PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 17-14-26

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For th	e 2011 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization PRASAD CHILDREN'S DENTAL HEALTH PROGRA	AM,	D Employer identifi	cation number
	Addre	ss INC.	,		
F	Name Chang	DD3 G3 D GDUD		94-3	309195
F	Initial return		Room/suite	E Telephone numbe	
F	Termi		1100111/04110		434-0376
F	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	494,529.
F	Application			H(a) Is this a group re	
_	pendi	F Name and address of principal officer:RON BRENT		for affiliates?	Yes X No
		SAME AS C ABOVE		<b>H(b)</b> Are all affiliates inc	
$\overline{}$	Tav.av	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527		list. (see instructions)
		te: NWW.PRASADCDHP.ORG	021	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile: NY
	art I	Summary	L Tour	oriorination. 1330 N	VI Otate of legal dofficile, 24 2
	1	Briefly describe the organization's mission or most significant activities: TO II	MDROVE	THE DENTAL	HEALTH OF
Activities & Governance	'	CHILDREN IN NEED BY PROVIDING HIGH QUALITY	ry DEN	TAL SERVICE	S THROUGH
nar	2	Check this box if the organization discontinued its operations or dispose			
Ve	3	·		3	3
යි	4	Number of independent voting members of the governing body (Part VI, line 1a)			3
<b>ფ</b>	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			13
Ë					20
₹	6	Total number of volunteers (estimate if necessary)			0.
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
		Contributions and grants (Part VIII line 1h)	-	420,062.	316,448.
ī	8	Contributions and grants (Part VIII, line 1h)		163,844.	143,645.
Revenue	9	Program service revenue (Part VIII, line 2g)		144.	143,043.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32,105.	34,334.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		616,155.	494,529.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.00,133.	0.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		279,978.	289,959.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ē	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  3,4!	<u> </u>	0.	0.
ă	_b			98,304.	112,703.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		378,282.	402,662.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		237,873.	
_ 8	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or	20	Total accests (Doit V. line 10)	Be	501,390.	End of Year 589, 283.
ASSE Pal	20	Total assets (Part X, line 16)		51,653.	47,679.
let/	21	Total liabilities (Part X, line 26)		449,737.	541,604.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		447,737.	J41,004.
_		alties of perjury, I declare that I have examined this return, including accompanying schedules	and etatom	ante and to the heet of m	v knowledge and helief it is
		ities of perjuly, i declare that i have examined this return, including accompanying schedules of and complete. Declaration of preparer (other than officer) is based on all information of wh		•	y kilowieuge allu bellel, it is
uu	, 00110	L.	non proparor	Thas arry knowledge.	
c:.		Signature of officer		Date	
Sig					
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	П	Date Check	TÎ PTIN
Pai	d	FREDERICK MARTENS		if	
	parer	Firm's name LUTZ AND CARR, CPAS LLP		self-employ Firm's EIN ▶	13-1655065
	Only	Firm's address 300 EAST 42ND STREET		I IIIII S EIIV	13 1033003
UO	July	NEW YORK, NY 10017		Phone no. 2	12-697-2299
N 4 -	v tha !			I HOHE HU. Z	11
IVIO	ушет	RS discuss this return with the preparer shown above? (see instructions)			🔼 Yes 📖 No

	PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,	
Form	90 (2011) INC. 94-3309195 Page	2
Pa	III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response to any question in this Part III	ᆜ
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 &	—
	PREATMENT.	_
		—
2	Did the organization undertake any significant program services during the year which were not listed on	_
_	he prior Form 990 or 990-EZ?	lo
	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	lo
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported.	_
4a	Code: (Code: (Co	<u> </u>
	DENTAL HEALTH EDUCATION, PREVENTION, DETECTION AND TREATMENT: IN 2011 THE PRASAD CDHP SERVED 5,409 CHILDREN IN SULLIVAN AND ULSTER	_
	COUNTY NEW YORK THROUGH ITS DENTAL HEALTH EDUCATION AND DENTAL CARE	—
	SERVICES. THE MOBILE DENTAL CLINIC PROVIDED 1,664 DENTAL VISITS AND	—
	PERFORMED 5,229 DENTAL PROCEDURES.	—
		_
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		<u> </u>
4b	Code:	_ )
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4c	Code:	_ )
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132002 02-09-12 Form **990** (2011)

including grants of \$ 391,706.

4e Total program service expenses ▶

4d Other program services (Describe in Schedule O.)

) (Revenue \$

94-3309195

Form 990 (2011) INC.

Part IV | Checklist of Required Schedules

			Yes	No
4	In the expenientian described in section $EO1(a)(2)$ or $4O47(a)(1)$ (other than a private foundation)?		162	INO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		- 25	
3		3		х
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4				Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2011)

	Chocking of Hedginga Contained			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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			
	Schedule K. If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
h	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	Cohooduda I. David	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		21
01	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Parts II, III, IV, and V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		\ <sub>37</sub>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	l

Form **990** (2011)

Page 4

# Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1006. Enter 4- if not applicable   1a   3   3   1b   1c   1c   1c   1c   1c   1c   1c		Check if Schedule O contains a response to any question in this Part V				
b Enter the number of Forms W2G included in line 1s. Enter o'-linet applicable					Yes	No
be Enter the number of Forms W26 included in line 1a. Enter of Irind applicable   10   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 3			
Gamblingly winnings to prize winners?  Better the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  Filed for the calendar year ending with or within the year covered by this return  By It all least one is reported on line 2 a. did the organization lie all required federal employment tax returns?  By It is a sum of lines 1 and 2 as greater than 250, you may be required to e-file (see instructions)  By It is warp of the analysis of the organization have an interest in, or a signature or other authority over, a financial accountly (such as a bank account, securities account, or other financial account)?  By It if ves, inter the name of the foreign country, line 1 as a bank account, securities account, or other financial account)?  By It is warp organization and party to a prohibited tax shelter transaction at any time during the tax year?  By It is warp organization and party to a prohibited tax shelter transaction at any time during the tax year?  By It is warp organization and the organization that a war or is a party to a prohibited tax shelter transaction?  By It is warp organization and the organization that a war or is a party to a prohibited tax shelter transaction?  By It is warp organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  By It is a shall be organization solicit any contribution of authors are contribution and party for goods and services provided to the payor?  By It is a shall be organization notify the donor of the value of the goods or services provided?  By It is a shall be organization notify t			1b 0			
28 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resture.  29 X  13 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  30 bit the organization have unreated business gross income of \$1,000 or more during the year?  31 A Tan yrite during the calendary year, did the organization have an interest in, or a singulature or other authority over, a financial account in a foreign country. Period of the part of the foreign country.  32 b If Yes, 'nester the name of the foreign country.  33 b If Yes, 'nester the name of the foreign country.  34 b If Yes, 'nester the name of the foreign country.  35 b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  36 b If yes, 'to line 5a or 5b, did the organization file form 88861?  37 b If Yes, 'to line 5a or 5b, did the organization file form 88861?  38 b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  38 b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  39 b If Yes, 'did the organization notify the donor of the value of the goods or services provided?  40 b If Yes, 'did the organization notify the donor of the value of the goods or services provided?  41 b If Yes, 'indicate the number of Forms 8282 field during the year  42 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  43 b If Yes, 'indicate the number of Forms 8282 field during the year  44 b If the organization received a contribution of cars, boats, apipanes, or other vehicles, did the organization file a Form 1088 or quantization file a Form	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
filed for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?		1c	X	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If "Yes, 'has it filed a Form 900-Tf or this year? If "No.' provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the name of the foreign country   ▶  See instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5b Was the organization a party to a prohibited tax shelfer than explanation?  5c If "Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c If "Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c If Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c If Yes, 'to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  5c If Yes, 'to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes, 'to lid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If the organization receive a payment in excess of \$75 made party as contribution and party for goods and services provided to the payor?  7a If If Yes, 'did the organization notify the donor of the value of the goods or services provided?  7b If Yes, 'did the organization notify the donor of the value of the goods or services provided?  7b I	<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a 13			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 financial accountly? 4 A  X  b if "Yes," enter the name of the foreign country. ►  See instructions for filing requirements for Form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of this grey quirements for Form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of the grey for the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instructions of the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instruction for the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  See instruction for the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  The grey form the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  The grey form the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  The grey form the grey form TDF 902-21, Report of Foreign Bank and Financial Accounts.  The grey form the grey form TDF 902-21, Report of Foreign Bank are normally gre		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
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)?  5a in if "es," enter the name of the foreign country; ▶  5a was the organization approximation apparent 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    b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X    5c   ff "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c   S   X    b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   X    5c   S   X    b Did any taxable party notify the organization file Form 8886-17  6a   Does the organization include with every solicitation an express statement that such contributions solicit any contributions that were not tax deductible?  6a   X    b If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b   Verse," did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a   X    5d   M "Yes," indicate the number of Forms 9232 filed during the year  5d   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b   X    7c   X    7f   Did the organization, during the year pay premiums, directly or indirectly, on a personal benefit contract?  7e   X    7f   Did the organization eceived a contribution of qualified intellectual property, did the organization file a Form 1098-0?  8ponsoring organization exervine your qualified intellectual property, did the organ	3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country; "  see instructions for filing requirements for Form TD F 90.22.1, 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?  5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b D X C If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization notify the donor of the value of the goods or services provided?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7 Sponsoring organization maintaining donor advised funds an assertion 509(a)(3) supporting organizations. Did the support organization maintaining donor advised funds an assertion 509(a)(3) supporting organizations. Did the support organization make any taxable distributions under section 49667  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organiza	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		<u> </u>
b if "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization a party to a prohibited stax shelter transaction at any time during the tax year?  5a Was the organization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  b Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c If "Yes," in line Sa or 5b, lidt the organization file Form 8886.7  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization shall may receive deductible contributions under section 170(c).  b If "Yes," did the organization notity the donor of the value of the goods or services provided?  7 Did the organization notity the donor of the value of the goods or services provided?  7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 To I I I I I I I I I I I I I I I I I I	4a					
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Form 990 (2011)

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Page 6

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

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Yes   No   If there are material differences in voting members of the governing body or if the governing body before the unable of the government of the go	Sec	tion A. Governing Body and Management					
th there are material differences in voting rights among members of the governing body, of if the governing body delegated horal authority for an excustive committee, explain in Schedule 0.  b. Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person?  3 Up the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 Did the organization have members or stockholders?  8 Did the organization have members or stockholders?  9 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?  9 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?  9 Did the organization contemporamously document the meetings held or written actions understand during the year by the following:  1 The governing body?  1 The governing body?  2 Sold the organization notes an explain the meetings held or written actions understand during the year by the following:  1 The governing body?  2 Sold the organization have local chapters, branches, or affiliates?  1 The governing body?  2 Sold the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  10 Did the						Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>3</u>		
b Enter the number of voting members included in line 1a, above, who are independent 1 10 3 2 1 2 10 dary officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		If there are material differences in voting rights among members of the governing body, or if the governing					
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01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)	(B)	(C) Position				isai	(D)	(E)	(F)	
Name and Title	Average hours per week	box	not c unle,	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RON BRENT	10.00								_	0
CHAIRMAN/TRUSTEE	10.00	Х						0.	0.	0.
(2) SWATI DESAI TRUSTEE	10.00	x						0.	0.	0
(3) RICHARD MAYER	10.00	_						0.	0.	0.
TRUSTEE & TREASURER	10.00	x						0.	0.	0.
(4) MARIA ESCARRA	10.00	┝		$\vdash$				0.	0.	<u> </u>
PROGRAM ADMINISTRATOR	40.00			х				58,287.	0.	5,797.

Form **990** (2011)

INC.

Par	t VII Section A. Officers, Directors, Tru	istons Karr	nn!	31/66		י אם	-ا-مزك	00,	Componented Emmiss			<u> </u>	1 0	age <b>C</b>		
. ui	Coouding Control of the Control of t	rustees, Key Employees, and Highest Com (B) (C)						est								
	(A) Name and title	Average			Pos	itior			(D) Reportable	(E) Reportable		E^	( <b>F)</b> timate	hd		
	ivanie and title	hours per		not c	heck	more	than		1 .	compensatio			umate nount			
		week	offi				or/trus		from	from related			other	•		
		(describe	sctor						the	organizations	s	com	pensa	tion		
		hours for	rdire				ted		organization	(W-2/1099-MIS	3C)	fr	om the	е		
		related	stee	ruste			bensa		(W-2/1099-MISC)			_	anizat			
		in Schedule	ual tr	ional		ploye	t co m	١.					d relat			
		(describe hours for related organizations in Schedule O)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer				orga	ınizati	0115		
		,	드	드	0	<u>~</u>	工品	Œ								
							H									
							H									
1b	Sub-total	•					▶		58,287.		0.		5,7	97.		
С	Total from continuation sheets to Part V								0.		0.			0 .		
d	Total (add lines 1b and 1c)								58,287.		0.		5,7	97.		
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable	е					
	compensation from the organization													(		
													Yes	No		
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplc	yee	, or	highest compensated e	mployee on						
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X		
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization						
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		X		
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services						
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch <sub>i</sub>	pers	son .					5		X		
Sec	tion B. Independent Contractors															
1	Complete this table for your five highest co	=	-								ıpens	ation f	rom			
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.						
	(A)		37/	~***	_				(B)		_	(C		_		
	Name and business	address	N	INC	<u> </u>				Description of s	services		ompei	isatio	n		
								$\dashv$		-						
	Total number of independent acuturation (	noludina but :-	O+ 11	mi+-	4+-	+h -	00 !!	<b>.</b> +	d abaya) wha re = :: - = ! :=	aoro than						
2	Total number of independent contractors (		OT III	ııııte	u 10		se II: ()	siec	a above) who received n	iore man						
	\$100,000 of compensation from the organi	ZaliUi P										Form 9	990 <i>(</i>	2011		
												I UIIII	JJU (2	-011		

Forn	n 990	) (2	2011) INC.					94-3309	195 Page <b>9</b>
Pa	rt V	<u> </u>	Statement of Rever	nue					
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions, gifts, grants similar amounts not included above the contributions included in lines  Testal Add lines 10.15	1b 1c 1d ions) 1e is, and 1/e 1f. \$	77,663.	316,448.			
Program Service C Revenue	2		MEDICAL INSURAN	CE	Business Code 624100	143,645.	143,645.		
Prog			All other program service reve  Total. Add lines 2a-2f		143,645.				
	3 4 5		Investment income (including other similar amounts)	k-exempt bond p	oroceeds	102.			102.
		b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7	d a	Net rental income or (loss)	(i) Securities	(ii) Other				
		c d	and sales expenses Gain or (loss) Net gain or (loss)		<b>&gt;</b>				
Other Revenue			Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of 1c). See <b>a</b>					
₹			Less: direct expenses  Net income or (loss) from fund		<b>&gt;</b>				
	9	а	Gross income from gaming ac Part IV, line 19 Less: direct expenses	tivities. See					
		С	Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities returns					
		b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue							
		a b c	MISCELLANEOUS		900099	34,334.			34,334.
			All other revenue			34,334.			
	10	е	Total. Add lines 11a-11d		┈┈┈┞	494 529	143 645	0 -	34 436.

## 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) but are not required to

comp	olete columns (B), (C), and (D).				•
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	United States. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
•	trustees, and key employees	64,084.	64,084.		
6	Compensation not included above, to disqualified	0 - 7 0 0 - 1	,		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	187,525.	187,525.		
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	15,508.	15,508.		
10	Payroll taxes	22,842.	22,842.		
11	Fees for services (non-employees):				
а	Management				
b	Legal	F 501		F 501	
	Accounting	7,501.		7,501.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	3,544.	2,494.		1,050
g 12	Other	2,223.	1,592.		631
12 13	Advertising and promotion	6,585.	4,811.		1,774
13 14	Office expenses Information technology	0,303.	1,011.		±,,,±
15	Royalties				
16	Occupancy	11,933.	11,933.		
17	Travel	1,437.	1,437.		
 18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,265.	1,265.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	29,516.	29,516.		
23	Insurance	14,691.	14,691.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROVISION FOR BAD DEBT	12,783.	12,783.		
b	DENTAL SUPPLIES	11,446.	11,446.		
С	MISCELLANEOUS	6,450.	6,450.		
d	FEES AND PERMITS	3,329.	3,329.		
е	All other expenses	400 550	204 506		2 455
25	Total functional expenses. Add lines 1 through 24e	402,662.	391,706.	7,501.	3,455
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Cause 000 (001)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	107,361.	1	19,750.
	2	Savings and temporary cash investments	1.00 - 1.0		169,708.
	3	Pledges and grants receivable, net	10 100	3	50,072.
	4	Accounts receivable, net		4	5,674.
	5	Receivables from current and former officers, directors, trustees, key		_	370721
	້	employees, and highest compensated employees. Complete Part II			
				5	
	6	of Schedule L  Receivables from other disqualified persons (as defined under section		1	
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ţ	_			7	
Assets	7	Notes and loans receivable, net		1	
Ř	8	Inventories for sale or use	Ι Ω 167	8	10,221.
	9	Prepaid expenses and deferred charges	0,107	9	10,221.
	10a	Land, buildings, and equipment: cost or other	472		
	١.	basis. Complete Part VI of Schedule D 10a 452, 452, 452, 452, 452, 453, 453, 453, 453, 453, 453, 453, 453	$\frac{172.}{614.}$ 174,446.	100	333,858.
	1		·	+	333,030.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	F00 202
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4 - 00 -	+	589,283.
	17	Accounts payable and accrued expenses		_	18,073.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key employee			
Liabilities		highest compensated employees, and disqualified persons. Complete Pa	ırt II		
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	of a.c. o.c.		20 606
		Schedule D		_	29,606.
	26	Total liabilities. Add lines 17 through 25		26	47,679.
		Organizations that follow SFAS 117, check here   X  and comp	lete		
Sec		lines 27 through 29, and lines 33 and 34.	240 540		401 604
au	27	Unrestricted net assets		27	491,604.
Bal	28	Temporarily restricted net assets	109,188.	28	50,000.
nd	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117, check here   an	d		
ŏ		complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	F.1. 44:
Z	33	Total net assets or fund balances			541,604.
	34	Total liabilities and net assets/fund balances		34	589,283.

Form **990** (2011)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			29.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	402,662.					
3	Revenue less expenses. Subtract line 2 from line 1	3			67. 37.			
4								
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.			
6								
Pa	rt XII Financial Statements and Reporting	-			_			
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1 Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
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		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>			
			Form	9 <mark>90</mark> (	2011)			

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

# **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.

Open 1

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC.

Employer identification number 94-3309195

Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)												
1 🗀	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	•		0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of			170(b)(1)	Δ)(iii).					
4	•	•	operated in conjunction				. ,. ,	(b)(1)(A)(ii	i). Enter t	he hospita	al's name	e.
	city, and stat		,						•			,
5	•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describe	ed in		
-	-	(b)(1)(A)(iv). (Comple	-	,	•	,	J					
6			ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 X		· ·	eives a substantial part					or from the	general r	oublic des	cribed ir	า
		<b>b)(1)(A)(vi).</b> (Comple		or no oupp	ore morn a	govornin	intal arms c	,, ,, ,,,,,	gonoran	Jabilo Goo	onbod ii	
8			ection 170(b)(1)(A)(vi). (	(Complete	Part II )							
9 🗌			eives: (1) more than 33 1			rom contri	butions n	nembershi	n fees ar	nd aross re	eceints f	from
• —			nctions - subject to certa									
			axable income (less sect									
		<b>509(a)(2).</b> (Complete	,		, , , , , , , , , , , , , , , , , , ,	011100000	zoquii ou b	y and orga	in nearion c	artor ourro	00, 1011	0.
10			perated exclusively to te	st for nubl	ic safety S	See <b>sectio</b>	n 509(a)(4	1\				
11			perated exclusively for the						v out the	nurnoses	of one c	or
	Ü		tions described in section		′ '				,			,,
			organization and comple				.,. 000 <b>00</b> 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>u)(0):</b> 0110	TOR LITO DO	K triat	
	a Type I		7 '		e III - Fund		egrated		d	Type III -	Other	
e 🗀			t the organization is not	• •		•	-	r more disc	gualified i	,,		n
•			han one or more publicly									
f			ten determination from t						)(u)(1) 01 (	30011011 00	<b>Ο(α)(Δ</b> ).	
•		rganization, check th										
g		•	nis box organization accepted ar									
9			irectly controls, either al								Yes	No
			upported organization?									-110
			described in (i) above?								-	
			person described in (i) of									
h			about the supported or							[119(		
	1 TOVIGE LITE I	ollowing information	about the supported of	garnzation	(3).							
(1) No	-ftl	(U) FIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	ı notify the	(vi) ls	the	(-!!\ A		
` '	of supported anization	(ii) EIN	organization		sted in your		ion in col.	Torganizatio	on in col.		mount of pport	
orga	πιιΖατιστί		(described on lines 1-9 above or IRC section		document?			(i) organiz U.S	.?	Ju	pport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			, ,,									
				<del>                                     </del>	<del>                                     </del>			<del>                                     </del>				
Total												

 $\mbox{\sc LHA}$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-1

94-3309195 Page 2

# 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.)

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Calendar year (or fiscal year beginning in)    8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12	Sec	ction A. Public Support						
membership fees received. (ID not include any "unusual grants.")  231,539. 257,493. 277,239. 420,062. 316,448. 1502781  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Submert lines 4  8 Cross income from interest, dividende, payments received on securities loans, rents, rayattes and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  22 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization  14 Public support percentage from 2010 Schedule A, Part II, line 14  15 a 31/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization dualifies as a publicly supported organization  17 a 10% - facts-and-circumstances test. 2011. If the organization dualifies as a publicly supported organization  18 First five years. If the organization in qualifies as a publicly supported organization  19 August 19 August 20 August 2	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
231,539. 257,493. 277,239. 420,062. 316,448. 1502781  Tax revenues level for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total, Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 28 of the amount shown on line 11, column (f). 128,862  Exection B. Total Support.  Selection B. Total Support.  Selection B. Total Support (of fiscal year beginning in) ► (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Support. Selection B. Total Support sources and income from interest, dividends, payments received on securities loans, rents, royatics and income from similar sources. 434. 892. 419. 144. 102. 1,991  Net income from invested business activities, whether on not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support Add lines? Timolph 10 (1) Total support Add lines? Timolph 10 (1) Support Percentage for 2011 (line 6, column (f) divided by line 11, column (f) (f) Total Support percentage for 2011 (line 6, column (f) divided by line 11, column (f) (f) Total Support percentage for 2011 (line 6, column (f) divided by line 11, column (f) (f) (f) Total Support percentage for 2011 (line 6, column (f) divided by line 11, column (f) (f) (f) Total Support percentage for 2011 (line 6, column (f) divided by line 11, column (f)	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and the paid to or expended on the behalf and the paid to the organization without charge and the paid to the organization without charge and the paid to the organization of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) and the paid to th								
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8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  434 892 419 144 102 1,991  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization  17b -facts-and-circumstances test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization			(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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securities loans, rents, royalties and income from similar sources.  434. 892. 419. 144. 102. 1,991  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	8	,						
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9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  11 Total support. Add lines 7 through 10  12 822,125  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2010 Schedule A, Part II, line 14  16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization			121	902	110	111	102	1 001
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18							s

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, piedee com	oloto i art II.j				
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and		. ,	, ,	` '	, ,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
· · · ·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		#10000	( ) 0000	( 0 0040	( ) 00//	(0
Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<u></u> ▶□
Section C. Computation of Publi						
15 Public support percentage for 2011 (lin					15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	I7 is not
more than 33 1/3%, check this box an	id <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
<b>b 33 1/3% support tests - 2010.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<b>&gt;</b>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

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

Secondarization type (check one):

Employer identification number 94-3309195

organization type (check one).								
Filers of:	Filers of: Section:							
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.							
Special Rules								
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.								

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

Employer identification number

94-3309195

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$54,076.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audress, and ZIF + 4	\$ 15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$1,540.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

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

**Employer identification number** 

94-3309195

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Cohodulo D /Farro O	00 000 E7 or 000 DE\ /2011\

Name of organization Employer identification number PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC. 94-3309195 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section so (16)(17), (16), or (16) or year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC.

Employer identification number 94-3309195

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed 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 o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		I
3	Number of conservation easements modified, transferred, rel		
	year <b>&gt;</b>	, , ,	3
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements.		3
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2011

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	dule D (Form 990) 2011 INC .							330919	
Par	t III   Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, c	or Other	r Similar As	ssets (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following tha	t are a sig	nificant use of	its collectio	n items
	(check all that apply):								
а	Public exhibition	d	ıЩı	oan or exc	hange progra	ams			
b	Scholarly research	е	, [	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exem	pt purpose in	Part XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or oth	er similar a	assets		
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" to F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for d	contribution	ns or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:					
								Amoun	<u>t                                      </u>
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance								
	Did the organization include an amount on Fe		21?					└── Yes	└── No
	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete i							11	
		(a) Current year	<b>(b)</b> Pr	rior year	(c) Two year	s back (c	<b>1)</b> Three years b	ack (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		<i>"</i>						
2	Provide the estimated percentage of the curr	•		g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
•	The percentages in lines 2a, 2b, and 2c should be a sh	•							
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are neid a	ina aaministe	rea for the	e organization	i	V N-
	by:							2-(:)	Yes No
	(i) unrelated organizations							3a(i)	<del></del>
<b>h</b>	(ii) related organizations							3a(ii)	
4	Describe in Part XIV the intended uses of the							3b	
Par									
· ui	Description of property	(a) Cost or o			or other	(c) Acc	cumulated	(d) Boo	k value
	bescription of property	basis (investr			(other)		reciation	(4) 500	it value
12	Land	<u> </u>	,			3.5101	.=		
	Buildings			6	8,911.		46,182.	2.	2,729.
	Leasehold improvements				-,		,		_,,
	Equipment			7	1,453.		56,827.	1	4,626.
	Other				2,108.		15,605.		$\frac{1,5231}{6,503.}$
	. Add lines 1a through 1e. (Column (d) must e		X, colum				<b>•</b>		3,858.
	J ( / / /	. ,		1 //	. , ,				

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 INC.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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1	1	v	·-	

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)	15\			
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X, 1			······	
1. (a) Description of liability	1116 25.	(b) Book value		
(1) Federal income taxes		(-,		
(2) DUE TO THE PRASAD PROJECT	, INC.	29,606.		
(3)	•	•		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)		00.00		
Total. (Column (b) must equal Form 990, Part X, col (B) line Filv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	25.) the organization's financia	29,606. I statements that reports the organi	zation's liability for uncerta	in tax positions under

22

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM. 94-3309195 Page 4 INC. Schedule D (Form 990) 2011 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 494,529. Total revenue (Form 990, Part VIII, column (A), line 12) 402,662. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 91,867. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 6 Investment expenses Prior period adjustments 7 7 Other (Describe in Part XIV.) R R 9 Total adjustments (net). Add lines 4 through 8 9 91,867. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 602,564. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments 2a 108,035. Donated services and use of facilities 2b 2c Recoveries of prior year grants Other (Describe in Part XIV.) 108,035. Add lines 2a through 2d 2e 494,529. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 510,697. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 108,035. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses Other (Describe in Part XIV.) 108,035. 2e Add lines 2a through 2d 402,662. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 402,662. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE IN THE FINANCIAL STATEMENTS

Schedule D (Form 990) 2011

#### SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2011
Open to Public 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 4: AS OF FEBRUARY 7, 2012, PRASAD

CDHP'S BOARD OF TRUSTEES RECENTLY AMENDED ITS CERTIFICATE OF INCORPORATION

AND MADE CHANGES TO ITS BYLAWS TO BECOME A MEMBERSHIP ORGANIZATION UNDER

THE LAWS OF THE STATE OF NEW YORK. AT THIS TIME, THE ORGANIZATION HAS ONE

CLASS OF MEMBERS, THE PRASAD PROJECT, INC., BEING THE SOLE MEMBER OF THE

ORGANIZATION.

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 11: FORM 990 PREPARED BY PAID PREPARER

AND SENT TO FINANCE DIRECTOR. THE FINANCE DIRECTOR REVIEWS THE FORM AND A

COPY OF THE FORM IS SENT TO TREASURER AND TRUSTEE FOR REVIEW. ONCE THE FORM
IS REVIEWED AND APPROVED, THE FORM IS SIGNED AND FILED WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: IT APPLIES TO THE BOARD OF

TRUSTEES AND STAFF WITH SIGNIFICANT DECISION-MAKING AUTHORITY. PERSONS

COVERED UNDER THIS POLICY, AS WELL AS THEIR RELATIVES AND ASSOCIATES, ARE

HEREINAFTER REFERRED TO AS "INTERESTED PARTIES."

AN INTERESTED PARTY SHALL COMPLETE THE QUESTIONNAIRE ATTACHED AS APPENDIX A

TO FULLY AND COMPLETELY DISCLOSE THE MATERIAL FACTS ABOUT ANY POTENTIAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211
101-23-12

**Employer identification number** 94-3309195

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 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 132212 01-23-12

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 15A: EMPLOYEES ARE REVIEWED ANNUALLY AND IF THEIR WORK IS SATISFACTORY THEY ARE ELIGIBLE TO RECEIVE INCREASES IN SALARY THAT ARE BUDGETED IN A BOARD APPROVED BUDGET. MOST OFFICERS VOLUNTEER AND DO NOT RECEIVE COMPENSATION. MARIA C ESCARRA IS THE TOP MANAGEMENT OFFICIAL MAKING HER AN OFFICER OF THE CORPORATION. SHE IS

REVIEWED BY THE VOTING MEMBERS OF THE BOARD ANNUALLY AND HER SALARY MAY BE 132212 01-23-12

Name of the organization PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,  INC.	Employer identification number 94-3309195
ADJUSTED AT THAT TIME. ANY ADDITIONAL SALARY ADJUSTMENTS	MAY BE DETERMINED
BY THE BOARD OF TRUSTEES AT THEIR DISCRETION. THE ORGANIZ	ATION HAS NO OTHER
COMPENSATED OFFICERS OR KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19: ALL ARE AVAILABLE	UPON REQUEST