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)

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

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



A	or the	e 2016 calendar year, or tax year beginning and	ending	_	
B	Check if pplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre chang				
	Name chang	e Doing business as		14-1	751086
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return			845-	434-0376
	termin ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,057,613.
F	_lreturn ]Applic _tion			H(a) Is this a group re	
	tiòn pendi	<sup>a-</sup> F Name and address of principal officer: JYOTIKA PATEL <sup>19</sup> SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates ir	
1.1	Гах-ех	empt status: $X = 501(c)(3) = 501(c) ( ) = (insert no.) = 4947(a)(1)$	or 527		list. (see instructions)
		te: WWW.PRASAD.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	I Year		State of legal domicile: NY
	art I	Summary	- rour		o allo or rogal dormenor
		Briefly describe the organization's mission or most significant activities:	MISSIO	N OF THE PR.	ASAD
Activities & Governance		PRÓJECT IS TO HELP IMPROVE THE QUALITY O	F LIFE	AND OFFER	
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
ove	3	<b>.</b>			4
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
§S 8		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			б
/itie		Total number of volunteers (estimate if necessary)			5
çti		Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		597,694.	526,384.
'nué	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,960.	9,381.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		949.	940.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		627,603.	536,705.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		178,520.	94,444.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		247,959.	255,553.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx		Total fundraising expenses (Part IX, column (D), line 25)	36.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		181,687.	175,002.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		608,166.	524,999.
	19	Revenue less expenses. Subtract line 18 from line 12		19,437.	11,706.
s or			Be	ginning of Current Year	End of Year
alar	20	Total assets (Part X, line 16)		2,037,508.	2,103,852.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		42,812.	37,210.
Pur la	22	Net assets or fund balances. Subtract line 21 from line 20		1,994,696.	2,066,642.

Part II Signature Block

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

Sign Here	Signature of officer         JYOTIKA PATEL, TRUSTEE         Type or print name and title		Date	
Paid	Print/Type preparer's name FREDERICK MARTENS	Preparer's signature	if	heck PTIN elf-employed P00298107
Preparer		PAS LLP	Firm's E	IN ▶ 13-1655065
Use Only	Firm's address 551 FIFTH AVENUE			
	NEW YORK, NY 101	76	Phone r	10.212-697-2299
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
632001 11-1	1-16 LHA For Paperwork Reduction Act Notic			Form <b>990</b> (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III       Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III         1       Briefly describe the organization's mission:         THE MISSION OF THE PRASAD PROJECT INC IS TO HELP IMPROVE THE QI         OF LIFE AND OFFER OPORTUNITIES FOR SELF -RELIANCE BY WORKING IN PARTNERSHIP WITH PEOPLE IN NEED AND THEIR COMMUNITIES.         2       Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 900-E27         If "Yes," describe these new services on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total e revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total e revenue, if any, for each program service reported.         4a       (code       (Revenue §         PRASAD CHILDREN'S DENTAL HEALTH PROGRAM         IN 2016, PRASAD CDHP PROVIDED DENTAL HEALTH EDUCATION CLASSES ' THAN 3, 500 CHILDREN, IN ADDITION, THE DENTAL CLINIC RECEIVED 6 VISITS AND PERFORMED MORE THAN 2, 000 DENTAL PROCEDURES.         """       THE NUTRITION PROGRAM PROVIDED 54, 284 NUTRITIONAL SUPPLEMENTS ' CHILDREN, PREGNANT WOMEN AND NURSING MOTHERS. PRASAD CHIKITSA '' CHILDREN, PREGNANT WOMEN AND NURSING MOTHERS. PRASAD CHIK	Yes Yes expenses, a
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PREVENTIVE HEALTH CARE SERVICES, DENTAL CARE, HIV/AIDS PREVENT         TREATMENT, AND SCHOOL HEALTH SCREENINGS TO CHILDREN. LAST YEAR         ANUKAMPAA HEALTH CENTER AND THE MOBILE HOSPITAL RECEIVED 19,40         4c       (Code:) (Expenses \$ 73,749. including grants of \$) (Revenue \$) (Revenue \$)         CONSTITUENT EDUCATION       SAN EDUCATIONAL PROGRAM WITH A GOAL OF	IN TI
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ANUKAMPAA HEALTH CENTER AND THE MOBILE HOSPITAL RECEIVED 19,40 (Code:)(Expenses \$ 73,749. including grants of \$) (Revenue \$ _	
4c       (Code:) (Expenses \$ 73,749. including grants of \$) (Revenue \$)         CONSTITUENT EDUCATION         CONSTITUENT EDUCATION IS AN EDUCATIONAL PROGRAM WITH A GOAL OF	
CONSTITUENT EDUCATION CONSTITUENT EDUCATION IS AN EDUCATIONAL PROGRAM WITH A GOAL OF	3 VIS
CONSTITUENT EDUCATION IS AN EDUCATIONAL PROGRAM WITH A GOAL OF	
THE COMMUNITIES THAT WE SERVE. THE PROGRAM PROVIDES PRINT AS W	
ELECTRONIC NEWSLETTERS AND WEBSITE UPDATES THROUGHOUT THE YEAR	•
4d Other program services (Describe in Schedule O.)	
(Expenses \$ 81,562. including grants of \$ ) (Revenue \$	
te Total program service expenses ► 456,750.	
	)
SEE SCHEDULE O FOR CONTINUATION(S)	) Form <b>99</b>
2 51020 759420 4343 2016.04020 THE PRASAD PROJECT, INC.	) Form <b>9</b> 9

Form 990 (2016)

THE PRASAD PROJECT, INC.

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2016)

<b>—</b>	000	
FOUL	990	(2016)

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
b	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	21	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558	1	
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
20	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2016)

Form	990 (2016) THE PRASAD PROJECT, INC. 14-1751	086	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter 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 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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	L
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X.
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b				
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
5	organization is licensed to issue qualified health plans <b>13b</b>			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	,		990	(2016)

Form	990	(2016	)
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# THE PRASAD PROJECT, INC.

X

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

Sec	tion A. Governing Body and Management				
				Yes	I
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?	-	2		
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision			Ι
	of officers, directors, or trustees, or key employees to a management company or other person? $\ldots$		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Ι
6	Did the organization have members or stockholders?		6	X	I
7a					Ī
			7a	X	l
b					t
			7b		l
8					t
			8a	x	f
				X	t
					t
Ŭ			9		I
ec					1
				Yes	1
0a	Did the organization have local chanters, branches, or affiliates?		10a	100	t
					ł
b			105		I
				X	ł
		dy before filling the fo	orm? <b>11a</b>		ł
_				v	ł
			12a	X	ł
b			12b	X	ł
С					I
				X	ļ
3				X	ļ
4	Did the organization have a written document retention and destruction policy?		14	X	ļ
5	Did the process for determining compensation of the following persons include a review and approv	val by independent			l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			l
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b				Х	J
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ſ
6a		ement with a			I
	taxable entity during the year?		16a		ĺ
b	,				t
					l
			16b		I
ec					Î
1a       Interest the number of voting members of the governing body, or if the governing body.         2b       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duise customarily performed by or under the direct supervision of officer, director, trustee, or key employees to a management duise customarily performed by or under the direct supervision of officer, directors, or trustees or key endpoyees to a management duise customarily performed by or under the direct supervision of officer, directors, or trustees or key or of a significant diversion of the organization have members, stockholdens?         3D       Did the organization body       Image: the organization have members, stockholdens, or other persons who had the power to elect or appoint one or more members of the governing body?         4D       Did the organization custome to be abdiffer the governing body?         5D       Ar any governance decisions of the organization reserved to (or subject to approval by) mombers, stockholders, or persons other than the governing body?         8D       Did the organization custome, or key employees listed in PAT VII. Section A, who cannot be reached at the organization reserved to a subject to approval by members, stickholders, or persons other due organization provide were there to organization reserved to a complete copy of this Form 900.         9D       In the argumalization provide were toreaction and decises and theproses?					
		-T (Section 501(c)(3)s	only) availat	ole	-
•	for public inspection. Indicate how you made these available. Check all that apply.		, only) availab	510	
		,			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest poli	icy, and finar	ncial	
0		ooks and records:	·		_
	465 BRICKMAN ROAD, HURLEYVILLE, NY 12747				
200	6 11-11-16		Form	n <b>990</b>	(
51	020 759420 4343 2016.04020 THE PRASAD PRC	JECT, INC.	43	43_	

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

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	<b>(B)</b> Average	verage Position (do not check more than one					one	<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any	offi	, unle icer ar					compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) HARRIET COLE	20.00	.,						0	0	0
TRUSTEE/CHAIRMAN	1 - 00	X		X				0.	0.	0.
(2) JYOTIKA PATEL	15.00	I								•
TREASURER/TRUSTEE	1 - 00	X		X				0.	0.	0.
(3) TOM KARULA	15.00	I								•
TRUSTEE		X						0.	0.	0.
(4) DEBORAH ROYCE	20.00	I								0
TRUSTEE	10.00	X						0.	0.	0.
(5) KATY WYCKOFF	20.00	4								0
SECRETARY	10.00			X				0.	0.	0.
(6) MARIA ESCARRA	40.00	4						67 704		10 001
ASSISTANT SECRETARY/EXEC. DIR.	10.00			X				67,724.	0.	18,921.
(7) LINDA HINDES	40.00	4						66.250		
ASSISTANT TREASURER	10.00			X		-	-	66,350.	0.	744.
		-								
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	THE PRASAD PROJECT, INC.									14-1	751	086	Paç	ge <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C						
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations	box,	not cl unles er an	(C Posi heck r ss per d a di	tion more rson i recto	than o s both r/trust	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d Is	Estir amo of compe fror orgar	( <b>F)</b> mated bunt of ther ensati m the nizatio related	f on n
		below line)	In divid ual tr	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				organ		
1h	Sub-total								134,074.		0.	19	,66	5.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			· · · · · · · ·	· · · · · · · ·	 		0. 134,074.		0.		,66	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	io ri	eceived more than \$100	,000 of reportab	le			0
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes." <i>complete</i> Schedule J for si	-				•			highest compensated e			3 Y		No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	),000? If "Yes,	e co " <i>cor</i>	mpe mple	ensa ete S	ition Sche	and dule	l otl 9 <i>J f</i>	her compensation from for such individual	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	-				-						5		х
5ec 1	tion B. Independent Contractors Complete this table for your five highest contractors	mpensated inc	lepe	nde	nt c	ontr	acto	rs t	that received more than	\$100,000 of con	npens	ation fro	om	
	the organization. Report compensation for t	the calendar ye	ear e	endii	ng w	/ith o	or wi	thir	n the organization's tax ( <b>B</b> )	year.		(C)		
	Name and business	address	NC	ONE	2			_	Description of s	ervices	C	ompens		
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	nite	d to	thos (		tec	d above) who received n	nore than			00.15	
												Form <b>9</b> 9	<b>9U</b> (20	J16)

	n 990 (		ROJECT, I	NC.		14-175	1086 Page <b>9</b>
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII (A)	(B)	(C)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
Am 0		Fundraising events 1c	64,701.				
Gifi İlar	d	Related organizations 1d					
ns,		Government grants (contributions)					
utio er (	f	All other contributions, gifts, grants, and	4 6 1 6 0 2				
Oth		similar amounts not included above	461,683.				
Con		Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f		526,384.			
0.		Total. Add lifes 1a-11	Business Code				
é	2 a						
e rvio	b						
n Se	с						
Jev	d						
Program Service Revenue	е						
ш.	f	All other program service revenue					
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including dividends, inter					
	5	other similar amounts)		34,950.			34,950.
	4	Income from investment of tax-exempt bond					
	5	Royalties	►				
		(i) Real	(ii) Personal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Gross amount from sales of (i) Securities					
	7 4	assets other than inventory 493, 164					
	b	Less: cost or other basis					
		and sales expenses 518,733	•				
	с	Gain or (loss) -25,569	•				
		Net gain or (loss)	····· •	-25,569.			-25,569.
ani	8 a	Gross income from fundraising events (not $64,701$					
ven		including \$ 64,701. of contributions reported on line 1c). See					
r Re		Part IV, line 18	2,175.				
Other Revenue	b	Less: direct expenses k	2,175.				
0		Net income or (loss) from fundraising events	►	0.			
		Gross income from gaming activities. See					
		Part IV, line 19 a					
		• • • • • • • • • • • • • • • • • • • •					
		Net income or (loss) from gaming activities .	····· <b>•</b>				
	10 a	Gross sales of inventory, less returns and allowances a					
	b						
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11 a	MISCELLANEOUS	900099	940.			940.
	b						
	C.						
	d			940.			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.		536,705.	0.	0	. 10,321.
63200	9 11-11				<b>~</b> •	•	Form <b>990</b> (2016)
				9			()

Part IX Statement of Functional Expenses

THE PRASAD PROJECT, INC.

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	==			
	and domestic governments. See Part IV, line 21	55,000.	55,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	20 444	20 444		
	individuals. See Part IV, lines 15 and 16	39,444.	39,444.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	152 720	122 171	17 600	2 570
_	trustees, and key employees	153,739.	132,471.	17,698.	3,570
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	71,460.	63,960.	1,755.	5,745
7	Other salaries and wages	/1,400.	03,900.	±,/55•	5,745
B	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	12,246.	10,690.	1,016.	540
9	Other employee benefits	18,108.	15,615.	1,744.	749
)	Payroll taxes	10,100.	13,013.	<u> </u>	/42
1	Fees for services (non-employees):				
a L	Management				
b		19,047.	16,686.	2,361.	
	Accounting	19,047.	10,000.	2,301.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	9,149.		9,149.	
f	Investment management fees	,14,0		,14,7.	
g	Other. (If line 11g amount exceeds 10% of line 25,	36,263.	29,333.	4,151.	2 770
~	column (A) amount, list line 11g expenses on Sch 0.)	326.	248.	62.	2,779
2	Advertising and promotion	19,410.	17,145.	1,603.	662
3	Office expenses	19,410.	17,143.	1,005.	002
4	Information technology				
5	Royalties	30,988.	27,060.	2,588.	1,340
5		6,433.	5,842.	384.	207
7	Travel	0,400.	5,042.	504.	201
3	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	3,266.	2,856.	264.	146
9	Conferences, conventions, and meetings	5,200.	2,050.	204.	
2	Interest				
1 2	Payments to affiliates Depreciation, depletion, and amortization	3,830.	3,345.	373.	112
		16,126.	11,403.	4,160.	563
3	Insurance	10,120•	±±,±03•	-,100.	50.
ł	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMPUTER SUPPLIES	12,093.	9,886.	1,736.	471
a b	MISCELLANEOUS	9,507.	8,247.	793.	467
с С	REPAIRS AND MAINTENANCE	7,586.	6,660.	597.	329
c d	FEES/PERMITS	848.	748.	65.	32
-	All other expenses	130.	111.	14.	
e 5	Total functional expenses. Add lines 1 through 24e	524,999.	456,750.	50,513.	17,730
) ;	Joint costs. Complete this line only if the organization	544,5550	200,700	50,515.	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

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10 2016.04020 THE PRASAD PROJECT, INC. Form **990** (2016)

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28,541. 7,876. 3 3 Pledges and grants receivable, net 2,273. 885. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 8,607. 5,755. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 240,841. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 231,742. 10,627. 9,099. b Less: accumulated depreciation 10b 10c 1,607,394. 1,669,086. Investments - publicly traded securities 11 11 100,503. 101,788. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 3,420. 3,420. 15 Other assets. See Part IV, line 11 15 2,037,508. 2,103,852. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 42,812. 17 37,210. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, \_iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 42,812. 37,210. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances 1,994,696. 2,066,642. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,994,696. 2,066,642. Total net assets or fund balances 33 33 2,037,508. 2,103,852. 34 Total liabilities and net assets/fund balances 34 Form **990** (2016)

THE PRASAD PROJECT, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments

(B)

End of year

113,587.

170,303.

(A)

Beginning of year

202,946.

95,250.

1

2

1

2

Form	1 990 (2016) THE PRASAD PROJECT, INC. 1	4-17510	86	Page <b>12</b>
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		🗌
1	Total revenue (must equal Part VIII, column (A), line 12)			,705.
2	Total expenses (must equal Part IX, column (A), line 25)			,999.
3	Revenue less expenses. Subtract line 2 from line 1			,706.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1,		,696.
5	Net unrealized gains (losses) on investments 5		60,	,240.
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	) 2,	066,	,642.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
		_	Ye	es 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 reviewed on	a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b 2	ζ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate ba	isis,		
	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 au	dit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c 2	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedul	e O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
		E.	orm QC	0 (2016)

Form **990** (2016)

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(Form	990	or	990	-EZ
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

947(a)(1	) nonexe	mpt ci	naritab	ie trust.
Attach	to Form	990 or	<sup>-</sup> Form	990-EZ.

2016
Open to Public

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization	
	TH

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

			PRASAD PRO					1	4-1751086	
Par	t I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) S	ee instruction	S.		
The o	rgan	ization is not a private found								
1 [		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
з [		A hospital or a cooperative					ii).			
4		A medical research organiz					-	.)(iii). Enter	the hospital's name,	
		city, and state:	·							
5 [		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	с ,	•	, ,				
6 [		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).			
7 [	X	An organization that norma						the general	public described in	
		section 170(b)(1)(A)(vi). (C			U U			Ū		
8 [		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9 [		An agricultural research org				ed in conju	unction with a	land-grant	college	
		or university or a non-land-	rant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	je or	
		university:								
10		An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from	
		activities related to its exen								
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform <sup>·</sup>	the function	ons of, or to c	arry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in	
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.		
а		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A supporting org	-				-		-	
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	oported	
		organization(s). You mus								
С		☐ Type III functionally inte						illy integrat	ed with,	
		its supported organizatio	.,		-		-		/ )	
d		Type III non-functionally						-		
		that is not functionally int			•		-	d an attent	iveness	
		requirement (see instruct		-						
е	L	Check this box if the orgation functionally integrated, or					а турет, туре	п, туре ш		
f	Ente	er the number of supported of		many integrated support	ing organi	2411011.				
		vide the following information	0	nd organization(s)					. L	
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see ir	nstructions)	support (see instructions)	
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

2016.04020 THE PRASAD PROJECT, INC.

# Schedule A (Form 990 or 990-EZ) 2016 THE PRASAD PROJECT, INC.

14-1751086 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) 2016	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	711,898.	568,378.	712,669.	597,694.	526,384.	3117023.
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	711,898.	568,378.	712,669.	597,694.	526,384.	3117023.
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)						369,172.
	Public support. Subtract line 5 from line 4.						2747851.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
7	Amounts from line 4	711,898.	568,378.	712,669.	597,694.	526,384.	3117023.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	17,206.	34,224.	41,762.	39,260.	34,950.	167,402.
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.)	3,998.	3,391.	48,377.	949.	940.	57,655.
11	Total support. Add lines 7 through 10						3342080.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's				n 501(c)(3)	
	organization, check this box and stor	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	82.22 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	82.57 %
	33 1/3% support test - 2016. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			►X
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s
				,,, e. II k		dule A (Form 990	

50 A (I -)

632022 09-21-16

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# Schedule A (Form 990 or 990-EZ) 2016 THE PRASAD PROJECT, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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.)

	ction A. Public Support ndar year (or fiscal year beginning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total	
	Gifts, grants, contributions, and	(,	(,	(0) _0	(1) _0 . 0			(1) 1010	
-	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
18	3 received from disgualified persons								
h	Amounts included on lines 2 and 3 received		+	+	+				
N.	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support						I		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e)	2016	(f) Total	
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
~	Add lines 10a and 10b								
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)	(3) organiz	ation,	
	check this box and stop here	-			•		••••	Í. ►[	
Sec	ction C. Computation of Publ	ic Support Pe	ercentage						
	Public support percentage for 2016 (I			column (f))		15			%
	Public support percentage from 2015					16			%
	ction D. Computation of Invest					10			
	Investment income percentage for 20					17			%
18	Investment income percentage from 2					18			%
	33 1/3% support tests - 2016. If the						and line 1	7 is not	/0
194	more than 33 1/3%, check this box ar	-							
h									
Q	<b>33 1/3% support tests - 2015.</b> If the	•							$\neg$
00	line 18 is not more than 33 1/3%, che			•			•		$\exists$
	Private foundation. If the organizatio	n did not check a	1 box on line 14, 19	a, or 190, check t					
3202	23 09-21-16			15	Sch	edule A	(Form 990	or 990-EZ) 2	:016
F 1	000 750400 4040	2.0	16 04000			T NT/	r	1212	1
S T	020 759420 4343	∠0.	LO•04040	THE PRASA	D FROULCT	<b>, ΙΝ</b>	- •	4343	_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 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 (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.)

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

2016.04020 THE PRASAD PROJECT, INC.

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			Var	NE
	Les the examination appointed a sift or contribution from any of the following resurces 0		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
300	ction B. Type I Supporting Organizations		Vee	Na
	Did the divertees twisters as merely while of one or more supported every institute hours the more the		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
800	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		Vee	Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). Ition D. All Type III Supporting Organizations	1		
Sec			Vee	No
4	Did the experimentian provide to each of its supported experimetions, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	0		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	•		
800	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a L				
b		ructions	<b>`</b>	
c o		ructions		Na
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	these supported organization(s) to which the organization was responsive? If res, ther in Part vindening those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2		20		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		3a		
h	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
U	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
62000	5 09-21-16 Schedule A (Form 9		0. E7	2016
03202	17 Schedule A (Forms	00 01 95	····	2010

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2016.04020 THE PRASAD PROJECT, INC. 4343\_\_1

# Schedule A (Form 990 or 990-EZ) 2016 THE PRASAD PROJECT, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <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		
Section 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	lv integrate	ed Type III supporting or	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e				
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	(iii)			
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
300			FIE-2010	Amount for 2010			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required- explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
a							
b							
c	From 2013						
d	From 2014						
e	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c						
8	Breakdown of line 7:						
<u>a</u>	F ( 0010						
	Excess from 2013						
-	Excess from 2014						
	Excess from 2015						
e	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

16351020 759420 4343

Part VI	(Form 990 or 990-EZ) 2016 THE I	Provide the explanations		- Dart II, line 10	). Dart II. lina 17		51086 Pa
	<b>Supplemental Information.</b> Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par	4b, 4c, 5a, 6, 9a, 9b, 9c, 1 I 3; Part IV, Section E, line	11a, 11b, ar s 1c, 2a, 2b	ld 11c; Part IV , 3a, and 3b; I	/, Section B, line Part V, line 1; Pa	es 1 and 2; Par Int V, Section B	t IV, Section C, , line 1e; Part V
	(See instructions.)				-		
32028 09-21-1	6		20		Sche	dule A (Form 9	990 or 990-EZ)
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	HEDULE D		OMB No. 1545-0047		
(Forn	n 990)		2010		
	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	fe 00	Open to Public Inspection
	e of the organization	Information about Schedule D (Fol	m 990) and its instructions is at www.irs.gov/		ployer identification number
INAIII	e of the organization	THE PRASAD PROJECT	, INC.	<b>-</b>	14-1751086
Par	t I Organization		d Funds or Other Similar Funds or <i>I</i>	Accou	unts.Complete if the
	organization ans	wered "Yes" on Form 990, Part IV, lir	ne 6.		
			(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1		year			
2		tributions to (during year)			
3		nts from (during year)			
4		of year			
5	-		writing that the assets held in donor advised fur		
-			exclusive legal control?		Yes II No
6	0	0 / /	advisors in writing that grant funds can be used		
	• •		or donor advisor, or for any other purpose confe	•	Yes No
Par	impermissible private be		ganization answered "Yes" on Form 990, Part IV		
1		tion easements held by the organizat	-	, iii ie <i>i</i>	•
•		nd for public use (e.g., recreation or e		vimno	rtant land area
	Protection of natu		Preservation of a certified h		
	Preservation of or				
2	•	•	fied conservation contribution in the form of a c	onserv	ation easement on the last
	day of the tax year.	-91			Held at the End of the Tax Year
а		vation easements		2a	
b				2b	
с			ucture included in (a)	2c	
d	Number of conservation	n easements included in (c) acquired	after 8/17/06, and not on a historic structure		
	listed in the National Re	egister		2d	
3	Number of conservation	n easements modified, transferred, re	leased, extinguished, or terminated by the orga	nizatio	n during the tax
	year 🕨				
4		e property subject to conservation ea			
5	•		riodic monitoring, inspection, handling of		
•		nent of the conservation easements i			
6	Staff and volunteer hou	rs devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion eas	sements during the year
-					ata duning the consu
7	► \$	curred in monitoring, inspecting, nand	dling of violations, and enforcing conservation e	aseme	hts during the year
8		a easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	B)(i)	
U					Yes No
9			ion easements in its revenue and expense state		
		•	tion's financial statements that describes the o		
	conservation easement			-	
Par	t III Organization	ns Maintaining Collections o	f Art, Historical Treasures, or Other	Simi	lar Assets.
	Complete if the c	organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization elected	ed, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	and bal	ance sheet works of art,
	historical treasures, or c	other similar assets held for public ex	hibition, education, or research in furtherance o	f public	service, provide, in Part XIII,
	the text of the footnote	to its financial statements that descr	ibes these items.		
b	-		SC 958), to report in its revenue statement and		
		ar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice,	provide the following amounts
	relating to these items:			•	٨
					¢
0	(ii) Assets included in F	, , , , , , , , , , , , , , , , , , , ,	agurage or other similar agents for financial agin		\$
2	-		asures, or other similar assets for financial gain	, provic	
~	-		16 (ASC 958) relating to these items:		\$
					ֆ \$
		tion Act Notice, see the Instruction			
	08-29-16				22.1044.10 2 (1 0111 000/2010

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25 2016.04020 THE PRASAD PROJECT, INC. 4343\_1

Sche	dule D (Form 990) 2016 THE PRA	SAD PROJEC	т, І	NC.			-	14-17	5108	6 Ра	age <b>2</b>
Par	t III   Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Oth	er Simila	ar Asse	<b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	at are a s	significant (	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d			hange progr						
b	Scholarly research	е		Other							
c	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									1		
Da	t IV Escrow and Custodial Arran								Yes		No
1 0	reported an amount on Form 990, Pa		ete ii the	organizatio	n answered	res or	1 FOITH 990	, Part IV,	inte 9, or		
1a	Is the organization an agent, trustee, custod		hiary for	contribution	ns or other a	ssets not	tincluded				
ia	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII							······			
-									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	kplanatio	on has beer	provided or	Part XII	I				
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	1	1					
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the cur	ront year and beland	o (lino 1	a oolump (							
2	Board designated or quasi-endowment	•	е (ште т %	g, column (							
a b	Permanent endowment	%									
	Temporarily restricted endowment										
Ū	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for t	he organiz	ration			
	by:	j							Ι	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	/, line 11a. S	See Form 99	0, Part X	, line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr			t or other (other)		ccumulate preciation	ed	( <b>d)</b> Bool	k value	÷
1a	Land										
	Buildings										
	Leasehold improvements				4,141.		104,14			<u> </u>	0.
d	Equipment			13	6,700.		127,60			9,09	<u> </u>
	Other									<u> </u>	<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	10c.)					9,09	<u> </u>

Schedule D (Form 990) 2016

632052 08-29-16

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

#### Part VIII Investments - Program Related.

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

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

## Part IX Other Assets.

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

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

#### Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2016

632053 08-29-16

Sche	dule D (Form 990) 2016 THE PRASAD PROJECT, INC.		14-1751086 Page
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_ 2a	
b	Prior year adjustments	_ 2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	. 2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_ 4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

632054 08-29-16

Schedule D (Form 990) 2016

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1						2016
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/f	orm990.	Inspection
Name of the organization					Employer ide	entification number
THE PRASAD PROJ					14-1751	
Part I General Info Form 990, Part		Activities Ou	tside the United States. Comple	ete if the orgar	nization answere	ed "Yes" on
	•	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance.	
			the selection criteria used to award the			X Yes No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and c	ther assistance	outside the
3 Activities per Region. (	The following Par	t I, line 3 table c	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of		(e) If acti	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
	-	in the region	recipients located in the region)			in the region
SOUTH ASIA -						
AFGHANISTAN,						
BANGLADESH, BHUTAN,			GRANTS TO RECIPIENTS			
INDIA, MALDIVES,	0	0	LOCATED IN REGION			39,444.
<u> </u>	<u> </u>					20.444
3 a Sub-total	0	0				39,444.
<b>b</b> Total from continuation						_
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				39,444.

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

Schedule F (Form 990) 2016

632071 09-21-16

THE PRASAD PROJECT, INC.

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MEDICAL PROGRAMS AND					
		INDIA	SELF HELP GROUPS	39,444.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organizatio	l ns listed above that are	l recognized as charities by the	foreign country	recognized as tax-e	L xempt by		I
			n 501(c)(3) equivalency letter					1
3 Enter total number of	other organizations	or entities				<b>&gt;</b>		0

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 T	HE	PRASAD	PROJECT,	INC.
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2016

14-1751086

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

Schedule F (Form 990) 2016

632074 09-21-16

# 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.

632075 09-21-16

Schedule F (Form 990) 2016

16351020 759420 4343

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	-	e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2016
Department of the Treasury Internal Revenue Service		Attach to Form 990	or Fo	rm 99	0-EZ.	nov/fr	orm990	Open to Public Inspection
Name of the organization		bout Schedule G (Form 990 or 990-EZ)	and its	sinstru		<i>j</i> 0 <i>v</i> //c	Employer id	dentification number
Fundraisi		SAD PROJECT, INC. Complete if the organization answe	rod "V	(oc" o	n Form 000 Part IV	lino 1	14 - 175	
	complete this part		ieu i	es 0	n Form 990, Fart IV,		7. Form 990-	EZ IIIEIS AIE HOL
<ul> <li>a Mail solicitation</li> <li>b Internet and e</li> <li>c Phone solicitation</li> <li>d In-person soli</li> <li>2 a Did the organization key employees listed</li> <li>b If "Yes," list the 10 literation</li> </ul>	ons email solicitations ations citations n have a written c ed in Form 990, P highest paid indiv	f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	<b>Y</b>	es No
(i) Name and address or entity (fundr	of individual	(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No		113		
		n is registered or licensed to solicit o			s or has been notified	d it is	exempt from	
or licensing.								
			000	000	-7 -	<b>.</b>		
	uuction Act Noti	ice, see the Instructions for Form	ອອບ or	990-l	ΕΖ.	sche	uule G (Form	990 or 990-EZ) 2016

632081 09-12-16

# Schedule G (Form 990 or 990-EZ) 2016 THE PRASAD PROJECT, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			JAZZ BENEFIT			(add col. (a) through
			EVENT	BOARD EVENT	1	col. (c)
			(event type)	(event type)	(total number)	
	1	Gross receipts	21,053.	34,573.	11,250.	66,876
	2	Less: Contributions	18,878.	34,573.	11,250.	64,701
	3	Gross income (line 1 minus line 2)	2,175.			2,175
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
חווברו באחבווצבא	7	Food and beverages	1,175.			1,175
- I.	8	Entertainment				1,000
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug				2,175
	rt I	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	answered "Yes" on Form	990 Part IV line 19 or r	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.		, , ,		
_				(b) Pull tabs/instant		(d) Total gaming (ad
			(a) Bingo		(c) Other gaming	
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	
		2	(a) Bingo		(c) Other gaming	
	1	Gross revenue	(a) Bingo		(c) Other gaming	
╈	<u>1</u> 2	Gross revenue	(a) Bingo		(c) Other gaming	
┥	<u>1</u> 2 3		(a) Bingo		(c) Other gaming	(d) fota ganning (add col. (a) through col. (d
		Cash prizes	(a) Bingo		(c) Other gaming	
1	3 4	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
	3 4 5	Cash prizes	(a) Bingo		(c) Other gaming	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo	Yes% No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	bingo/progressive bingo	Yes% No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%     No     No	bingo/progressive bingo	Yes% No	
	3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	Yes%           No           1 5 in column (d)           7 from line 1, column (d)	bingo/progressive bingo	Yes% No	
	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduction	Yes       %         No       %         1 5 in column (d)          7 from line 1, column (d)          ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
a	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
	3 4 5 6 7 8 Ent	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduction	h 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
	3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes% No	col. (a) through col. (
ab	3 4 5 6 7 8 Ent Is t If "	Cash prizes	Yes%         No         1         Yes%         No         1         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these	bingo/progressive bingo	Yes% No	col. (a) through col. (

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 $ \mathrm{THE}$ ]	PRASAD PROJECT, INC.	14-1	75108	5 Page 3
11 Does the organization conduct gaming activ	vities with nonmembers?		Yes	No
	trustee of a trust, or a member of a partnership or other $\epsilon$			
to administer charitable gaming?			Yes	No No
<b>13</b> Indicate the percentage of gaming activity c	onducted in:			
a The organization's facility			13a	9
<b>b</b> An outside facility			13b	9
	who prepares the organization's gaming/special events b			
Name 🕨				
Address ►				
<b>15a</b> Does the organization have a contract with a	a third party from whom the organization receives gaming	g revenue?	Yes	🗌 No
	e received by the organization $\blacktriangleright$ \$	_ and the amount		
of gaming revenue retained by the third part	∴y ►\$			
c If "Yes," enter name and address of the third	d party:			
Name				
Address 🕨				
16 Gaming manager information:				
Name 🕨				
Gaming manager compensation 🕨 \$				
Description of services provided 🕨				
Director/officer Emp	loyee Independent contractor			
17 Mandatory distributions:				
	to make charitable distributions from the gaming procee			<b>—</b>
				└── No
-	nder state law to be distributed to other exempt organiza	ations or spent in the		
organization's own exempt activities during				
	le the explanations required by Part I, line 2b, columns (ii	i) and (v); and Part III, li	nes 9, 9b, 1	0b, 15b,
15c, 16, and 17b, as applicable. Al	so provide any additional information. See instructions			
32083 09-12-16	36	Schedule G (Form	1 990 or 99	0-EZ) 201
51020 759420 4343	2016.04020 THE PRASAD PRO	JECT, INC.	434	31

16351020 759420 4343


SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individual	<b>ls in the Ŭni</b> ' on Form 990, Pa	ted States		ł	ОМВ No. 11 <b>20</b> Ореп to	16
Internal Revenue Service		Information	on about Schedule I	(Form 990) and its	s instructions is a	t www.irs.gov/form99	0.		Inspec	ction
Name of the organization	n THE PRASA	D PROJECT	, INC.					Employer id	dentificatio	
Part I General Infe	ormation on Grants a	Ind Assistance	-							
2 Describe in Part IV	tion maintain records t vard the grants or assist / the organization's pro Other Assistance to	stance?	toring the use of grant	funds in the Unite	d States.		·····	[	X Yes	No No
	at received more than	\$5,000. Part II can				(f) Method of	1	-		
. ,	Iress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of g r assistance	
PRASAD CHILDREN'S PROGRAM, INC 46 - HURLEYVILLE, NY	5 BRICKMAN ROAD	94-3309195	501(C)3	55,000.	0.			PROGRAM S	UPPORT	
2 Enter total number	r of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	I	L	<b>I</b>	<b>&gt;</b>		1.
3 Enter total number	r of other organization Reduction Act Notice							Schedu	le I (Form (	0.

Schedule I (Form 990) (2016) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance cash assistance recipients cash grant

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

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

PROGRAMS.

PART I, LINE 2:

Part IV

14-1751086

Page 2

SCH	EDU	LE	0
(Form	000	nr QQ	0-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 16 Open to Public Inspection

Employer identification number

THE PRASAD PROJECT, INC.

14-1751086

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

OPPORTUNITIES FOR SELF-RELIANCE BY WORKING IN PARTNERSHIP WITH PEOPLE

IN NEED AND THEIR COMMUNITIES.

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

FROM PEOPLE SUFFERING FROM MANY DISEASES AND CONDITIONS, INCLUDING

MALARIA. THERE WERE 2,822 PARTICIPANTS IN THE HIV/AIDS AWARENESS

MEETINGS.

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

MEXICO AND OTHER AFFILIATES -

SINCE ITS INCEPTION TO 2016, PRASAD DE M XICO HAS HELD MORE THAN 180

EYE CAMPS AND PERFORMED FREE EYE SURGERY FOR MORE THAN 30,000 ADULTS

AND CHILDREN.

EXPENSES \$ 81,562. 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) (2016) 632211 08-25-16 40

16351020 759420 4343

2016.04020 THE PRASAD PROJECT, INC. 4343 1

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>		
Name of the organization THE PRASAD PROJECT, INC.	Employer identification number $14 - 1751086$		
DIRECTOR. THE FINANCE DIRECTOR REVIEWS THE FORM AND A COP	Y OF THE FORM IS		
SENT TO TREASURER AND TRUSTEE FOR REVIEW. ONCE THE FORM I	S REVIEWED AND		
APPROVED, THE FORM IS SIGNED AND FILED WITH THE INTERNAL	REVENUE SERVICE.		

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

IT APPLIES TO THE BOARD OF TRUSTEES AND STAFF WITH SIGNIFICANT DECISION-MAKING AUTHORITY. PERSONS COVERED UNDER THIS POLICY, AS WELL AS THEIR RELATIVES AND ASSOCIATES, ARE HEREINAFTER REFERRED TO AS "INTERESTED PARTIES."

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

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

 WHENEVER THERE IS REASON TO BELIEVE THAT A POTENTIAL CONFLICT OF INTEREST

 EXISTS BETWEEN PRASAD AND A BOARD TRUSTEE, THE BOARD OF TRUSTEES SHALL

 DETERMINE THE APPROPRIATE RESPONSE. THIS SHALL INCLUDE, BUT NOT NECESSARILY

 BE LIMITED TO, INVOKING THE PROCEDURES DESCRIBED BELOW WITH RESPECT TO A

 SPECIFIC PROPOSED ACTION, POLICY OR TRANSACTION. THE DESIGNATED REVIEWING

 OFFICIAL HAS A RESPONSIBILITY TO BRING A POTENTIAL CONFLICT OF INTEREST TO

 602212 08-25-16

 41

 16351020 759420 4343

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

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

AN INTERESTED PARTY WHO HAS A POTENTIAL CONFLICT OF INTEREST WITH RESPECT TO A PROPOSED ACTION, POLICY OR TRANSACTION OF THE CORPORATION SHALL NOT PARTICIPATE IN ANY WAY IN, OR BE PRESENT DURING, THE DELIBERATIONS AND DECISION-MAKING VOTE OF PRASAD WITH RESPECT TO SUCH ACTION, POLICY OR TRANSACTION. HOWEVER, AS THE BOARD DEEMS APPROPRIATE IN ITS SOLE DISCRETION, THE INTERESTED PARTY MAY BE PROVIDED AN OPPORTUNITY TO PROVIDE FACTUAL INFORMATION ABOUT THE PROPOSED CONFLICT AND/OR ACTION, POLICY OR TRANSACTION. ALSO, THE BOARD MAY REQUEST THAT IF THE BOARD OF TRUSTEES HAS REASON TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND ALLOW THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016)

4343\_\_\_1

THE PRASAD PROJECT, INC.

14-1751086

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

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

BOARD MEMBERS ARE ASKED TO APPROVE SALARIES AND INCREASES FOR MANAGEMENT POSITIONS. THE EXECUTIVE DIRECTOR IS CHOSEN BY THE BOARD. HER SALARY IS REVIEWED AND COMPARED TO OTHERS OF SIMILAR ORGANIZATIONS BY THE BOARD OF TRUSTEES AND SHE IS REVIEWED BY THE BOARD ANNUALLY. A SIMILAR PROCESS IS FOLLOWED FOR DETERMINING THE FINANCE DIRECTOR'S SALARY.

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

ALL ARE AVAILABLE UPON REQUEST.

632212 08-25-16

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organizat	► Inf	ormation about Schedule R (Form S	"Yes" on Form 990, Part IV, ach to Form 990.	line 33, 34, 35b, 3		Er	0		6 ublic on
Part I Identificati		ete if the organization answered "Yes	s" on Form 990. Part IV. line 3	3.					
Name, add	(a) ress, and EIN (if applicable) disregarded entity	(b) Primary activity	(c) Legal domicile (state c foreign country)	(d)	(e) me End-of-yea		B Direct c	f <b>)</b> ontrolling tity	)
	ion of Deleted Toy, Evenue Organi	zations. Complete if the organization	annuared "Vee" on Ferm 000	Dert IV line 24 k					
Part II organization	ns during the tax year.	zations. Complete il the organization	answered tes off-offi 990	J, Fait IV, iiile 34 t	lecause it had one			npt	
	(a) ne, address, and EIN related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		<b>(f)</b> ect controlling entity	contr enti	ity?
SYDA FOUNDATION - 371 BRICKMAN RD, FALLSBURG, NY 12	PO BOX 600	TAX-EXEMPT CHURCH	NEW YORK	501(C)(3)	LINE 1	N/A		Yes	No X
PRASAD CHILDREN'S	5 DENTAL HEALTH PROGRAM, 5, 465 BRICKMAN RD,	SEE SCH R PART VII	NEW YORK	501(C)(3)	LINE 10	THE PI	RASAD CT, INC.		x

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

Schedule R (Form 990) 2016

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(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	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	partn	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
	1										
	1										
	1										

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		01 (1031)		233013			No

# Schedule R (Form 990) 2016 THE PRASAD PROJECT, INC.

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,			
(1) INC.	L	87,246.	VALUE OF DONATED SERVICES
PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,			
(2) INC.	В	55,000.	AMOUNT OF CASH GRANT
(3)			
(4)			
(5)			
_(6)			
	46		Sahadula D (Farm 000) 2016

# Schedule R (Form 990) 2016 THE PRASAD PROJECT, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	 sec. (3) ?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes NC	(k) <sup>r</sup> Percentage ownership

Schedule R (Form 990) 2016

THE PRASAD PROJECT, INC.

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

# FORM 990 SCHEDULE R PART II

NAME OF RELATED ORGANIZATION:

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC.

PROGRAM ACTIVITY: THE ORGANIZATION IS THE SOLE MEMBER OF PRASAD

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

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Schedule R (Form 990) 2016

48