_{Form} 990

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.

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

OMB No. 1545-0047
2023

Open to Public Inspection

Department of the Treasury

and ending A For the 2023 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change THE PRASAD PROJECT, INC. Name change 14-1751086 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ P.O. BOX 576 845-434-0376 termin-ated 2,309,417. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended FERNDALE, NY 12734 H(a) Is this a group return Applica-F Name and address of principal officer: THOMAS KORULA Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.PRASAD.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1992 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 12 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 666,205. 889,804. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 42,813. 96,059. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 404. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 709,018. 986,267. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 93,000. 75,569. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 265,179. 271,563. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 273,431. 299,414. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 646,546. 339,721. 631,610. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 77,408. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,428,671. 3,887,557. 20 Total assets (Part X, line 16) 148,360. 120,726. 21 Total liabilities (Part X, line 26) 3,280,311. 3,766,831. Net assets or fund balances. Subtract line 21 from line 20. 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 anv knowledge. Signature of officer Date Sign JYOTIKA PATEL, TREASURER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid JESSICA DIGIAMO DIAZ P01994693 LUTZ AND CARR, CPAS LLP Firm's EIN 13-1655065 Preparer Firm's name Firm's address 551 FIFTH AVENUE, SUITE 400 Use Only Phone no. 212-697-2299 NEW YORK, NY 10176

May the IRS discuss this return with the preparer shown above? See instructions

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE PRASAD PROJECT INC IS TO HELP IMPROVE THE QUALITY
	OF LIFE AND OFFER OPORTUNITIES FOR SELF-RELIANCE BY WORKING IN
	PARTNERSHIP WITH PEOPLE IN NEED AND THEIR COMMUNITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 103,723. including grants of \$) (Revenue \$)
	CONSTITUENT EDUCATION
	CONSTITUENT EDUCATION IS AN EDUCATIONAL PROGRAM WITH THE GOAL OF
	ENLIGHTENING AND EDUCATING THE PUBLIC ABOUT THE ACTIVITIES AND NEEDS IN
	THE COMMUNITIES THAT WE SERVE. THE PROGRAM PROVIDES PRINT AS WELL AS
	ELECTRONIC NEWSLETTERS, PRODUCES NEW VIDEOS ABOUT THE PROGRAMS, AND
	MAKES WEBSITE UPDATES THROUGHOUT THE YEAR. PRASAD ALSO SUPPORTS ITS
	LICENSEES BY PROVIDING GUIDANCE AND COMMUNICATION MATERIALS FOR
	FUNDRAISING.
	1 ONDIGITATIO .
4b	(Code:) (Expenses \$ 122,842. including grants of \$ 361.) (Revenue \$)
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM
	FOR 25 YEARS, THE PRASAD CHILDREN'S DENTAL HEALTH PROGRAM HAS PLAYED A
	PIVOTAL ROLE IN ENHANCING THE ORAL HEALTH OF CHILDREN IN SULLIVAN
	COUNTY, NEW YORK, BY PROVIDING COMPREHENSIVE DENTAL CARE SERVICES AND
	HEALTH EDUCATION IN SCHOOLS. OUR SERVICES ARE DELIVERED THROUGH A
	MOBILE DENTAL CLINIC.
	WE PRIMARILY FOCUS ON CHILDREN FROM LOW-INCOME FAMILIES WHO FACE
	BARRIERS TO RECEIVING DENTAL CARE. IN 2023, THE PRASAD CDHP DENTAL
	CLINIC COMPLETED 933 VISITS AND CONDUCTED 3,460 DENTAL PROCEDURES.
	ADDITIONALLY, WE PROVIDED IN-PERSON DENTAL HEALTH EDUCATION CLASSES TO
	3,660 STUDENTS IN SCHOOLS.
4c	(Code:) (Expenses \$ 218,379 • including grants of \$ 75,208 •) (Revenue \$)
	PRASAD CHIKITSA, INDIA
	WE HAVE COMMINGED OUR RESORDE NO ENHANCE OUR THE CHILLE
	WE HAVE CONTINUED OUR EFFORTS TO ENHANCE QUALITY OF LIFE WHILE
	FOSTERING ECONOMIC IMPROVEMENT FOR LONG-TERM SUSTAINABILITY IN THE TANSA VALLEY IN INDIA.
	TANSA VALUET IN INDIA.
	AMONG OTHER INITIATIVES, THE MOBILE HOSPITAL AND HEALTH CENTER
	COMPLETED 45,000 GENERAL AND SPECIALIZED MEDICAL VISITS, AND THE EYE
	CLINIC PERFORMED 426 CATARACT SURGERIES. THE NUTRITION PROGRAM
	DELIVERED 56,900 NUTRITIONAL SERVINGS TO SUPPORT MALNOURISHED INFANTS
	AND PREGNANT MOTHERS. ADDITIONALLY, WE PROVIDED 500 WATER FILTERS TO
	ENHANCE ACCESS TO CLEAN WATER.
74	Other program services (Describe on Schedule O.)
+u	70 433
4e	E02 277
-10	Form 990 (2023)
332002	SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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,	7		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			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 donor-restricted endowments			37
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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	110		
u	art X, line 16? If "Yes," complete Schedule D, Part IX			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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	21	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
J	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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?			
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	304		 -
	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?	000		
	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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	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 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	000	

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1023) THE PRASAD PROJECT, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
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 5								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х						
За	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 on Schedule	0	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х					
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 A	ccounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X					
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions 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 ser	vices provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•								
	to file Form 8282?	I .	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h							
h	, , , , , , , , , , , , , , , , , , , ,									
8	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?									
9	Sponsoring organizations maintaining donor advised funds.		00							
a			9a 9b							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
-	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				х					
excess parachute payment(s) during the year?										
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		١.							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI				X			
Sec	tion A. Governing Body and Management							
		1 1	_	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other						
	officer, director, trustee, or key employee?		. 2		X			
3	Did the organization delegate control over management duties customarily performed by or under the							
	of officers, directors, trustees, or key employees to a management company or other person?		. 3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form				Х			
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?			Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?		7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	persons other than the governing body?	·	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
а	The governing body?		8a	Х				
b	Each committee with authority to act on behalf of the governing body?		۱	Х	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		.					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		. , ,					
	are in the second of the secon			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such of		. 104					
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay before ming the form:	114					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		. 120					
C	on Schedule O how this was done		12c	х				
12	Did the organization have a written whistleblower policy?			X				
13				X				
14 15	Did the organization have a written document retention and destruction policy?		. 14					
15	Did the process for determining compensation of the following persons include a review and approx							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		45-	Х				
	The organization's CEO, Executive Director, or top management official			<u> </u>	Х			
D	Other officers or key employees of the organization		. 15b					
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		40		v			
	taxable entity during the year?		. 16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation to evaluation of the organization of the or							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of							
<u> </u>	exempt status with respect to such arrangements?		16b					
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NY, CA	1000 T (1' 504 ()	(0)	`				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (section 501(c)	(ദ)s only) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.	O-b 1 1- C'						
		n on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy,	and fina	ncial				
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records						
	THE ORGANIZATION - 845-434-0376							
	P.O. BOX 576, FERNDALE, NY 12734							

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

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

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

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

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per week	box	not c	:heck :ss pe	c more than one verson is both an director/trustee)			Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TOM KARULA	10.00	x		x				0.	0.	0.
CO-CHAIR/TRUSTEE (2) VIVEK PANCHAPAKESAN	8.00	₽		_				0.	0.	0.
CO-CHAIR/TRUSTEE	0.00	x		x				0.	0.	0.
(3) JYOTIKA PATEL	3.00									•
TREASURER		X		х				0.	0.	0.
(4) HARRIETTE COLE	3.00									
TRUSTEE		Х						0.	0.	0.
(5) DEBORAH ROYCE	0.50							_	_	_
TRUSTEE/SECRETARY		Х						0.	0.	0.
(6) MARIA ESCARRA ASSISTANT SECRETARY/EXEC. DIRECTOR	12.00	1		x				78,872.	0.	27,348.
		- - -								
		<u> </u>								
		_								
		_								
		_								
		_								
		-								

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(A) Name and title	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from							compensation	(E) Reportable compensatio from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		compensation from the organization and related organizations			
1b Subtotal c Total from continuation sheets to Part V	II, Section A							78,872. 0. 78,872.		000		7,3 7,3	0.	
d Total (add lines 1b and 1c)								<u> </u>	l),000 of reportable	_		7,5	0	
3 Did the organization list any former officer												Yes	No X	
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportab	le co	mpe	ensa	atior	n and	d otl	her compensation from	the organization		3		X	
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors								ed organization or indiv			5		X	
Complete this table for your five highest countries the organization. Report compensation for	="	-								npens	ation	rom		
(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	ompe) nsatio	n	
O Tabel purple of index of index	in alreading to be a	-4"		-1.4-	Ale ·	"								
Total number of independent contractors (\$100,000 of compensation from the organ	-	ot III	nite	u 10		se lis	stec	a above) who received n	iore man		Form	990 (3033/	

				I PF	RASAL	PR	OJECT, II	NC.		14-1751	.086 Page 9
Pa	rt \	VIII									
			Check if Schedule O	contai	ins a res _l	onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	Related or exempt		Revenue excluded
ıts Its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
s, G Am			Fundraising events				12,022.				
Sift lar,			Related organizations								
is, (Government grants (cont								
tior S		f	All other contributions, gifts,	grants	, and						
혈美			similar amounts not included	d above	1f		877,782.				
d d		g	Noncash contributions included in	n lines 1a	a-1f 1g	\$	31,598.				
<u>5 g</u>		h	Total. Add lines 1a-1f					889,804.			
							Business Code				
Program Service Revenue	2	а									
ne S		b									
m S		С									
gra Re		d					-				
Pro		e	All other pregram conting	rovon			 				
_		f	All other program service Total. Add lines 2a-2f								
	3		Investment income (included)								
	٦		other similar amounts)	•		,	<i>'</i>	80,277.			80,277.
	4		Income from investment					7-7-			, , , , , , , ,
	5		Royalties				F				
			,		(i) Re		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses								
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss	s)							
	7	а	Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	1,264	,727.	66,077.				
ø.		b	Less: cost or other basis								
Revenue			and sales expenses		1,246						
eve			Gain or (loss)			,542.		15 702			15 700
_	١.	d	Net gain or (loss)			····		15,782.			15,782.
Other	8	а	Gross income from fundraisi	-	•						
O			including \$contributions reported on								
			Part IV, line 18		•	8a	8,128.				
		h	Less: direct expenses								
			Net income or (loss) from					0.			
	9		Gross income from gamir		•						
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from								
	10	а	Gross sales of inventory,	less re	eturns						
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	of invent	ory					
2							Business Code				
Jeo Ue	11		MISCELLANEOUS				900099	404.			404.
ilar		b					 				
Miscellaneous Revenue		c	All other recent				 				
Ξ			All other revenue					404.			
	12		Total. Add lines 11a-11d Total revenue. See instruction					986,267.	0.	0.	96,463,
			. J. W. I J. J. III W. OOU III J. II UULI	U110				,,			

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Total revenue. See instructions

Part IX Statement of Functional Expenses

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

Do n	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	361.	361.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	75,208.	75,208.		
	Benefits paid to or for members	,	,		
	Compensation of current officers, directors,				
	trustees, and key employees	81,723.	71,099.	5,721.	4,903
	Compensation not included above to disqualified		, , , , ,	7,1221	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	142,430.	125,309.	10,551.	6,570
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	29,770.	26,107.	2,168.	1,495
	Payroll taxes	17,640.	15,481.	1,257.	902
	Fees for services (nonemployees):	27,0201	20,1011	= 72074	,,,,
	` ' ' '				
	Management				
	Legal	19,000.		19,000.	
	Accounting	15,000.		15,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	13,062.		13,062.	
	Investment management fees	13,002.		13,002.	
_	Other. (If line 11g amount exceeds 10% of line 25,	96,667.	84,101.	5,794.	6,772
	column (A), amount, list line 11g expenses on Sch 0.)	299.	260.	24.	15
	Advertising and promotion	27,757.	25,045.	1,843.	869
	Office expenses	27,757.	6,037.	20,972.	347
	Information technology	21,330.	0,037.	20,972.	347
	Royalties	44,580.	20 025	2 272	2,283
	Occupancy		39,025.	3,272.	
	Travel	4,694.	4,450.	141.	103
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 1 ()	005	0.4	7.5
19	Conferences, conventions, and meetings	1,164.	995.	94.	75
	Interest				
	Payments to affiliates	2 0 4 7		0.047	
22	Depreciation, depletion, and amortization	2,847.	11 725	2,847.	
	Insurance	17,028.	11,735.	4,625.	668
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	01 204	10 010		2 665
	VIDEO REPRODUCTION	21,384.	17,717.	1 100	3,667
	MISCELLANEOUS	14,100.	12,203.	1,192.	705
	REPAIRS AND MAINTENANCE	6,000.	5,272.	425.	303
	SEMINARS AND EDUCATION	2,271.	1,911.	248.	112
	All other expenses	1,205.	1,061.	84.	60
	Total functional expenses. Add lines 1 through 24e	646,546.	523,377.	93,320.	29,849
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023) Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		628,871.	1	668,539.	
	2	Savings and temporary cash investments			243,976.	2	603,890.
	3	Pledges and grants receivable, net			39,073.	3	
	4	Accounts receivable, net			1,571.	4	3,647.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			8,139.	9	4,405.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	81,102.			
	b	Less: accumulated depreciation	66,624.	18,660.	10c	14,478. 2,511,379.	
	11	Investments - publicly traded securities		2,257,539.	11	2,511,379.	
	12	Investments - other securities. See Part IV, line		118,974.	12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	111,868.	15	81,219.		
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	3,428,671.	16	3,887,557.
	17	Accounts payable and accrued expenses		40,825.	17	43,403.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offi	cer, director,			
Ħ		trustee, key employee, creator or founder, sub-	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre		_		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on line	s 17-24). Complete Part X	107 525		77 222
		of Schedule D			107,535.	25	77,323.
	26	Total liabilities. Add lines 17 through 25			148,360.	26	120,726.
S		Organizations that follow FASB ASC 958, ch	eck her	e X			
nce	l	and complete lines 27, 28, 32, and 33.			2 200 211		2 751 021
ala	27	Net assets without donor restrictions			3,280,311.	27	3,751,831. 15,000.
g B	28	Net assets with donor restrictions				28	15,000.
Ë		Organizations that do not follow FASB ASC	958, ch	eck here			
è		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or e				30	
et A	31	Retained earnings, endowment, accumulated i			3,280,311.	31	2 766 021
ž	32	Total net assets or fund balances				32	3,766,831.
	33	Total liabilities and net assets/fund balances			3,428,671.	33	3,887,557.

Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,2					
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,5					
3	Revenue less expenses. Subtract line 2 from line 1	3		9,7					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5	14	6,7	99.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,76	6,8	31.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	ie audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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?								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE PRASAD PROJECT INC. **Employer identification number** 14-1751086

Pa	art I	Reason for Public	Charity Status	•	omnlete th	nis nart) S	See instructions	1 1731000				
		nization is not a private found										
	organ	•			•	•						
1	H	A church, convention of ch	*			n 170(a)(1	I)(A)(I).					
2	H	A school described in sect										
3	Н	A hospital or a cooperative										
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in				
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X							public described in				
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ II \							
9	H	An agricultural research org				nd in conju	inction with a land grant	collogo				
9		•				-		*				
		or university or a non-land-o	gram college of agric	culture (see instructions).	Enter the	name, cit	y, and state of the colleg	e or				
40		university:										
10		An organization that norma										
		activities related to its exen	. , ,		` '			J				
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)									
11	Ш	An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line:	s 12e, 12f, and 12g.					
a	. \square	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving				
		the supported organization										
		organization. You must o			, ,			11 3				
k		Type II. A supporting org			tion with it	s sunnort	ed organization(s) by ha	vina				
•		control or management of										
					arrie perse	JIIS IIIAI CI	ontrol of manage the sup	ported				
_		organization(s). You mus						مالاند. الم				
C			-				•	eu wiiri,				
	. —	its supported organizatio		•								
C							• • • •					
		that is not functionally int		• ,	•		•	iveness				
		_ requirement (see instruct	-	-								
e	, L	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.						
1	Ent	er the number of supported o	organizations									
	P ro	vide the following information		ed organization(s).								
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
Tot	ai							I				

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	7.	•	,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(-)	(-,	(-,	(4)
	membership fees received. (Do not						
	include any "unusual grants.")	681,258.	764,002.	1160901.	666,205.	889,804.	4162170.
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	681,258.	764,002.	1160901.	666,205.	889,804.	4162170.
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)						268,157.
6	Public support. Subtract line 5 from line 4.						3894013.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	681,258.	764,002.	1160901.	666,205.	889,804.	4162170.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	45,815.	28,350.	34,674.	54,540.	80,277.	243,656.
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.)	950.	2,822.	1,551.		404.	5,727.
11	Total support. Add lines 7 through 10						4411553.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						00 00
	Public support percentage for 2023 (I					14	88.27 %
	Public support percentage from 2022					15	89.42 %
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					•
	and if the organization meets the fact			=		_	
	meets the facts-and-circumstances to	-			-		
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circle		-				
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 1/a, or 1/b	o, cneck this box a		
						ocnedule A	(Form 990) 2023

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.)

Sec	etion A. Public Support	elow, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			,	` '		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4							
	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's f	I first second third	fourth or fifth tax	vear as a section	 501(c)(3) organizat	ion
•	check this box and stop here	•		•			
Sec	tion C. Computation of Publ						
	Public support percentage for 2023 (I			column (fl)		15	9
	Public support percentage from 2022					16	9
	tion D. Computation of Invest					1 10 1	
	Investment income percentage for 20		<u>~</u> _			17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2023. If the						
198	more than 33 1/3%, check this box a						., 13 1101
L	33 1/3% support tests - 2022. If the						└── and
i.	• •	•			*	•	
20	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	ar dia not check 2	A DUX UH IME 14, IS	a, or 190, check t	ins dux and see i	กรถนบเบกรี	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b 5c		
00		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2023 THE PRASAD PROJECT, INC	C		L4-1751086 _{Page} 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

_	dule A (Form 990) 2023 THE PRASAD PR			14-1751086 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continued})
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns 3	3
4	Amounts paid to acquire exempt-use assets		4	L
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5
6	Other distributions (describe in Part VI). See instructions.		6	3
7	Total annual distributions. Add lines 1 through 6.		7	•
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.		8	3
9	Distributable amount for 2023 from Section C, line 6		g)
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
	From 2022			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D.			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3			
-	and 4c.			
8				

Schedule A (Form 990) 2023

a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Part VI	Supplemental Information Describe the evaluations required by Dark II like 10. Dark II like 175 and 175. Dark III like 10.
T GIT VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

THE PRASAD PROJECT, INC.

Employer identification number 14-1751086

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised	d funds	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	y other purpose confe	rring
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat		ı	
	Preservation of land for public use (for example, recreation)	ation or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included on line 2c acqu			
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the organ	nization during the tax
_	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, ar	nd enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and an	forcing concentration of	ecoments during the year
′	Amount of expenses incurred in monitoring, inspecting, harr	ulling of violations, and en	forcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2d abov	e satisfy the requirements	s of section 170(h)(4)(R)	r(i)
Ŭ	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
•	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.	.,ga _		
Par	t III Organizations Maintaining Collections of	of Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its rev	enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue	e statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	research in furtherand	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			· · · · · · · · · · · · · · · · · · ·
	the following amounts required to be reported under FASB A	ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2023

Pai	rt III Organizations Maintaining C	Collections of A	rt, Historical 1	reasures, c	r Other	Similar Ass	sets(continued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	e following that	t make sign	ificant use of i	ts	
	collection items (check all that apply).							
а	Public exhibition	d	l Loan or ex	change progra	m			
b	Scholarly research	е	e U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	on's exemp	t purpose in P	art 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 ma						Yes No	
Pai	rt IV Escrow and Custodial Arran		te if the organizati	on answered "\	es" on For	m 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod	·	•			_		
	on Form 990, Part X?					L	Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		ı	<u> </u>	A t	
						_	Amount	
	Beginning balance					1c		
	Additions during the year					1d		
_	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on F	•	•		•		Yes No	
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds Complete if						<u></u>	
ı aı	Endowment i unus complete ii	(a) Current year	(b) Prior year			Three years had	k (e) Four years back	
10	Poginning of year balance	(a) Current year	(b) i noi year	(c) Two your	o buok (u)	Timoo youro buo	(C) i dai youro buok	
	Beginning of year balance							
	Contributions Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
C	and programs							
f	Administrative expenses						+	
	End of year balance						 	
2	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1a. column	(a)) held as:				
	Board designated or quasi-endowment	•	%	(d)) Hold do.				
	Permanent endowment	%	_ /~					
		<u></u> , - %						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
За	Are there endowment funds not in the posse	•	ation that are held	and administe	red for the			
	organization by:	· ·					Yes No	
	(i) Unrelated organizations?						3a(i)	
							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the		owment funds.					
Pai	rt VI Land, Buildings, and Equipm	nent						
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a	See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or o		st or other	(c) Accu		(d) Book value	
		basis (investr	ment) basi	s (other)	depred	ciation	_	
	Land						_	
b	Buildings					2 4 5 2		
	Leasehold improvements			12,667.		3,170.	9,497.	
d	Equipment			24,899.		9,918.	4,981.	
	Other			43,536.	4	3,536.	0.	
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c, colun	nn (B))			14,478.	

Schedule D (Form 990) 2023

	PROJECT, INC.	14	-1751086 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes			-1 -4
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990 Part IV line 1	1c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(b) Method of Valuation. Cost of one	a or your market value
<u>(1)</u> <u>(2)</u>			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	1d. 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, line 15, c	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	-		
(2) OPERATING LEASE LIABILITY	<u>(</u>		77,323.
(3)			
(4)			
(5)			
(6)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2023

77,323.

	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	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			
d	Other (Describe in Part XIII.)	2d		
е	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	, , , , , , , , , , , , , , , , , , , ,	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
Pai	rt XII Reconciliation of Expenses per Audited Financia	•	ises per Keturn	
	Complete if the organization answered "Yes" on Form 990, Part	·	1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а	Donated services and use of facilities			
b	, , , , , , , , , , , , , , , , , , , ,			
C	Other losses			
d	,	·		
_	J			
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
+ a		4a		
b	Other (Describe in Part XIII.)	4b	40	
b b	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
b c 5	Other (Describe in Part XIII.)	4b		
b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information	4b ine 18.)	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I rt XIII Supplemental Information	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,
b c 5 Pai Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	ine 18.) and 4; Part IV, lines 1b and 2b; I	5	t XI,

Schedule D (Form 990) 2023

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047 **2023**Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identi	fication number
THE PRASAD PROJ	ECT, INC				14-17510	86
			tside the United States. Comple	te if the orgar		
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? X	Yes No
2 For growtynelsone Door	wibe in Dout Vithe	o ovacnization's	procedures for monitoring the use of its	aranta and a	thar againtanas au	taida tha
2 For grantmakers. Desc United States.	mbe in Part v trie	e organization s	procedures for monitoring the use of its	grants and o	ther assistance ou	iside trie
	he following Parl	t I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(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	contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the region	investments
GOLIMIA A GT 3		in the region	The second secon		(-, 3	in the region
SOUTH ASIA - AFGHANISTAN,						
BANGLADESH, BHUTAN,			GRANTS TO RECIPIENT LOCATED			
INDIA, MALDIVES,	0	0	IN REGION			75,208.
3 a Subtotal	0	C				75,208.
b Total from continuation						,
sheets to Part I	0	С				0.
c Totals (add lines 3a		_				75 200

LHA 332071 11-29-23

Schedule F (Form 990) 2023

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT GENERAL AND					
			SPECIALIZED CLINICS,					
			SELF HELP GROUPS, AND					
		INDIA	NUTRITION PROGRAM	75,208.	WIRE TRANSFER	0.		
2 Enter total number of								

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

(

3 Enter total number of other organizations or entities

	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.											
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)					

Part	IV	Foreign Forms		
1	Was	s 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		
	Cor	poration (see the Instructions for Form 926)	Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	ceipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S	C. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cer	tain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	alified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	ormation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fun	nd (see the Instructions for Form 8621)	Yes	X No
5	Did	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the	organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Fore	eign Partnerships (see the 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		
	"Ye	s," the organization may be required to separately file Form 5713, International Boycott Report (see		

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

14-1751086 THE PRASAD PROJECT, INC. Schedule F (Form 990) 2023 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE UNITED STATES INCLUDE: QUARTERLY REPORTS, PERIODIC TRIPS BY BOARD MEMBERS TO VIEW THE PROGRAMS, REQUEST FOR RECEIPTS WHEN APPROPRIATE, REQUIREMENT FOR FINANCIAL AND PROGRAM NARRATIVE REPORTING, REVIEW OF BOOKS AND RECORDS, RECEIPTS FOR CAPITAL EXPENDITURES, VISITS TO PROGRAMS.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

THE PRA	SAD PROJECT, INC.				14-1751	.086
	Complete if the organization answe	ered "Y	'es" o	n Form 990, Part IV,		
Indicate whether the organization rais	sed funds through any of the following solicitations of the Solicitation	tion of tion of fundra (inclu- irofess	non-g gover aising ding o ional t	overnment grants rnment grants events fficers, directors, tru fundraising services	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundi have co or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
List all states in which the organization or licensing.	on is registered or licensed to solicit			 s or has been notifie	l d it is exempt from r	<u> </u> egistration
For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990 o	990-1	EZ.		Schedule	e G (Form 990) 2023

LHA 332081 09-13-23 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			TRUNKSHOW	(a) (a) (b) (b) (c) (a)	(4 a 4 a 1 a 2 a a 1 a 2 a 1 a 2 a 1 a 1 a 1 a	col. (c))
e n			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	20,150.			20,150.
	2	Less: Contributions	12,022.			12,022.
	3	Gross income (line 1 minus line 2)	8,128.			8,128.
	4	Cash prizes				
se	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	7,678.			7,678.
۱ ــــــــــــــــــــــــــــــــــــ	8	Entertainment				
						450.
		Direct expense summary. Add lines 4 through				8,128.
		Net income summary. Subtract line 10 from li				0.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	a Dullack of contact		Transition of the
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(,(,
۳ ا	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
^	Г '	touthe etato(a) in which the accession	ioto gamine esticitis			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac	· · · · —	states?		Yes No
		NI - II I - I				. L Tes L NO
J	"	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:		-		
						
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Scł	nedule G (Form 990) 2023 THE PRASAD PROJECT, INC. 14	-1751086 Page	3
11	Does the organization conduct gaming activities with nonmembers?	Yes N	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes N	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility		%
	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes L N	No
	h If "Voc " ontay the amount of gaming revenue received by the argenization.		
	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$		
	c If "Yes," enter name and address of the third party:		
	- · · · · · · · · · · · · · · · · · · ·		
	Name		
	Address		
16	Gaming manager information:		
10	Garning manager information.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
•	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐ N	J۸
	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		••
	organization's own exempt activities during the tax year \$	-	
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b	b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			

Schedule G	(Form 990)	THE PRASAD	PROJECT,	INC.	14-1751086 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)			-
		,			
-					
		<u> </u>			
_					

Schedule G (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Name	e of the	organization					Employer ident	ificati	on nui	mber
		THE PRASAD P	ROJECI	, INC.			14-1	751	086	
Pai	rt I	Types of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10		(d) Method of de noncash contribu		_	:s
1	Art - Wo	orks of art								
2		storical treasures								
3		actional interests								
4		and publications								
5		g and household goods								
6		nd other vehicles								
7		and planes								
8		tual property								
9		ies - Publicly traded	X	1	. 30,598	•FA	IR MARKET	' VA	LUE	
10	Securit	ies - Closely held stock								
11	Securit	ies - Partnership, LLC, or								
	trust in	terests								
12	Securit	ies - Miscellaneous								
13	Qualifie	ed conservation contribution -								
	Historic	structures								
14		ed conservation contribution - Other								
15	Real es	tate - Residential								
16	Real es	state - Commercial								
17	Real es	tate - Other								
18	Collect	ibles								
19	Food in	ventory								
20	Drugs a	and medical supplies								
21	Taxider	my								
22	Historic	cal artifacts								
23	Scientif	fic specimens								
24	Archeo	logical artifacts								
25	Other	()								
26	Other	()								
27	Other	()								
28	Other	(
29		r of Forms 8283 received by the organ							_	
	for which	ch the organization completed Form 82	83, Part V, I	Donee Acknowled	gement 29				0	
									Yes	No
30a	•	the year, did the organization receive b	•			•	3, that it			
		old for at least 3 years from the date of								
	exempt	t purposes for the entire holding period	?					30a		X
b	If "Yes,	" describe the arrangement in Part II.								
31	Does th	ne organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	outions	3?	31		X
32a	Does th	ne organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncas	h				_
	contrib	utions?						32a		X
b		" describe in Part II.								
33	If the o	rganization didn't report an amount in o	column (c) fo	or a type of proper	ty for which column (a) is ch	ecked	l ,			
	describ	e in Part II.								1

LHA 332141 09-11-23 Schedule M (Form 990) 2023

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

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

THE PRASAD PROJECT, INC.

Employer identification number 14-1751086

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MISSION OF THE PRASAD PROJECT IS TO HELP IMPROVE THE QUALITY OF LIFE AND OFFER OPPORTUNITIES FOR SELF-RELIANCE BY WORKING IN PARTNERSHIP WITH PEOPLE IN NEED AND THEIR COMMUNITIES. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PRASAD CHIKITSA DISTRIBUTED 22,636 FRUIT AND SHADE TREE SAPLINGS, WHICH CONTRIBUTE TO FOOD SECURITY AND ENVIRONMENTAL RESTORATION. WE ALSO PROVIDED 13,000 FLORICULTURE SAPLINGS TO LOCAL FARMERS. OUR EFFORTS HAVE INCREASED COMMUNITY ENGAGEMENT, PARTICULARLY THROUGH THE SELF-HELP GROUPS THAT EMPOWER APPROXIMATELY 3,000 WOMEN. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PRASAD DE MEXICO IN 2023, THE PRASAD DE MEXICO VOLUNTEER TEAM ORGANIZED FOUR SUCCESSFUL EYE CAMPS, WHERE 671 CHILDREN AND ADULTS RECEIVED FREE EYE SURGERIES FOR CATARACTS AND STRABISMUS (CROSSED EYES). EXPENSES \$ 78,433. 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:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

Name of the organization THE PRASAD PROJECT, INC.

Employer identification number 14-1751086

THE ORGANIZATION'S TRUSTEES ARE ELECTED BY THE BOARD OF DIRECTORS OF ITS SOLE MEMBER, THE SYDA FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 PREPARED BY PAID PREPARER AND SENT TO PRASAD PROJECT'S FINANCE
DIRECTOR. THE FINANCE DIRECTOR REVIEWS THE FORM AND A COPY OF THE FORM IS
SENT TO TREASURER AND TRUSTEE FOR REVIEW. ONCE THE FORM IS REVIEWED AND
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

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Name of the organization THE PRASAD PROJECT, INC.

Employer identification number 14-1751086

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

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

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

SPECIFIC PROPOSED ACTION, POLICY OR TRANSACTION. THE DESIGNATED REVIEWING

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

THE ATTENTION OF THE BOARD PROMPTLY FOR ACTION AT THE NEXT REGULAR MEETING

OF THE BOARD OR DURING A SPECIAL MEETING CALLED SPECIFICALLY TO REVIEW THE

POTENTIAL CONFLICT OF INTEREST.

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

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

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

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

TRANSACTION. ALSO, THE BOARD MAY REQUEST THAT IF THE BOARD OF TRUSTEES HAS
REASON TO BELIEVE THAT AN INTERESTED PARTY HAS FAILED TO DISCLOSE A
POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE PERSON OF THE BASIS FOR
SUCH BELIEF AND ALLOW THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED
FAILURE TO DISCLOSE.

IF THE BOARD DECIDES THAT THE INTERESTED PARTY HAS IN FACT FAILED TO

DISCLOSE A POSSIBLE CONFLICT OF INTEREST, THE BOARD SHALL TAKE SUCH

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 15A:

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

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

ALL ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES/OTHER:

PROGRAM SERVICE EXPENSES 84,101.

MANAGEMENT AND GENERAL EXPENSES 5,794.

FUNDRAISING EXPENSES 6,772.

TOTAL EXPENSES 96,667.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 96,667.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

14-1751086 THE PRASAD PROJECT, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or Public charity Direct controlling Name, address, and EIN Primary activity **Exempt Code** controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No SYDA FOUNDATION - 23-7376445 371 BRICKMAN RD PO BOX 600 Х FALLSBURG, NY 12779 TAX-EXEMPT CHURCH NEW YORK 501(C)(3) LINE 1 N/A PRASAD CHILDREN'S DENTAL HEALTH PROGRAM INC. - 94-3309195, P.O. BOX 576, FERNDALE, SEE SCH R PART VII THE PRASAD NY 12734 X SUPPLEMENTAL INFORMATION NEW YORK 501(C)(3) LINE 11 PROJECT, INC.

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

	Significance as a particular part												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage		
or related organization		(state or foreign	entity	excluded from tax under	income	income end-of-year assets		tions?	20 of Schedule	partne	ownership		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo		
				l .					<u> </u>				

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y				1a		Х	
	Gift, grant, or capital contribution to related organization(s)					1b		Х	
С	Gift, grant, or capital contribution from related organization(s)					1c		Х	
d	Loans or loan guarantees to or for related organization(s)					1d		Х	
е	Loans or loan guarantees by related organization(s)					1e		Х	
f	Dividends from related organization(s)					1f		X	
g	Sale of assets to related organization(s)					1g		Х	
h	Purchase of assets from related organization(s)					1h		Х	
i	Exchange of assets with related organization(s)					1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)					1k	37	Х	
	Performance of services or membership or fundraising solicitations for related organizations					11	Х	77	
	Performance of services or membership or fundraising solicitations by related orga					1m 1n		X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)					10		Х	
								,,	
р	Reimbursement paid to related organization(s) for expenses					1 p		X	
q	Reimbursement paid by related organization(s) for expenses					1q		Х	
								,,	
r	Other transfer of cash or property to related organization(s)					1r		X	
	Other transfer of cash or property from related organization(s)					1s		Х	
_2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and	transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Met	(d) hod of determining amount inv	olved			
	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,								
(1)	INC.	L	127,195.	VALUE OF	DONATED SERVICE	S			
(2)									
(3)									
(4)									
<u>(4)</u>									
(5)									
<u>,,,</u>									
(6)									
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispre	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	? ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0
										\sqcup	
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					1			l		1 1	