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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending

_		O Name of a magicables		B E	
B	Check if applicable	le: C Name of organization PRASAD CHILDREN'S DENTAL HEALTH PROGRA	7\ 1\vec{v}	D Employer identific	cation number
	∏Addre		AM,		
H]chang Name	JE LINC.		94-33091	0.5
H	chang Initial	<u> </u>	Doom/ouito	+	
H	return Final _return	P O BOX 576	Room/suite	E Telephone numbe 845-434-	
	termir ated	,		G Gross receipts \$	358,686.
Г	Amen	ded FFDNDATE NV 1272/		H(a) Is this a group re	
F	return Applic	-		for subordinates	
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	—
	Toy oy	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	list. See instructions
	Websi		01 321	⊣ ′	
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	1 State of legal domicile: NY
	art I	Summary	L Teal	oriorination. 1996	/ State of legal doffficile. IN I
Г		Briefly describe the organization's mission or most significant activities: TO II	MDD (177	י יישר הפאוייאו.	עבאויהה טב
Governance	1	CHILDREN IN NEED BY PROVIDING HIGH QUALT	TY DEI	TAL SERVICE	S THROUGH
rua	2	Check this box if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	ssets.
ove.	3			3	3
		Number of independent voting members of the governing body (Part VI, line 1b)			3
Š		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			8
iţie		Total number of volunteers (estimate if necessary)			12
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>	The unrelated business taxable income from 1 offit 990-1,1 art i, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		782,780.	256,766.
Revenue				78,668.	97,310.
Ver	1	•		36.	4,610.
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		861,484.	358,686.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		001,404.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		-	• •
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		146,578. 0.	145,357.
ë	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	1	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	114 201	106 475
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,301.	
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		260,879.	271,832.
. "		Revenue less expenses. Subtract line 18 from line 12		600,605.	86,854.
Net Assets or Fund Balances			B	eginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		1,006,493.	1,187,683.
nd A	21	Total liabilities (Part X, line 26)		17,463.	111,799.
		Net assets or fund balances. Subtract line 21 from line 20		989,030.	1,075,884.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich prepare	r has any knowledge.	
Sig	n	Signature of officer		Date	
Her	re	SWATI DESAI, PRESIDENT			
		Type or print name and title		-	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	JESSICA DIGIAMO DIAZ		self-employ	
Pre	parer	Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN 1	3-1655065
Use	Only	Firm's address 551 FIFTH AVENUE, SUITE 400			
		NEW YORK, NY 10176		Phone no.21	2-697-2299
Ma	y the II	RS discuss this return with the preparer shown above? See instructions	<u></u>	·	X Yes No

Pai	rt 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: IMPROVING THE DENTAL HEALTH OF CHILDREN IN NEED BY PROVIDING HIGH	
	QUALITY DENTAL SERVICES THROUGH EDUCATION, PREVENTION, DETECTION &	
	TREATMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	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 If "Yes," describe these changes on Schedule O.	X No
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, a	
	revenue, if any, for each program service reported.	
4a		310.)
	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 AN	MD.
	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 COMPUTED 122 ACCOUNTS OF THE PRASAD COMPUTED 12	
	CLINIC COMPLETED 933 VISITS AND CONDUCTED 3,460 DENTAL PROCEDURES.	
	ADDITIONALLY, WE PROVIDED IN-PERSON DENTAL HEALTH EDUCATION CLASSES	10
	3,660 STUDENTS IN SCHOOLS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code) (expenses \$	
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses 259,332.	20 /22
	Form 9 %	90 (2023)

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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			
	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	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	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
ч	organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		7.7	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	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	46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17		47		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 ^
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		<u> </u>
	complete Schedule G, Part III	19		х
20a		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		Х

Part IV | Checklist of Required Schedules (continued)

			Yes	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	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			l
	Schedule J	23		Х
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	240		X
h	Schedule K. If "No," go to line 25a	24a 24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
_	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
00	Schedule L, Part I	25b		Α.
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? If			. v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		- 25
·	"Yes," complete Schedule L, Part IV	28c		х
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			
	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			X
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00		
	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	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?			<u> </u>
	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
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included on line 13. Enter -0, if not applicable	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c		
	.∪ ∪, ∪ 1			

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	8									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		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 O		3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	?	4a		X						
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X						
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization										
	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 contributions or g										
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).				77						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prov	.	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 require				7.7						
	to file Form 8282?		7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year				37						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Λ						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		7g 7h								
h	, , , , , , , , ,										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_								
•	sponsoring organization have excess business holdings at any time during the year?		8								
9	Sponsoring organizations maintaining donor advised funds.		0-								
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b								
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		อม								
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:										
	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
-	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
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										
С	Enter the amount of reserves on hand										
			14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?		15		X						
	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 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 activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										

94-3309195

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3			
	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	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the dire	ct supervision			
	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 990 was	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	one or			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockh	olders, or			
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	e following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code.)			
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cor		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," d	escribe			
	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by in	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	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 arrangement v	vith a			37
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization				
	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	,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	D-⊤ (section 501(c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on So	•	_		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of interest policy, and	finar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books at THE ORGANIZATION - 845-434-0376	na records			
	P.O. BOX 576, FERNDALE, NY 12734				

Form **990** (2023)

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

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

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

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

Check this box if neither the organization (A)	(B)				C)	1. 5.		(D)	(E)	(F)
Name and title	1			Pos	رد ition	1		Reportable	Reportable	Estimated
Name and title	Average hours per	(do	(do not check more than one box, unless person is both an				one	compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				- -		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	adwo		1099-NEC)		and related
	below	/id ua	tutior	l le	Key employee	est c lo yee	Jer.			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) MARIA ESCARRA	12.00									
PROGRAM ADMINISTRATOR	40.00			Х				0.	78,872.	27,348
(2) SWATI DESAI	0.75									
PRESIDENT		X		Х				0.	0.	0 .
(3) REIKO GOMEZ KAPLAN	0.75									
TREASURER		Х		Х				0.	0.	0.
(4) RON BRENT	0.75									
TRUSTEE		Х						0.	0.	0.
(5) KATHERINE WYCKOFF	0.75									
SECRETARY		1		х				0.	0.	0.
		1								
	1									
		1								
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		-								

Page 8

	(A) Section A. Officers, Directors, Trustees, Key (B)				, and		gne	JI C	(D)	(E)			(F)	
	Name and title	Average	1,41.		Pos	ition		ore	Reportable	Reportable		E	יי stimat	ted
		hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensatio	n		nount	
		week (list any	_	cer an	ia a d	irecto	or/trus	(ee)	from	from related		_	othe	
		hours for	Individual trustee or director				P		the organization	organizations (W-2/1099-MIS			npens rom th	
		related	.ee or (stee			nsate		(W-2/1099-MISC/	1099-NEC)	,0,		janiza	
		organizations	ll trust	nal tru		oyee	edwo		1099-NEC)			an	d rela	ited
		below line)	dividu	Institutional trustee	Officer	key employee	Highest compensated employee	Former				org	anizat	tions
			흐	Ë	₽	- Se	三品	요						
							-							
							\vdash							
			İ											
			_				_							
1h	Subtotal						<u> </u>		0.	78,87	72.	2	7.3	348.
C	Subtotal Total from continuation sheets to Part V	II. Section A						••	0.	, 6 7 6 7	0.		, , ,	0.
	Total (add lines 1b and 1c)								0.	78,87	72.	2	7,3	348.
2	Total number of individuals (including but r								eceived more than \$100	0,000 of reportable	e			
	compensation from the organization													0
											Г		Yes	No
3	Did the organization list any former officer,	•		•		•	-	_		•				X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		╀┸
4	and related organizations greater than \$15			-					· · · · · · · · · · · · · · · · · · ·	trie organization		4		Х
5	Did any person listed on line 1a receive or			•						idual for services				
	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	· ·	-								pens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.				
	(A) Name and business	address	NI	ONE	7.				(B) Description of s	services	С		C) nsatio	on
			111	7141	_			\dashv	2000p.1101.1 01.0					
								_						
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi						0	_	,					
												Form	990	(0000)

			2023) INC.					94-3309	195 Page 9
Pa	rt V	III	Statement of Revenue						
			Check if Schedule O contains a resp	onse	or note to any lin				
						(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 514
nts nts	1 :	а	Federated campaigns1a						
3ra Iou	ı	b	Membership dues1b						
S, ((С	Fundraising events1c						
Giff	(d	Related organizations 1d						
S, ini	(е	Government grants (contributions) 1e		83,130.				
tio Y	1	f	All other contributions, gifts, grants, and						
ig t			similar amounts not included above 1f		173,636.				
Contributions, Gifts, Grants and Other Similar Amounts	(g	Noncash contributions included in lines 1a-1f	\$					
g E		h	Total. Add lines 1a-1f			256,766.			
					Business Code				
e S	2 8	а	MEDICAL INSURANCE		624100	97,310.	97,310.		
ēŽ	ı	b							
Sch	(С							
ran ev	(d							
Program Service Revenue	(е							
۵ ا	1	f	All other program service revenue						
		g	Total. Add lines 2a-2f			97,310.			
	3		Investment income (including dividends,	intere	est, and				
			other similar amounts)			4,610.			4,610.
	4 Income from investment of tax-exempt bond prod		proceeds						
	5		Royalties						
			(i) Rea	ıl	(ii) Personal				
	6 8	а	Gross rents 6a						
	١	b	Less: rental expenses 6b						
	(С	Rental income or (loss) 6c						
	(d	Net rental income or (loss)						
	7 :	а	Gross amount from sales of (i) Securi	ties	(ii) Other				
			assets other than inventory 7a						
	١	b	Less: cost or other basis						
un l			and sales expenses						
evenue			Gain or (loss) 7c						
			Net gain or (loss)	. <u></u>					
Other R	8 8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising eve						
	9 8	а	Gross income from gaming activities. See						
		_	Part IV, line 19		 				
			Less: direct expenses						
			Net income or (loss) from gaming activities	es					
	10 8	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
_		С	Net income or (loss) from sales of inventor	ory					
Sn.	4.	_			Business Code				
neo	11 :				 				
Miscellaneous Revenue		b		_					
Re		۲ C	All other revenue						
Σ			All other revenue						
	12	.	Total. Add lines 11a-11d			358.686.	97,310.	0.	4,610.
						,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ••	_, •

Form 990 (2023)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 129,796. 129,796. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,423. 2,423. Other employee benefits 9 13,138. 13,138. Payroll taxes 10 Fees for services (nonemployees): a Management Legal 12,500. 12,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 19,937. 19,937 column (A), amount, list line 11g expenses on Sch O.) 4,852. 4,852. Advertising and promotion 12 5,042. 5,042. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 1,520. 1,520. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 19,262. 19,262. Depreciation, depletion, and amortization 22 13,890. 13,890. 23 Other expenses. Itemize expenses not covered 24 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 O.) 28,045. 28,045. BAD DEBT EXPENSE DENTAL SUPPLIES 11,168. 11,168. MOBILE CLINIC REPAIRS 3,184. 3,184. d MISCELLANEOUS 3,044. 3,044. 4,031. 4,031. e All other expenses 271,832. 259,332. 12,500 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pa	ILΛ	Dalance Sneet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			99,256.	1	398,080.
	2	Savings and temporary cash investments			551,035.	2	246,386.
	3	Pledges and grants receivable, net			212,551.	3	34,162.
	4	Accounts receivable, net			7,999.	4	5,499.
	5	Loans and other receivables from any curren			. , , , , , ,	7	3,233.
	ਁ	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t			5		
	6	Loans and other receivables from other disqu					
	`	under section 4958(f)(1)), and persons descri			6		
ι	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			8,600.	9	9,052.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		965,858.			
	b	Less: accumulated depreciation		471,354.	22,301.	10c	494,504.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lir			104,751.	12	
	13	Investments - program-related. See Part IV, li			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e		1,006,493.	16	1,187,683.	
	17	Accounts payable and accrued expenses			15,892.	17	108,152.
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or f	ormer office	er, director,			
≝		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese perso	ns		22	
_	23	Secured mortgages and notes payable to un	related third	d parties		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	1 571		2 647
		of Schedule D			1,571.		3,647.
	26	Total liabilities. Add lines 17 through 25		7.7	17,463.	26	111,799.
S		Organizations that follow FASB ASC 958, o	check here	X			
ğ		and complete lines 27, 28, 32, and 33.			389,030.		172 212
ala	27				600,000.	27	473,213. 602,671.
P B	28	Net assets with donor restrictions			000,000.	28	002,071.
필		Organizations that do not follow FASB AS6	C 958, chec	ck here			
<u>6</u>		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current fun			29		
1SS.	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			989,030.	31	1,075,884.
Z	32	Total net assets or fund balances			1,006,493.	32	1,187,683.
	33	Total liabilities and net assets/fund balances			±,000,±JJ•	33	T, TO 7, 0003.

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	27	8,6 1,8	32.			
3	Revenue less expenses. Subtract line 2 from line 1	3		6,8				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	98	9,0	30.			
5	5 Net unrealized gains (losses) on investments 5							
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 1	,07	5,8	84.			
Pa	rt XII Financial Statements and Reporting	•						
	Check if Schedule O contains a response or note to any line in this Part XII							
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No			
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.	_		v			
2a			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a						
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 separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule 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 requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990 ((2023)			

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 Inspection

OMB No. 1545-0047

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, Name of the organization INC.

Employer identification number 94-3309195

Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)							
1		A church, convention of ch											
2		A school described in sect i											
3		A hospital or a cooperative		·		(b)(1)(A)(ii	ii).						
4		A medical research organiz						the hospital's name.					
		city, and state:	анон ороналов и со-	njanionon mini a nicopina		000		and neephan o name,					
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in					
J		section 170(b)(1)(A)(iv). (C		nego or armveronly owner	а ог орога	iou by u g	overnmental and accord	500 III					
6				antal unit described in	coetion 17	70/6\/4\/A\	(v)						
6	X	A federal, state, or local gov						nublic described in					
′	21	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)											
_		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8													
9		An agricultural research org				-		-					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or					
		university:											
10		An organization that norma											
		activities related to its exen		•				•					
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Cor											
11		An organization organized a	•	•	•								
12		An organization organized a	•	•	•		•	• •					
		more publicly supported or	-					Check the box on					
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.						
а			nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving /					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting					
		organization. You must o	omplete Part IV, Se	ections A and B.									
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving					
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	pported					
	_	organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,					
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.						
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	ization(s)					
		that is not functionally int	egrated. The organiz	cation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness					
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.						
е		☐ 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, or	Type III non-functio	nally integrated support	ing organiz	zation.							
f		er the number of supported o	•										
g		vide the following information		. ,	E 6 A 1 - 4b	oloukou Kakad							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
.													
Γ∩t≤								i e					

INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	135,202.	101,562.	184,535.	782,780.	256,766.	1460845.
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	125 000	101 560	104 525	700 700	056 566	1460045
4	Total. Add lines 1 through 3	135,202.	101,562.	184,535.	782,780.	256,766.	1460845.
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,						700 200
_	column (f)						700,300.
	Public support. Subtract line 5 from line 4.						700,343.
	ndar year (or fiscal year beginning in)	(2) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2023	(f) Total
	Amounts from line 4	(a) 2019 135, 202.	(b) 2020 101,562.	(c) 2021 184,535.	(d) 2022 782,780.	(e) 2023 256, 766.	(f) Total 1460845.
	Gross income from interest,	133/12021	101/3021	101/3330	70277000	23077001	11000131
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,363.	2,925.	115.	36.	4,610.	12,049.
9	Net income from unrelated business						
Ū	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.)	73.	8,969.	3,055.			12,097.
11	Total support. Add lines 7 through 10						1484991.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	392,127.
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						
	ction C. Computation of Publ						
14	Public support percentage for 2023 (14	51.22 %
15	Public support percentage from 2022					15	56.33 %
16a	33 1/3% support test - 2023. If the	· ·		,		,	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the d	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact					_	
	meets the facts-and-circumstances to	•	•	• • • •	•	17- and line 15 in	
a	10% -facts-and-circumstances tes	_					10% Or
	more, and if the organization meets the		•		•		
10	organization meets the facts-and-circ						
10	Private foundation. If the organization	in ala not check a	DUX UIT III IE TO, TO	a, 100, 17a, 01 171	J, CHECK THS DOX 8	ina see instruction	<u>。</u>

Schedule A (Form 990) 2023

INC.

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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.)

qualify under the tests listed bection A. Public Support	oelow, please com	plete Part II.)				
	1 (100/0	#10000	() 0004	1 , , , , , ,	1 () 0000	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(3) 23 13	(3) 2323	(0) 202 :	(4) = 5 = 1	(0, 2020	(1) 1010
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 11 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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)		1	<u> </u>			<u> </u>
14 First 5 years. If the Form 990 is for t	ne organization's f	tirst, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here	lie Cummant D					L_
Section C. Computation of Pub			, (%)		1451	-
Public support percentage for 2023						
16 Public support percentage from 202					16	
Section D. Computation of Inve					147	
17 Investment income percentage for 2						
18 Investment income percentage from					18	17:
19a 33 1/3% support tests - 2023. If the	-					1 / Is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2022. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, ch						
ALL PRIVATE TOLINGATION IT THE ORGANIZATION	on aid not chack a	1 NOV OD 1100 1/1 10	ra or iun chackt	THE DAY AND COA II	TETTLICTIONS	1

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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		
	46		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	ο-		
	9a		
	Ωh		
	9b		
	9c		
	90		
	10a		
	ioa		
	10b		
ماديا	A (Ear		2022

Pa	rt IV Supporting Organizations (continued)			ago o
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	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		
	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		
Sec	tion B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	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		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	١-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
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	0-		
	that these activities constituted substantially all of its activities.	2a		
р	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	OI.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: it is to, december it is at it in the played by the organization in this regard.	L		

Schedule A (Form 990) 2023 332025 12-21-23

94-3309195 Page 6 INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year

b	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		I
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	inization (see
	instructions)			

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Schedule A (Form 990) 2023

1

2

3

4 5

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

3

4

5

Part V Type II Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions	Sche	edule A (Form 990) 2023 INC.	EN 5 DENIAL RE.	ALIII IROGRA		1-3309195 Page 7
Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 1 2 3 3 3 3 3 3 3 3 3		rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	, age i
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity and complete organizations, in excess of income from activity and Amounts paid to acquire exempt-use assets 4 4 5 Amounts paid to acquire exempt-use assets 4 4 5 Qualified set asside amounts (prior IRS approval required - provide details in Part VI) 5 5 5 6 Outline details (prior IRS approval required - provide details in Part VI) 5 5 5 6 7 7 Total amount distributions, Add lines 1 through 6. 7 7 8 0 Istributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 7 7 8 9 10 Line 8 amount divided by line 9 amount 6 10 10 Line 8 amount divided by line 9 amount 6 10 10 Line 8 amount divided by line 9 amount 6 10 10 Line 8 amount divided by line 9 amount 6 10 10 Line 8 amount divided by line 9 amount 6 10 Line 8 10 Line 8 Line 8 10 Line 9 10 Line 8 Line 8 10 Line 9 10 L	Sect		.,,, .,	(OOTHERN	1	Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Amounts paid to acquire exempt-use assets 5 Cualified set-aside amounts (prior IRS approval required provide details in Part VI) 5 Scholar distributions (describe in Part VI), See instructions. 6 Other distributions (describe in Part VI), See instructions. 7 Total amount aldistributions, Add lines 1 through 8. 7 Total amount distributions, Add lines 1 through 8. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2023 from Section C, line 6 9 In Line 8 amount divided by line 9 amount (ii) Underdistributions Pre-2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 b From 2019 c From 2020 d From 2020 f From 2020 d From 2021 f From 2022 f From 2022 f From 2022 f From 2022 f From 2025 g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) i Remainder Subtract lines 8g and 4 from line 2 for result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3 in Agnited to underdistributions of prior years b Applied to underdistributions for 2023. Subtract lines 3 in Agnited to mile 1. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2024. Add lines 3 and 4. 7 Excess distributions carryover to 2024. Add lines 3 and 4. 8 Excess			empt purposes		1	
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2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 b From 2019 c From 2020 d From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: s a Applied to 2023 distributable amount c 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 3j and 4c. 8 Breakdown of line 7: a Excess from 2020 c Excess from 2021	Sect	ion E - Distribution Allocations (see instructions)		Underdistributio	ns	Distributable
able cause required - explain in Part VI). See instructions. 3	_1	Distributable amount for 2023 from Section C, line 6				
a From 2018 b From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 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 3j and 4c. 8 Breakdown of line 7: a Excess from 2020 c Excess from 2021	2	Underdistributions, if any, for years prior to 2023 (reason-				
a From 2018 b From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: s Applied to underdistributions of prior years b Applied to 2023 distributable amount c 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 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021		able cause required - explain in Part VI). See instructions.				
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d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to 2023 distributable amount c 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 3j and 4c. 8 Breakdown of line 7: a Excess from 2020 c Excess from 2021	b	From 2019				
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4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c 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 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021	<u>i</u>	Carryover from 2018 not applied (see instructions)				
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Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021	6	Remaining underdistributions for 2023. Subtract lines 3h				
7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021						
and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021						
a Excess from 2019 b Excess from 2020 c Excess from 2021	7	-				
b Excess from 2020 c Excess from 2021	8	Breakdown of line 7:				
c Excess from 2021	а	Excess from 2019				
	b	Excess from 2020				
d Excess from 2022	С	Excess from 2021				
	d	Excess from 2022				
e Excess from 2023	е	Excess from 2023				

Schedule A (Form 990) 2023

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,

94-3309195 Page 8 INC. Schedule A (Form 990) 2023 Part 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

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC.

Employer identification number 94-3309195

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	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		eld in donor advise	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	<u>-</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included on line 2	?a	2c
d	Number of conservation easements included on line 2c acqu	•		
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per		tion, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcing consorvation	on agraments during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norching conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,
	provide the following amounts relating to these items.			_
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_				
2	If the organization received or held works of art, historical tre			gaın, provide
	the following amounts required to be reported under FASB A			*
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

332051 09-28-23

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

	dule D (Form 990) 2023 INC.							4-33			age 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Other	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	t make sig	gnificant	use of its			
	collection items (check all that apply).										
а	Public exhibition	c			hange progra	ım					
b	Scholarly research	e	• 🔲 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or othe	er similar a	assets		7		,
	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the	organizatior	n answered "\	res" on Fo	orm 990,	Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custod	ian, or other interme	diary for	contributio	ns or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				,
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or co	ustodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if		1								
		(a) Current year	(b) P	rior year	(c) Two years	s back (c	inree y	ears back	(e) Four	years	раск
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	red for the	е		г	1	
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Pai	t VI Land, Buildings, and Equipm			, ,, ,, ,		D	40				
	Complete if the organization answere										
	Description of property	(a) Cost or o		` '	or other	` '	cumulate	d	(d) Boo	k value	9
		basis (investr	nent)	basis	(other)	depr	eciation				
	Land			-	2 6 6 6		60 20	2		1 2	0 /
	Buildings			1	2,666.		68,28			$\frac{4}{3}, \frac{3}{4}$	
	Leasehold improvements			2.0	7,211.		3,72			$\frac{3}{1}, \frac{4}{2}$	
	Equipment				7,312.		85,93			1,3	
	Other				8,669.	3	13,41	10.		5,2. 4,5	
Tota	. Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	x, iine 1	uc, column	(B))			I	49	±,5	U 4 •

Schedule D (Form 990) 2023

PRASAD CHIL: Schedule D (Form 990) 2023 INC.	DREN'S DENTA	L HEALTH PROGRAM,	1-3309195 _{Page} 3
Part VII Investments - Other Securities			- cccs_sc rage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1)	(-,	(2,	·- · · , · · · · · · · · · · · · · · · · · · ·
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(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 000 Port IV line	a 11d Sac Form 000 Bart V line 15	
	Description	e 11d. See Form 990, Fart X, line 15.	(b) Book value
	Description		(b) book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	_
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO THE PRASAD PROJECT	, INC.		3,647
(3)			
(4)			
(5)			
(6)			

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

3,647.

(7) (8)

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM. INC.

Employer identification number 94-3309195

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

EDUCATION, PREVENTION, DETECTION AND TREATMENT.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION'S SOLE MEMBER IS THE PRASAD PROJECT, INC., A 501(C)3 TAX EXEMPT ENTITY UNDER THE LAWS OF THE STATE OF NEW YORK.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S TRUSTEES ARE ELECTED BY THE BOARD OF DIRECTORS OF ITS SOLE MEMBER, THE PRASAD PROJECT, INC.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS. FINANCE DIRECTOR REVIEWS THE FORM AND THEN SENT TO TREASURER AND TRUSTEES 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." For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Employer identification number 94-3309195

AN INTERESTED PARTY SHALL COMPLETE THE QUESTIONNAIRE ATTACHED AS APPENDIX A
TO FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY POTENTIAL

CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT AND AFFIRMATION OF

COMPLIANCE (APPENDIX B) SHALL BE SUBMITTED UPON HIS/HER ASSOCIATION WITH

PRASAD, AND SHALL BE REVIEWED ANNUALLY THEREAFTER. AN ADDITIONAL DISCLOSURE

STATEMENT SHALL BE FILED WHENEVER A POTENTIAL CONFLICT ARISES.

DISCLOSURE STATEMENTS WILL BE SUBMITTED AS FOLLOWS. FOR TRUSTEES, THE

DISCLOSURE STATEMENTS SHALL BE PROVIDED TO THE CHAIR OF THE BOARD. THE

CHAIR'S DISCLOSURE STATEMENT SHALL BE PROVIDED TO THE SECRETARY OF THE

BOARD OR ITS EQUIVALENT.

WHENEVER THERE IS REASON TO BELIEVE THAT A POTENTIAL CONFLICT OF INTEREST EXISTS BETWEEN PRASAD AND A BOARD TRUSTEE, THE BOARD OF TRUSTEES SHALL DETERMINE THE APPROPRIATE RESPONSE. THIS SHALL INCLUDE, BUT NOT NECESSARILY BE LIMITED TO, INVOKING THE PROCEDURES DESCRIBED BELOW WITH RESPECT TO A SPECIFIC PROPOSED ACTION, POLICY OR TRANSACTION. THE DESIGNATED REVIEWING OFFICIAL HAS A RESPONSIBILITY TO BRING A POTENTIAL CONFLICT OF INTEREST TO THE ATTENTION OF THE BOARD PROMPTLY FOR ACTION AT THE NEXT REGULAR MEETING OF THE BOARD OR DURING A SPECIAL MEETING CALLED SPECIFICALLY TO REVIEW THE POTENTIAL CONFLICT OF INTEREST.

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

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Name of the organization PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, **Employer identification number** 94-3309195 INC.

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

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

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

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

THE ORGANIZATION'S OFFICERS ARE COMPENSATED BY RELATED ORGANIZATION, THE PRASAD PROJECT, INC. ITS BOARD MEMBERS ARE ASKED TO APPROVE SALARIES AND 332212 11-14-23

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PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, Employer identification number 94-3309195 ENCREASES FOR MANAGEMENT POSITIONS. THE EXECUTIVE DIRECTOR OF THE PRASAD PROJECT, INC. IS CHOSEN BY THE BOARD, AS PART OF HER POSITION SHE SERVES AS THE ORGANIZATION'S PROGRAM ADMINISTRATOR. HER SALARY IS REVIEWED AND COMPARED TO OTHERS OF SIMILAR ORGANIZATIONS BY THE BOARD OF TRUSTEES AND SHE IS REVIEWED BY THE BOARD ANNUALLY. THE ORGANIZATION RECEIVES EXECUTIVE DIRECTOR AND FINANCE DIRECTOR SERVICES AS PART OF DONATED SERVICES PROVIDED BY THE PRASAD PROJECT, INC.	Schedule O (Form 990) 2023	Page 2
PROJECT, INC. IS CHOSEN BY THE BOARD, AS PART OF HER POSITION SHE SERVES AS THE ORGANZIATION'S PROGRAM ADMINISTRATOR. HER SALARY IS REVIEWED AND COMPARED TO OTHERS OF SIMILAR ORGANIZATIONS BY THE BOARD OF TRUSTEES AND SHE IS REVIEWED BY THE BOARD ANNUALLY. THE ORGANIZATION RECEIVES EXECUTIVE DIRECTOR AND FINANCE DIRECTOR SERVICES AS PART OF DONATED SERVICES PROVIDED BY THE PRASAD PROJECT, INC.	Name of the organization PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,	Employer identification number
THE ORGANZIATION'S PROGRAM ADMINISTRATOR. HER SALARY IS REVIEWED AND COMPARED TO OTHERS OF SIMILAR ORGANIZATIONS BY THE BOARD OF TRUSTEES AND SHE IS REVIEWED BY THE BOARD ANNUALLY. THE ORGANIZATION RECEIVES EXECUTIVE DIRECTOR AND FINANCE DIRECTOR SERVICES AS PART OF DONATED SERVICES PROVIDED BY THE PRASAD PROJECT, INC. FORM 990, PART VI, SECTION C, LINE 19:	INCREASES FOR MANAGEMENT POSITIONS. THE EXECUTIVE DIRECTO	R OF THE PRASAD
COMPARED TO OTHERS OF SIMILAR ORGANIZATIONS BY THE BOARD OF TRUSTEES AND SHE IS REVIEWED BY THE BOARD ANNUALLY. THE ORGANIZATION RECEIVES EXECUTIVE DIRECTOR AND FINANCE DIRECTOR SERVICES AS PART OF DONATED SERVICES PROVIDED BY THE PRASAD PROJECT, INC. FORM 990, PART VI, SECTION C, LINE 19:	PROJECT, INC. IS CHOSEN BY THE BOARD, AS PART OF HER POSI	TION SHE SERVES AS
SHE IS REVIEWED BY THE BOARD ANNUALLY. THE ORGANIZATION RECEIVES EXECUTIVE DIRECTOR AND FINANCE DIRECTOR SERVICES AS PART OF DONATED SERVICES PROVIDED BY THE PRASAD PROJECT, INC.	THE ORGANZIATION'S PROGRAM ADMINISTRATOR. HER SALARY IS R	EVIEWED AND
DIRECTOR AND FINANCE DIRECTOR SERVICES AS PART OF DONATED SERVICES PROVIDED BY THE PRASAD PROJECT, INC. FORM 990, PART VI, SECTION C, LINE 19:	COMPARED TO OTHERS OF SIMILAR ORGANIZATIONS BY THE BOARD	OF TRUSTEES AND
FORM 990, PART VI, SECTION C, LINE 19:	SHE IS REVIEWED BY THE BOARD ANNUALLY. THE ORGANIZATION R	ECEIVES EXECUTIVE
FORM 990, PART VI, SECTION C, LINE 19:	DIRECTOR AND FINANCE DIRECTOR SERVICES AS PART OF DONATED	SERVICES PROVIDED
	BY THE PRASAD PROJECT, INC.	
ALL ARE AVAILABLE UPON REQUEST	FORM 990, PART VI, SECTION C, LINE 19:	
	ALL ARE AVAILABLE UPON REQUEST	

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.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC.

Employer identification number 94-3309195

Part I Identification of Disregarded Entities. Com	plete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inc	ome End-of-year	ır assets Direct	(f) rect controlling entity	
		loreigh country)					
Part II Identification of Related Tax-Exempt Organorganizations during the tax year.	nizations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more related tax-e	xempt	
(a)	(b)	(c)	(d)	(e)	(f)	Section	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	cont	rolled tity?
or rolated organization		loreign country)	Scotion	501(c)(3))	Onticy	Yes	No
THE PRASAD PROJECT, INC - 14-1751086							
P.O. BOX 576 FERNDALE, NY 12734	SEE SCHEDULE R PART VII SUPPLEMENTAL INFORMATION	NEW YORK	501(C)(3)	LINE 7	N/A		X
EKNUALE, NI 12/34	SUPPLEMENTAL INFORMATION	NEW TORK	501(C)(3)	LINE /	N/A	+	
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l cont ent	(i) ction (b)(13) trolled tity?
		country)		or tracty		455515		Yes	No
									
								\vdash	—
									\Box
		2.5							\bot

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	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	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b	Gift, grant, or capital contribution to related organization(s)				1b		X			
С	Gift, grant, or capital contribution from related organization(s)				1c		X			
d	Loans or loan guarantees to or for related organization(s)				1d		X			
	Loans or loan guarantees by related organization(s)				1e		X			
f	f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				1g		X			
h	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k	k Lease of facilities, equipment, or other assets from related organization(s)									
- 1	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses										
•										
r Other transfer of cash or property to related organization(s)										
s Other transfer of cash or property from related organization(s)										
s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) Amount involved Method of determining amount in									
<u>(1)</u> [THE PRASAD PROJECT, INC.	М	127,195.	VALUE OF SERVICES RECEIV	ED					
(2)										
(3)										
(4)										
(5)										
(6)										
33216	3 00-28-23	36		Schedule I	R (Forr	n 990)	2023			

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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	c. Share of	Share of	Dispre	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	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
					1						

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,

Schedule R	(Form 990) 2023	INC.				94-3309195	Page 5
Part VII	(Form 990) 2023 Supplemental Inf	formation					
	Provide additional info	rmation for respons	ses to questions or	Schedule R. See	e instructions.		