EYE SCREENINGS WERE
	PERFORMED.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 81,009 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 472,908.
	Form <b>990</b> (2019)

932002 01-20-20

21271013 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ <sub>3,7</sub>
	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>
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b> </b> ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b> </b> ₩
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		25
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ч	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	110		<del></del> -
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ \ <sub>\\\\</sub>
	complete Schedule G, Part III	19		X
20a	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	

Form 990 (2019)			PROJECT,	INC.
Part IV Checklist of R	equire	d Schedule	es (continued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		X
h	Schedule K. If "No," go to line 25a	24a 24b		22
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Α_
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	28c		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	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		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<b></b>		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Α.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
	1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   8			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		Г	aan	(0040)

## Form 990 (2019) THE PRASAD PROJECT, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Steff the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, 12 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Notes if the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during they sear?  3b If Yes, I has it filed a Form 980 Tor this year? If Yof To line 80, provide an explanation on Schedule 0  3c In Yes, I have it filed a Form 980 Tor this year? If Yof To line 80, provide an explanation on Schedule 0  3c In Yes, I have the name of the regin country  5c In If Yes, I was the filed a Foreign country  5c In If Yes, I was the name of the regin country  5c In If Yes, I was the propriet of the American of the Yes In Intended Accounts (FBAR).  5c In Yes Yes Intended In Intended In	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3		filed for the calendar year ending with or within the year covered by this return 2a 5			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If 1'Yes', has it filed a Form 9907 for this year of 1'Wo' to file 3b, your owned an explanation on Schedule O  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c If 1'Yes' to line Sar of Sb, did the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c If 1'Yes' to line Sar of Sb, did the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c If 1'Yes' to line Sar of Sb, did the organization file foreign scale in the state of the capital scale in the organization and it is was or is a party to a prohibited tax shelter transaction?  5c If 1'Yes' to line Sar of Sb, did the organization the Germa 88867 to 1'Yes', did the organization the organization that it was or is a party to a prohibited tax shelter transaction?  6c If 1'Yes', did the organization that were organized to the scharitable contributions?  6c If 1'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductible?  6c If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductible?  6c If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductible?  6c If Yes', indicate the number of forms 8882 filed during the year.  6d If Yes', indicate the number of forms 8882 filed during the year.  6d If Yes', indicate the number of forms 8882 filed during the year.  6d If Yes', indicate the number of forms 8882 filed during the year.  7d If If the organization related a contribution of qualified intellectual property, did the organization file a form 10'96.7	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If Yes, "has it flied a Form 990 T for this year? If "No" to fine 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account?  5 If "Yes," enter the name of the foreign country   Evolution   Securities account, or other financial accounts?   Securities		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunities account, or other financial account (and the property of the property	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
the interval of the contributions of the financial account, or other financial account?  b if 1'Yes, 'retret the name of the foreign country. ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6a Does the organization shall the organization file Form 8886-17?  6b I'Yes' to line 5a or 5b, did the organization file Form 8886-17?  7 Organization shall may receive deductible as charitable contributions?  6b I'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization shall many receive deductible contributions under section 170(c).  8 Did the organization receive apprentil receives of \$75 made party as a contribution of and party for goods and services provided to the payor?  7 b I'Yes, 'did the organization notify the donor of the value of the goods or services provided?  7 c Did the organization received apprentil receives of tangible personal property for which it was required to life Form 8882?  6 d I'Yes, 'notificate the number of Forms 8282 filed during the year  9 bid the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8999 as required?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8990 as required?  1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8990 as required?  1 The organization file a Form 8900 and 10 a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶  Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5a X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c If "Yes" to line Sar of Sb, did the organization file Form 88867?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  b If "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7b If "Yes," include the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7d Sponsoring organization maintaining donor advised funds. Did a chorr advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a chorr advised fund maintained by the sponsoring organization make a distributions under section 4968?  9a Did the sponsoring organization make a distribution to a chorr ordivised fund maintained by the sponsoring organization make a distribution to a chorr o	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  9 Section 50b, did the organization that it was or is a party to a prohibited tax shelter transaction?  9 Section 50b, did the organization that it was or is a party to a prohibited fax shelter transaction?  9 Section 50b, did the organization include with every solicitation and state of the organization solicit any contributions that were not tax deductible as charitable contributions?  9 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  10 If Yes, "did the organization include with every solicitation under section 170(c).  10 If the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor?  10 If Yes, "did the organization notify the donor of the value of the goods or services provided?  11 If Yes, "did the organization notify the donor of the value of the goods or services provided?  12 If Yes, "did the organization received accomplete or of the value of the goods or services provided?  13 If Yes, "did the organization received a contribution of the value of the goods or services provided?  14 If Yes, "include on include with every solicitation and party for goods and services provided to the payor?  15 If the organization received a contribution of organization the goods or services provided?  16 If Yes, "include on finding the year and payment in payme		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(e).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?  7 C X  d If "Yes," indicate the number of Forms 8282 filed during the year  1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To X  7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  1 If the organization received a contribution of case, boats, airplanes, or other vehicles, did the organization that a Form 1098-C?  8 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  10 If "Yes," enter the amount of tra	b	If "Yes," enter the name of the foreign country ▶			
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11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  If "Yes," complete Form 4720, Schedule O.	_				
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organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c   14a   X    14a Did the organization receive any payments for indoor tanning services during the tax year?	b				
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If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	15				**
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		Λ
		If "Yes," complete Form 4720, Schedule O.	Го	000	(0040)

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

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	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 on Schedule O	9		X
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	Х	
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	Х	
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	X	77
b	Other officers or key employees of the organization	15b		Х
	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			37
_	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			
800	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	N= - '	A === "	-1-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(C)	ys only	ı) avaıl	abie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	د ما 41 ·	00:-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, at	ia tinai	icial	
00	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			
	TOO DOUBLYAM AVE, LEMMANE, MI 12/34			

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## 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.

See instructions for the order in which to list the persons above.

<b>(A)</b> Name and title	(B)			(C Pos	ition	1		(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HARRIETTE COLE CHAIRMAN	20.00	x		x				0.	0.	0
(2) JYOTIKA PATEL	15.00			25					<u> </u>	
TREASURER		х		х				0.	0.	0
(3) TOM KORULA	15.00									
TRUSTEE	15 00	Х						0.	0.	0
(4) DEBORAH ROYCE TRUSTEE	15.00	X						0.	0.	0
(5) VIVEK PANCHAPAKESAN	15.00									
SECRETARY		х						0.	0.	0
(6) MARIA ESCARRA ASSISTANT SECRETARY/EXEC. DIRECTOR	40.00			х				82,080.	0.	9,697
(7) LINDA HINDES ASSISTANT TREASURER/FINANCE DIRECTOR	40.00			х				70,442.	0.	808

Part VII   Section A. Officers, Director		ploye	ees			ighe	st C	compensated Employe	es (continued)				
(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average		not c	Posi	more	than		Reportable	Reportable			timate	
	hours per week			ss pei id a di				compensation from	compensation from related		l	nount other	of
	(list any	tor						the	organization		l	pensa	tion
	hours for	direc				pa		organization	(W-2/1099-MI		l	om the	
	related	tee or	ustee			ensat		(W-2/1099-MISC)		•	org	anizat	ion
	organizations	al trus	onal tr		loyee	comp					l	d relat	
	below line)	Individual trustee or director	Institutional trustee	Office r	Key employee	Highest compensated employee	Former				orga	anizati	ons
		트	드	Ð.	- Ke	포 등	요						
		1											
		1											
		$\forall$											
		$\downarrow \downarrow$											
		1											
		廾											
		$\vdash \vdash$											
		1											
		-											
		$\forall$											
		$\square$											
		$\mid \cdot \mid$											
1b Subtotal							<b></b>	152,522.		0.	1	0,5	
c Total from continuation sheets to								0.		0.	1	<u> </u>	0
d Total (add lines 1b and 1c)								152,522.		0.		0,5	05
2 Total number of individuals (including compensation from the organization)	~	nose	liste	ed at	DOV	e) wh	no re	eceived more than \$100	,000 of reportab	ıle			(
compensation from the organization												Yes	No
3 Did the organization list any former	officer, director, trust	ee, k	еу е	empl	loye	e, o	r hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule	e J for such individual	:									3		Х
4 For any individual listed on line 1a, is			-					•	the organization				
and related organizations greater th											4		X
5 Did any person listed on line 1a rece	•				•			ed organization or indiv	dual for services	3	_		v
rendered to the organization? If "Ye Section B. Independent Contractors	s," complete Schedu	e J to	or su	ıch į	pers	son .				<u></u>	5		X
Complete this table for your five hig	hest compensated in	depe	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of cor	npens	ation	from	
the organization. Report compensat		ear e	endi	ng w	vith	or w	ithir T		year.				
	(A) usiness address	NO	NE	2				<b>(B)</b> Description of s	ervices	c	<b>))</b> Compe		n
								·			-		
							_						
							$\downarrow$						
2 Total number of independent contra		not lin	nite	d to	tho	se li	sted	d above) who received m	nore than				
\$100,000 of compensation from the	organization >	—				<u> </u>					Form	000 (	2010

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Check if Schedule O contains a response or note to any line in this Part VIII  (A)  Total revenue  Related or exempt function revenue  Unrelated business revenue  1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f  Business Code	( <b>D</b> ) Revenue excluded
Total revenue  Related or exempt function revenue  Total revenue  Related or exempt function revenue  Total revenue  Related or exempt function revenue  Unrelated business revenue  Total revenue  Related or exempt function revenue  Unrelated business revenue  Total revenue  Related or exempt function revenue  Unrelated business revenue  Total revenue  Related or exempt function revenue  Unrelated business revenue  Total revenue  Related or exempt function revenue  Unrelated business revenue  Total revenue  Related or exempt function revenue  Unrelated business revenue  1b  1c  1d  1d  1e  f All other contributions, gifts, grants, and similar amounts not included above for a contributions included in lines 1a-1f  Total revenue  Related or exempt function revenue  1b  681,258.	Revenue excluded from tax under
1 a Federated campaigns   1a	
S a Barbar of a b c d d e f All other program service revenue	
f All other program service revenue	
g Total. Add lines 2a-2f	
3 Investment income (including dividends, interest, and	
other similar amounts) 45 , 815.	45,815.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties	
(i) Real (ii) Personal	
6 a Gross rents 6a	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 7a 1,366,229.	
<b>b</b> Less: cost or other basis	
and sales expenses <b>7b</b> 1,347,601.	
and sales expenses     7b     1,347,601.       c Gain or (loss)     7c     18,628.       d Net gain or (loss)     18,628.	
	18,628.
8 a Gross income from fundraising events (not	
b including \$ of	
contributions reported on line 1c). See	
Part IV, line 18 8a	
b Less: direct expenses8b	
c Net income or (loss) from fundraising events	
9 a Gross income from gaming activities. See	
Part IV, line 19 9a	
b Less: direct expenses9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances 10a	
b Less: cost of goods sold10b	
c Net income or (loss) from sales of inventory	
Business Code 900099 950.	950.
900   1 a MICCELLIAMECOS   900	<del>- 350.</del>
11 a MISCELLANEOUS   900099   950.	+
9 6 c d All other revenue	
e Total. Add lines 11a-11d 950.	
12 Total revenue. See instructions 746,651. 0. 0	65,393.

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#### 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).

7b, 8b, 9 1 Gra and 2 Gra ind 3 Gra org ind 4 Ber 5 Cool trus 6 Cor pers 7 Oth 8 Pen sec 9 Oth 10 Pay 11 Fee d Lot e Pro f Inv coll 12 Add 13 Off 14 Info 15 Roy	include amounts reported on lines 6b, 9b, and 10b of Part VIII.  Ints and other assistance to domestic organizations of domestic governments. See Part IV, line 21 cants and other assistance to domestic lividuals. See Part IV, line 22 cants and other assistance to foreign ganizations, foreign governments, and foreign ganizations, foreign governments, and foreign lividuals. See Part IV, lines 15 and 16 canefits paid to or for members can pensation of current officers, directors, stees, and key employees can described in section 4958(f)(1)) and canefits and wages can described in section 4958(c)(3)(B) canefice and wages can described in section 401(k) and 403(b) employer contributions) can employee benefits can services (nonemployees):  anagement gal counting	(A) Total expenses  55,000.  28,255.  163,027.  55,056.  17,680. 17,534.	(B) Program service expenses  55,000.  28,255.  141,833.  48,609.  15,380. 15,274.	15,687.  1,773. 1,583.	5,507 3,086
and 2 Gra ind 3 Gra org ind 4 Ber 5 Cool trus 6 Cor pers pers 7 Otth 8 Pen sec 9 Otth 10 Pay 11 Fec a Ma b Leg c Acc d Lob e Pro f Inv g Ott coll 12 Adv 13 Off 14 Info	d domestic governments. See Part IV, line 21 ants and other assistance to domestic lividuals. See Part IV, line 22 ants and other assistance to foreign ganizations, foreign governments, and foreign lividuals. See Part IV, lines 15 and 16 anefits paid to or for members ampensation of current officers, directors, stees, and key employees ampensation not included above to disqualified asons (as defined under section 4958(f)(1)) and asons described in section 4958(c)(3)(B) and accruals and contributions (include attion 401(k) and 403(b) employer contributions) and the remployee benefits and the provided accruals and contributions (include and the provided accruals and contributions) and accruals and contributions (include action 401(k) and 403(b) employer contributions) and accruals accru	28,255. 163,027. 55,056. 17,680. 17,534.	28,255. 141,833. 48,609.	3,361. 1,773.	3,086
2 Graind 3 Gra org ind 4 Ber 5 Cool 6 Cor per: per: 7 Ott 8 Pen sec: 9 Ott 10 Pay 11 Fee a Ma b Leg c Acc d Lob e Pro f Inv g Ott coll 12 Add 13 Off 14 Info	ants and other assistance to domestic lividuals. See Part IV, line 22 ants and other assistance to foreign ganizations, foreign governments, and foreign lividuals. See Part IV, lines 15 and 16 anefits paid to or for members ampensation of current officers, directors, stees, and key employees ampensation not included above to disqualified asons (as defined under section 4958(f)(1)) and asons described in section 4958(c)(3)(B) and an accruals and contributions (include action 401(k) and 403(b) employer contributions) and the remployee benefits an agement gal accounting	28,255. 163,027. 55,056. 17,680. 17,534.	28,255. 141,833. 48,609.	3,361. 1,773.	3,086
ind 3 Gra org	ants and other assistance to foreign ganizations, foreign governments, and foreign lividuals. See Part IV, lines 15 and 16	163,027. 55,056. 17,680. 17,534.	141,833. 48,609. 15,380.	3,361. 1,773.	3,086
3 Graver org org ind depth of the sector of	ants and other assistance to foreign ganizations, foreign governments, and foreign lividuals. See Part IV, lines 15 and 16	163,027. 55,056. 17,680. 17,534.	141,833. 48,609. 15,380.	3,361. 1,773.	3,086
org ind 4 Ber for trus 5 Color pers 7 Oth sec 9 Oth Pay 11 Fee a Ma b Leg c Acc d Lob e Pro f Inv g Oth colu 12 Add 13 Off 14 Info 15 Roy	ganizations, foreign governments, and foreign lividuals. See Part IV, lines 15 and 16	163,027. 55,056. 17,680. 17,534.	141,833. 48,609. 15,380.	3,361. 1,773.	3,086
4 Ber  5 Coo  trus 6 Cor  pers 7 Ottr  8 Pen  sec  9 Ottr  10 Pay  11 Fee  a Ma  b Leg  c Acc  d Lot  e Pro  f Inv.  g Ottr  colu 12 Add  13 Off  14 Info  15 Roy	dividuals. See Part IV, lines 15 and 16	163,027. 55,056. 17,680. 17,534.	141,833. 48,609. 15,380.	3,361. 1,773.	3,086
4 Ber trus 6 Cor pers pers 7 Otth 8 Pen 8 Pen 9 Otth 10 Pay 11 Fec a Ma b Lec c Acc d Loc e Pro f Inv g Otth colu 12 Add 13 Off 14 Info	nefits paid to or for members Impensation of current officers, directors, Impensation not included above to disqualified Impensation 4958(f)(1)) and Impensation 4958(c)(3)(B) Impersalaries and wages Impensation accruals and contributions (include Intention 401(k) and 403(b) employer contributions) Imper employee benefits Impensation 401(k) and 403(b) employer contributions Impensation 4958(c)(3)(B) Impensation 4958(c	163,027. 55,056. 17,680. 17,534.	141,833. 48,609. 15,380.	3,361. 1,773.	3,086
5 Coor trus 6 Corr pers pers 7 Oth 8 Pen sec 9 Oth 10 Pay 11 Fec a Ma b Leg c Acc d Lok e Pro f Inv g Oth colu 12 Add 13 Off 14 Infe 15 Roy	empensation of current officers, directors, stees, and key employees empensation not included above to disqualified esons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) emer salaries and wages ension plan accruals and contributions (include estion 401(k) and 403(b) employer contributions) emer employee benefits error services (nonemployees):  anagement enamed above to disqualified estion 4958(f)(1)) and estion 4958(c)(3)(B) employer contributions (include estion 401(k) and 403(b) employer contributions) emer employee benefits error services (nonemployees):  anagement enamed estimates and counting estimates estimat	55,056. 17,680. 17,534.	48,609. 15,380.	3,361. 1,773.	3,086
6 Corresponding for full trus full trus for full trus full trus full trus for full trus	stees, and key employees mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) her salaries and wages nsion plan accruals and contributions (include stion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees): anagement gal counting	55,056. 17,680. 17,534.	48,609. 15,380.	3,361. 1,773.	3,086
6 Cor pers pers pers 7 Ottr 8 Pen sec 9 Ottr 10 Pay 11 Fee d Lot e Pro f Inv coll 12 Add 13 Off 14 Info 15 Roy	mpensation not included above to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) her salaries and wages nsion plan accruals and contributions (include stion 401(k) and 403(b) employer contributions) her employee benefits syroll taxes es for services (nonemployees): anagement gal counting	55,056. 17,680. 17,534.	48,609. 15,380.	3,361. 1,773.	3,086
9 Ottr 10 Pay 11 Fee a Ma b Leg c Acc d Lot e Pro f Inv g Ottr 12 Adv 13 Off 14 Infc 15 Roy	sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B) her salaries and wages nsion plan accruals and contributions (include stion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees): anagement gal counting	17,680. 17,534.	15,380.	1,773.	527
7 Oth 8 Pen sec 9 Oth 10 Pay 111 Fee d Lot e Pro f Inv coll 12 Add 13 Off 15 Roy 15 Ro	sons described in section 4958(c)(3)(B) her salaries and wages nsion plan accruals and contributions (include stion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees): anagement gal counting	17,680. 17,534.	15,380.	1,773.	527
7 Ottr 8 Pen sec 9 Ottr 10 Pay 11 Fee a Ma b Lee c Acc d Lob e Pro f Inv g Ottr colu 12 Add 13 Off 14 Infe 15 Rey	her salaries and wages history plan accruals and contributions (include stion 401(k) and 403(b) employer contributions) her employee benefits yroll taxes les for services (nonemployees): lanagement gal counting	17,680. 17,534.	15,380.	1,773.	527
9 Oth sec   9 Oth   10 Pay   11 Fee   a Ma   b Leg   c Acc   d Lok   e Pro   f Inv.   g Oth   column   12 Add   13 Off   14 Infe   15 Reg	nsion plan accruals and contributions (include stion 401(k) and 403(b) employer contributions) ther employee benefits yroll taxes es for services (nonemployees): anagement gal counting	17,680. 17,534.	15,380.	1,773.	527
9 Oth 10 Pay 11 Fee a Ma b Leg c Acc d Lok e Pro f Inv g Oth colu 12 Add 13 Off 14 Infe 15 Rey	ction 401(k) and 403(b) employer contributions) her employee benefits yroll taxes es for services (nonemployees): anagement gal counting	17,534.			
9 Oth 10 Pay 11 Fee a Ma b Leg c Acc d Lob e Pro f Inv g Oth colu 12 Adv 13 Off 14 Infc 15 Roy	her employee benefits yroll taxes es for services (nonemployees): anagement gal counting	17,534.			
10 Pay 11 Fee a Ma b Leg c Acc d Lot e Pro f Inv g Oth colu 12 Add 13 Off 14 Infc 15 Rey	yroll taxes es for services (nonemployees): anagement gal counting	17,534.			
11 Fee a Ma b Leg c Acc d Lob e Pro f Inv g Oth colu 12 Adv 13 Off 14 Infc 15 Roy	es for services (nonemployees): anagement gal counting		10,211.	1,303.	077
a Ma b Leg c Acc d Lob e Pro f Inv g Oth colu 12 Adv 13 Off 14 Infc 15 Roy	anagement gal counting	18,699.			
b Leg c Acc d Lob e Pro f Inv g Oth colu 12 Add 13 Off 14 Infc 15 Roy	galcounting	18,699.			
c Acc d Lok e Pro f Inv. g Oth colu 12 Adv 13 Off 14 Info	counting	18,699.			
d Lok e Pro f Inv g Ottr coll 12 Adv 13 Off 14 Info 15 Roy		±0,000	16,689.	1,489.	521
e Pro f Inv. g Oth colu 12 Adv 13 Off 14 Info 15 Roy	h huina I	•	10,000.	1,400.	
f Inv. g Ottr colu 12 Adv 13 Off 14 Info 15 Roy	bbying				
<ul> <li>g Oth column</li> <li>12 Adv</li> <li>13 Off</li> <li>14 Info</li> <li>15 Roy</li> </ul>	restment management fees	10,515.		10,515.	
colu 12 Adv 13 Off 14 Info 15 Roy	her. (If line 11g amount exceeds 10% of line 25,	10/3131		10/3131	
12 Adv 13 Off 14 Info 15 Roy	umn (A) amount, list line 11g expenses on Sch 0.)	54,851.	52,525.	688.	1,638
<ul><li>13 Off</li><li>14 Info</li><li>15 Roy</li></ul>	vertising and promotion	437.	373.	43.	21
<b>14</b> Info <b>15</b> Roy	fice expenses	24,733.	22,802.	1,337.	594
<b>15</b> Roy	ormation technology	2277001	22,0020	2,00.0	
	yalties				
10 00	cupancy	30,001.	26,140.	2,701.	1,160
<b>17</b> Tra	avel	7,524.	7,048.	338.	138
	yments of travel or entertainment expenses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,020		
	any federal, state, or local public officials				
	onferences, conventions, and meetings	2,184.	1,911.	192.	81
	erest	= , = 0 = 0	_,,		
	yments to affiliates				
	preciation, depletion, and amortization	4,402.	3,364.	924.	114
-	surance	11,210.	10,294.	331.	585
	ner expenses. Itemize expenses not covered	-,==50	, = = = =		
abo	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.)				
	OMPUTER SUPPLIES	16,024.	13,964.	1,443.	617
	ISCELLANEOUS	9,424.	8,214.	843.	367
	EPAIRS AND MAINTENANCE	4,552.	3,974.	409.	169
	EES/PERMITS	1,452.	1,259.	134.	59
		, -	,	-	
	other expenses	532,560.	472,908.	43,791.	15,861
	other expenses tal functional expenses. Add lines 1 through 24e		,	•	
	tal functional expenses. Add lines 1 through 24e	ı			
	tal functional expenses. Add lines 1 through 24e int costs. Complete this line only if the organization		ı,		
Che	tal functional expenses. Add lines 1 through 24e				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			211,423.	1	278,716.
	2	Savings and temporary cash investments			193,226.	2	243,333.
	3	Pledges and grants receivable, net			20,785.	3	63,761.
	4	Accounts receivable, net		891.	4	4,325.	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri		6			
ţ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
₹	9	Prepaid expenses and deferred charges			7,828.	9	6,943.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	122,630.	7,755.	10c	8,053.
	11	Investments - publicly traded securities			1,772,957.	11	8,053. 1,957,750.
	12	Investments - other securities. See Part IV, lir	114,601.	12	116,733.		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	300.	15	300.		
	16	Total assets. Add lines 1 through 15 (must e			2,329,766.	16	2,679,914.
	17	Accounts payable and accrued expenses	29,258.	17	31,162.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f	ormer of	ficer, director,			
Liabilities		trustee, key employee, creator or founder, su	ubstantia	l contributor, or 35%			
iab		controlled entity or family member of any of t	hese pe	sons		22	
_	23	Secured mortgages and notes payable to un	related t	hird parties		23	
	24	Unsecured notes and loans payable to unrela	ated thire	d parties		24	
	25	Other liabilities (including federal income tax,	payable	s to related third			
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			29,258.	26	31,162.
S		Organizations that follow FASB ASC 958,	check h	ere 🕨 🗓			
Š		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			2,300,508.	27	2,648,752.
Ä	28	Net assets with donor restrictions		<u></u>		28	
Ĭ.		Organizations that do not follow FASB AS	C 958, c	neck here 🕨 🔲			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current fun	nds			29	
sse	30	Paid-in or capital surplus, or land, building, or	r equipm	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	d income	, or other funds		31	
Se	32	Total net assets or fund balances			2,300,508.	32	2,648,752.
	33	Total liabilities and net assets/fund balances			2,329,766.	33	2,679,914.

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	74	6,6	51.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53	2,5	<u>60.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		4,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,30		
5	Net unrealized gains (losses) on investments	5	13	4,1	<del>53.</del>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,64	8,7	52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	O.			
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
За	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		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on 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

#### 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

Open to Public Inspection

Employer identification number Name of the organization 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. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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

### 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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and	(-, : : -	(-)	(=,==:	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	597,694.	526,384.	750,170.	630,464.	681,258.	3185970.
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	597,694.	526,384.	750,170.	630,464.	681,258.	3185970.
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)						302,824.
6	Public support. Subtract line 5 from line 4.						2883146.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	597,694.	526,384.	(c) 2017 750, 170.	(d) 2018 630,464.	(e) 2019 681, 258.	(f) Total 3185970.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	39,260.	34,950.	38,496.	49,233.	45,815.	207,754.
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.)	949.	940.	342.	3,886.	950.	7,067.
11	<b>Total support.</b> Add lines 7 through 10						3400791.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	•				n 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	line 6, column (f) di	ivided by line 11, c	olumn (f))		14	84.78 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	79.75 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2018. 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"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explair	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2019

932022 09-25-19

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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	<i>,</i>					
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	i					
3 received from disqualified persons	s					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	S					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,	S					
whether or not the business is						
regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital					1	
assets (Explain in Part VI.) · · · · · · · · · · · · · · · · · · ·						
13 Total support. (Add lines 9, 10c, 11, and 12.)	· -				<u> </u>	<u> </u>
<b>14</b> First five years. If the Form 990 is f	-			-		
check this box and stop here						<u></u>
Section C. Computation of Pub					1 1	
<b>15</b> Public support percentage for 2019					15	<u>%</u>
16 Public support percentage from 20					16	<u>%</u>
Section D. Computation of Inve					1 1	
17 Investment income percentage for 2					17	<u>%</u>
18 Investment income percentage from					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, cl	neck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>

#### 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.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		(=		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son 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 fam	ily member of a person described in (a) above?	11b		
С	A 35%	controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
0		pported organization(s).	1		
Sec	lion L	D. All Type III Supporting Organizations		V	Na
4	Did +b	a averagination provide to each of its supported averaginations, by the last day of the fifth month of the		Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?  any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ı		
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
Ü	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ries Test. <b>Answer (a) and (b) below.</b>		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how tl	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 ord	ganization (see
	instructions)	,		

Schedule A (Form 990 or 990-EZ) 2019

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organi				
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in <b>Part VI</b> ). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From				
С	From				
d	From				
е	From				
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### **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

Pai	t I Organizations Maintaining Donor Advise		S or Accounts Complete if the
ı aı			3 of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Tatal mounth ou at an el aforca u	(a) Borior advised funds	(b) I dilas and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	_	
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Do			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the forn	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located 🕨	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	<u> </u>
	violations, and enforcement of the conservation easements it	t holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or (	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, 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 fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
	Assets included in Form 990, Part X		

932051 10-02-19

Schedule D (Form 990) 2019

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

Par	rt III Organizations Maintaining Col	lections of Ar	t, Hist	orical Tr	easures, c	or Other	Similar A	ssets(con	tinued)
3	Using the organization's acquisition, accession,	, and other record	s, check	any of the	following tha	t make sig	nificant use	of its	
	collection items (check all that apply):								
а	Public exhibition	d	L	oan or exc	hange progra	am			
b	Scholarly research	е		Other					
С	Preservation for future generations			<u></u>					
4	Provide a description of the organization's colle	ctions and explain	n how th	ey further t	he organizati	on's exem	pt purpose i	n Part XIII.	
5	During the year, did the organization solicit or re								
	to be sold to raise funds rather than to be maint	tained as part of t	he orgar	nization's co	ollection?			Yes	☐ No
Par	rt IV Escrow and Custodial Arrange	ements. Comple	te if the	organizatio	n answered '	'Yes" on F	orm 990, Pa	rt IV, line 9,	or
	reported an amount on Form 990, Part X	(, line 21.							
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for o	contribution	ns or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and								
								Amou	ınt
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 Form						y?	Yes	□ No
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the ex	planatio	n has been	provided on	Part XIII			
Par	rt V Endowment Funds. Complete if th	e organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10	).		
	(1	a) Current year	<b>(b)</b> Pi	rior year	(c) Two year	s back (c	1) Three years	back (e) Fo	ur years back
1a	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 curren	t year end balanc	e (line 1	g, column (a	a)) held as:	•			
а	Board designated or quasi-endowment	-	%		**				
b	Permanent endowment	%	_						
С	Term endowment > %								
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.							
За	Are there endowment funds not in the possessi		ation tha	t are held a	and administe	red for the	e organizatio	n	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								i)
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the or								
Par	rt VI Land, Buildings, and Equipmer	nt.							
	Complete if the organization answered "	Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.		
	Description of property	(a) Cost or of	ther	(b) Cost	or other	(c) Acc	cumulated	(d) Bo	ok value
		basis (investm	nent)	basis	(other)	depr	eciation		
1a	Land								
	Buildings								
	Leasehold improvements				3,375.		501		2,874.
					6,695.	,	72,671	•	4,024.
	Other			5	0,613.		49,458	•	1,155.
	L Add lines 1a through 1e (Column (d) must equa		X colum					T	8,053.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	KOUECI, INC.	. 14	- 1/31000 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			-l -f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 B . W. W		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
	escription		(b) BOOK Value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	
	5 000 B 1 11 / 11	44.0 5 000 5 17 11 00	_
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide t	the text of the footnote t	to the organization's financial statements	that reports the

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With Rev	renue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total re	venue, gains, and other support per audited financial statements		1	
2	Amount	s included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unre	ealized gains (losses) on investments	. 2a		
b	Donated	d services and use of facilities	2b		
С		ries of prior year grants			
d		Describe in Part XIII.)			
е	Add line	es <b>2a</b> through <b>2d</b>		2e	
3	Subtrac	t line <b>2e</b> from line <b>1</b>		3	
4	Amount	s included on Form 990, Part VIII, line 12, but not on line 1:			
а		ent expenses not included on Form 990, Part VIII, line 7b	· — — — — — — — — — — — — — — — — — — —		
b	Other (E	Describe in Part XIII.)	4b		
С		es <b>4a</b> and <b>4b</b>			
5		venue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		5	
Ра		Reconciliation of Expenses per Audited Financial Stater		penses per Heturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1		penses and losses per audited financial statements		1	
2		s included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		d services and use of facilities			
b		ar adjustments			
C	Other lo				
d		Describe in Part XIII.)	-	0.0	
e		es 2a through 2d			
3		t line <b>2e</b> from line <b>1</b> s included on Form 990, Part IX, line 25, but not on line 1:			
4		ent expenses not included on Form 990, Part VIII, line 7b	4a		
a b		Describe in Part XIII.)	· — — — — — — — — — — — — — — — — — — —		
		and Annual Alic		4c	
5		es <b>4a</b> and <b>4b</b> epenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			
		Supplemental Information.			
		escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	t IV. lines 1b and 2	2b: Part V. line 4: Part X. line 2: Part XI.	
		b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			

#### 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.

2019
Open to Public Inspection

Name of the organization

Employer identification number

<b>t</b> airi	o or the organization					Employer racing	iloation namber
гні	E PRASAD PROJ	ECT, INC	•			14-175108	36
Paı	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the organ	ization answered "	Yes" on
	Form 990, Part IV	/, line 14b.					
1				ds to substantiate the amount of its gra		assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	stance? X	Yes No
_							
2		ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance out	side the
_	United States.	ha fallassina Dad	. I line O telele e				
3	(a) Region	(b) Number of		an be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total
	(a) region	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	employees, agents, and independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
ruos	H ASIA -		in the region				+
	IANISTAN,						
	LADESH, BHUTAN,			GRANTS TO RECIPIENT LOCATED			
	A, MALDIVES,	0	0	IN REGION			28,255.
	· ·						<u> </u>
							+
							†
3 a	Subtotal	0	0				28,255.
	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3h)	l 0	l 0				28 255.

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

Schedule F (Form 990) 2019

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	20 255	WIDE SPANSEE			
		INDIA	SELF HELP GROUPS	28,255.	WIRE TRANSFER	0.		

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
 Enter total number of other organizations or entities

\_\_\_\_\_\_1

Part III Grants and Other Assistance	ce to Individuals Outside	e the United St	ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	dditional space is neede						
(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) 2019 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) 2019

# 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 I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	AD DDATECT	TNC					Employer identification number 14-1751086
Part I General Information on Grants	AD PROJECT	r, INC.					14-1/51000
1 Does the organization maintain records		e amount of the grant	ts or assistance, the	grantees' eligibilit	ty for the grants or as:	sistance and the selec	tion
criteria used to award the grants or ass							
2 Describe in Part IV the organization's p	rocedures for mon	itoring the use of gran	nt funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	tic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	1			(6) Mada a di a 6		
Name and address of organization or government	(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	94-3309195	501(C)3	55,000.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization			the line 1 table				<u>1.</u>

Schedule I (Form 990) (2019) THE P	RASAD PROJ	ECT, INC	•			14-1751086	Page 2
Part III Grants and Other Assistance to Do Part III can be duplicated if additional	omestic Individuals			ered "Yes" on Form 9	990, Part IV, line 22.		<u> </u>
(a) Type of grant or assistanc	е	(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 a	assistance
Deat IV Complemental Information Decide	the lefe weekler was	sional in Deut I lin	- O. Dart III. a alivera	(la)			
Part IV Supplemental Information. Provide	the information req	uired in Part I, iin	e 2; Part III, column	(b); and any other a	aditional information.		
PART I, LINE 2:							
REVIEW OF BOOKS AND RECO	RDS, RECEI	PTS FOR	CAPITAL EX	(PENDITURES	, VISITS TO		
PROGRAMS.							

#### **SCHEDULE 0**

(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

Internal Revenue Service 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 MEXICO AND OTHER AFFILIATES PROGRAM IS TO HELP UNDERPRIVILEGED PEOPLE IN MEXICO WITH EYE IMPAIRED ISSUES AND FUNDRAISE TO PROVIDE MEDICAL SERVICES FOR OTHER AFFILIATES. THEY HAVE CAMP SITES SET UP IN REMOTE AREAS OF MEXICO. THE PROGRAM ALLOWS FOR PEOPLE TO GET EYE SURGERY (CATARACTS) AND FIX PEOPLE THAT MAY HAVE CROSSED EYES. IN 2019, SEVEN EYE CAMPS WERE ORGANIZED AND FREE EYE SURGERIES WERE PERFORMED ON 1,153 PATIENTS.

EXPENSES \$ 81,009. 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

 Employer identification number 14-1751086

DIRECTOR. THE FINANCE DIRECTOR REVIEWS THE FORM AND A COPY OF THE FORM IS

SENT TO TREASURER AND TRUSTEE FOR REVIEW. ONCE THE FORM IS REVIEWED AND

APPROVED, THE FORM IS SIGNED AND FILED WITH THE INTERNAL REVENUE SERVICE.

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

IT APPLIES TO THE BOARD OF TRUSTEES AND STAFF WITH SIGNIFICANT

DECISION-MAKING AUTHORITY. PERSONS COVERED UNDER THIS POLICY, AS WELL AS

THEIR RELATIVES AND ASSOCIATES, ARE HEREINAFTER REFERRED TO AS "INTERESTED PARTIES."

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

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization THE PRASAD PROJECT, INC.

Employer identification number 14-1751086

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

WHERE THE POTENTIAL CONFLICT INVOLVES AN EMPLOYEE OF PRASAD, THE BOARD

CHAIR SHALL ALSO BE RESPONSIBLE FOR REVIEWING THE MATTER AND MAY TAKE

APPROPRIATE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF PRASAD.

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

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.

932212 09-06-19

Name of the organization  THE PRASAD PROJECT, INC.	Employer identification number 14-1751086
IF THE BOARD DECIDES THAT THE INTERESTED PARTY HAS IN FAC	T FAILED TO
DISCLOSE A POSSIBLE CONFLICT OF INTEREST, THE BOARD SHALL	TAKE SUCH
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.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES/OTHER:	
PROGRAM SERVICE EXPENSES	52,525.
MANAGEMENT AND GENERAL EXPENSES	688.
FUNDRAISING EXPENSES	1,638.
TOTAL EXPENSES	54,851.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	54,851.

4343\_\_\_1

#### 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

(a)

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

(c)

(d)

(e)

2019
Open to Public Inspection

(f)

OMB No. 1545-0047

Name of the organization

THE PRASAD PROJECT, INC.

Employer identification number 14-1751086

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

(b)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	eme End-of-yea		Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.	zations. 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	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) crolled tity?	
SYDA FOUNDATION - 23-7376445				501(c)(3))		Yes	No	
371 BRICKMAN RD, PO BOX 600 FALLSBURG, NY 12779	TAX-EXEMPT CHURCH	NEW YORK	501(C)(3)	LINE 1	N/A		x	
PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC 94-3309195, 100 SULLIVAN AVE,	SEE SCH R PART VII				THE PRASAD			
FERNDALE, NY 12734	SUPPLEMENTAL INFORMATION	NEW YORK	501(C)(3)	LINE 11	PROJECT, INC.		X	

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

Schedule R (Form 990) 2019

Page 2

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. Part III

Organizations treated as a pa	organizations treated as a partnership during trie tax year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	General managi partne	Percentage ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o	
-												
										++		
							_			+		

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1								
	1								
	I	/11							

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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				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
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
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 orga	anization(s)			1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	ion(s)			1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		X
_2	If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete t	his line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,						
(1)	INC.	L	91,581.	VALUE OF DONATED SERVICE	S		
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,						
(2)	INC.	В	55,000.	AMOUNT OF CASH GRANT			
(3)							
(4)							
(5)							
<u>(6)</u>		42		<u> </u>	- /F	000	0040
93216	3 09-10-19	44		Schedule I	K (Fori	n 990	12019

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)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se 501(c)(3)	Share of	Share of	Dispr tion	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No	) Income	assets	Yes	No	(F01111 1065)	Yes N	0
										$\vdash$	
										$\sqcup$	
		ſ		1 I			1		I	1 I	1