Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

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

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

and ending

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

6 Open to Public Inspection

OMB No. 1545-0047

B c	heck if pplicable Addres	PRASAD CHILDREN S DENIAL REALIR PROGRA	ΔΜ,	D Employer identifi	cation number						
	Name change	DDAGAD CDUD		94-3	309195						
	Initial return		Room/suite								
	Final return/	465 BRICKMAN ROAD			434-0376						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	233,658.						
	Ameno	HURLEYVILLE, NY 12747-5314		H(a) Is this a group r	eturn						
	Application	F name and address of principal officer: NON DIVINI		for subordinates	? Yes X No						
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No						
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	r 527	If "No," attach a	list. (see instructions)						
		e: ▶ WWW.PRASADCDHP.ORG		H(c) Group exemption							
		organization: X Corporation Trust Association Other	L Year	of formation: 1998	M State of legal domicile: NY						
Pa		Summary									
ø	1 1	Briefly describe the organization's mission or most significant activities: TO IM	IPROVE	THE DENTAL	HEALTH OF						
Activities & Governance		HILDREN IN NEED BY PROVIDING HIGH QUALITY DENTAL SERVICES THROUGH									
ērn		Check this box if the organization discontinued its operations or dispos		i							
ઠુ				3	3						
જ		Number of independent voting members of the governing body (Part VI, line 1b) $_{\dots}$			3						
ties		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			4						
Ė		Total number of volunteers (estimate if necessary)			0.						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
	р	Net unrelated business taxable income from Form 990-T, line 34	······		Current Year						
		Contributions and grants (Dort VIII line 1b)		Prior Year 163,354.	139,653.						
Jue	l	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		108,269.							
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		528.	-						
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,816.	,						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		280,967.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
s	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		142,042.	131,682.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
be		Total fundraising expenses (Part IX, column (D), line 25)	0.								
ũ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		146,633.	143,677.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		288,675.	275,359.						
		Revenue less expenses. Subtract line 18 from line 12		-7,708.	-41,701.						
or ces		·		ginning of Current Year	End of Year						
t Assets (Id Balanc	20	Total assets (Part X, line 16)		563,159.	526,052.						
t As	21	Total liabilities (Part X, line 26)		10,019.	14,613.						
Eget Light		Net assets or fund balances. Subtract line 21 from line 20		553,140.	511,439.						
	art II	Signature Block									
		lties of perjury, I declare that I have examined this return, including accompanying schedules			ly knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.							
		Cianatura of officer		Data							
Sign		Signature of officer		Date							
Her	е	RON BRENT, PRESIDENT Type or print name and title									
			П	Date Check	PTIN						
D = ! =	.	Print/Type preparer's name Preparer's signature	ا	Tale Check L	 '∣						
Paid		FREDERICK MARTENS		self-employ							
	Only	Firm's name LUTZ AND CARR, CPAS LLP		Firm's EIN	13-1655065						
use	Only	Firm's address 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176		Dhone == 21	2-697-2299						
N 4 = :	, +b = 15	•		Priorie no. 4 1	37						
ıvıay	, τυς IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	IMPROVING THE DENTAL HEALTH OF CHILDREN IN NEED BY PROVIDING HIGH
	QUALITY DENTAL SERVICES THROUGH EDUCATION, PREVENTION, DETECTION &
	TREATMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 263,859 • including grants of \$) (Revenue \$)
	IN 2016 PRASAD CDHP PROVIDED DENTAL HEALTH EDUCATION CLASSES TO MORE
	THAN 3,500 CHILDREN. IN ADDITION, THE DENTAL CLINIC RECEIVED 675 DENTAL
	VISITS AND PERFORMED MORE THAN 2,000 DENTAL PROCEDURES.
4b	(Code:) (Expenses \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	The volue of the v
4.1	Other pregram comitees (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 263,859.
	Form 990 (2016)

Form 990 (2016) Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 if "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part IVI, 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 24 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 sused after Docember 31, 2002? If "Yes," answer lines 246 through 244 and complete Schedule K. If "No", go to line 25a 25a Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 25b Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Section 501(x)3, 501(x)4), and 501(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Section 501(x)3, 501(x)4), and 501(x)29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person any of the organization's prior forms 90 or 990-22? If "Yes," complete Schedule L, Part II 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant assection than 10 organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors o				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment on Part IX, columy (A), ine 17 if "Ves," complete Schedule I, Parts I and II 21 IX 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Ves," complete Schedule I, Parts I and III 22 IX 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Ves," tomplete Schedule I, Parts I and III 22 IX 24 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 sused after December 31, 2002? If "Yes," answer ines 24b through 24d and complete Schedule IX. If "No. jo to line 25a 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 sused after December 31, 2002? If "Yes," answer ines 24b through 24d and complete Schedule IX. If "No. jo to line 25a Did the organization have a tax-exempt bonds sused with an outstanding person at any time during the year to defease any tax-exempt bonds?" 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 27c Did the organization and the second person during the year? 28d Did the organization and any and the organization organization organization and the second that the transaction with a disqualified person of a prior the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disquali	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
adomestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 2 Did the organization report more than \$5,000 or grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule A and the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule A If "No", go to line 25a 2 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization with a disqualified person during the year? If "Yes," complete Schedule I, Part I 2 Is be to erganization waver 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 CE21 If "Yes," complete Schedule I, Part II 2 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 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV 2 Did the organization party to a business transaction with one of the following parties (see Schedule I, Part	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part X, column (A), line 27 if "Pes," complete Schedule I, Parts I and III	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 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, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, If "No", go to line 25a		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26c Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 26d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 26d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 27d Did the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person of the organization and that the transaction has not been reported on any of the organization with a disqualified persons in a prior year, and that the transaction has not been reported on any of the organization with a disqualified persons? If "Yes," complete Schedule L, Part I 27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributions 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 IV 28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28d Vas the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV 28d A C An entity of which a current or former officer, directo		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 24b 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 maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Sa Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25 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-E27 If "Yes," complete Schedule L, Part II 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 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 a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 29 Did the organization feeder owner?	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 time 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization with a disqualified person out in the year? If "Yes," complete Schedule L, Part I Did the organization with a disqualified person in a prior year, and that the transaction with a disqualified person out in a excess benefit transaction with a disqualified person in a prior year, and that the transaction was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 IV Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Did Annie) and the properties of the propert		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
ast 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 28a 24b 24b 24b 24b 24b 25b 24b 25b 25b 25b 25b 25b 25b 25b 25b 25b 25			23		X
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 246 247 258 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 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 EZP If "Yes," complete Schedule L, Part I 258					
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // "Yes," complete Schedule L, Part I 25a X 25b 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-E27 // "Yes," complete Schedule L, Part I 25b X 26			-		X
any tax-exempt bonds? 24c 24d 24d 24d 24d 24d 24d 25a 25c 2			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27 X 29 Did the organization receive more officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization receive and the organization receive and case operations? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	С				
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engagaged 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 report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			-		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			24d		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Z5b Z5b Z Z6D Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Z6b Z7b Z7b Z7b Z7b Z7b Z7b Z7b Z7b Z7b Z7	25a				v
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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			36		Х
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2016)

INC.

94-3309195

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	ole gaming						
	(gambling) winnings to prize winners?			1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	9						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		Х			
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).				X				
а									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired						
	to file Form 8282?			7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Х			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
				9b					
10	Section 501(c)(7) organizations. Enter:	ا مد ا							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	44.							
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a							
b		446							
100	amounts due or received from them.)	11b		100					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?		12a					
	•	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a					
h	Note. See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b							
_	organization is licensed to issue qualified health plans	13c							
	Enter the amount of reserves on hand			14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b					
Ŋ	in 165, has it lieu a 1 0 m / 20 to report these payments? If No, provide an explanation in Schedule				990	(2016			

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

_	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
		1 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5	Х	Х				
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?		7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	and the contract of the contra								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official		15a	Х					
b	Other officers or key employees of the organization		15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NY								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availab	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	• • • • • • • • • • • • • • • • • • • •	n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:							
	LINDA HINDES - 845-434-0376								
	465 BRICKMAN ROAD, HURLEYVILLE, NY 12747								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)		organization compensate (C)					(D)	(E)	(F)
Name and Title	Average	(40	not a	Posi	ition	thor	onc	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both a officer and a director/trustee		h an	compensation	compensation	amount of		
	week	-	cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		9	suadı		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		yoldr	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme			organizations
(1) RON BRENT	10.00	<u> </u>								
PRESIDENT/TRUSTEE		Х		Х				0.	0.	0 .
(2) RICHARD MAYER	10.00									
TRUSTEE & TREASURER		Х		Х				0.	0.	0 .
(3) SWATI DESAI	10.00								_	
TRUSTEE	1000	Х			$ldsymbol{ldsymbol{ldsymbol{eta}}}$			0.	0.	0 .
(4) KATHERINE WYCKOFF	10.00	4								0
SECRETARY	40.00	╙		Х	_			0.	0.	0
(5) MARIA ESCARRA	10.00	-		,,					70 704	6 001
PROGRAM ADMINISTRATOR	40.00			Х	<u> </u>			0.	79,724.	6,921
(6) LINDA HINDES	10.00			х				0.	66 250	744
ASSISTANT TREASURER	40.00	₩		_	┢			0.	66,350.	/44
		┨								
	+	╁		\vdash	⊢					
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							1			

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)							(E)			(F)		
	Name and title	Average		not c	heck		than		Reportable	Reportable		Estimated		
		hours per week					is bot or/trus		compensation from	compensation from related			nount other	of
		(list any	to						the	organization			pensa	tion
		hours for	Individual trustee or director				-		organization	(W-2/1099-MIS			om th	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** = / ********************************	,		anizat	
		organizations	Itrust	Institutional trustee		yee	Highest compensated employee					and	d relat	ed
		below	vidua	itution	Ser	Key employee	hest c	Former				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	Hig	윤						
			-											
						-					\longrightarrow			
			-											
						-	<u> </u>				\rightarrow			
			ł											
						\vdash	 							
			1											
1b	Sub-total								0.	146,0			7,6	
	Total from continuation sheets to Part V								0.	146 0	0.			0.
	Total (add lines 1b and 1c)								0.	146,0			7,6	05.
2	Total number of individuals (including but no compensation from the organization	iot limited to tr	iose	liste	ed a	.bov	e) wr	no r	eceived more than \$100	,000 of reportab	ie			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee.	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s				-	-	-			•		3		Х
4	For any individual listed on line 1a, is the su	um of reportab												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edule	e J t	for such individual			4		Х
5	Did any person listed on line 1a receive or a					•			ted organization or indivi	dual for services				
<u> </u>	rendered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son .				<u></u>	5		X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mnoncated in	don	anda	nt c	nont:	ranta	ore 4	that received more than	\$100,000 of oon	nnonc.	ation f	rom	
•	the organization. Report compensation for										iperise	ationi	10111	
	(A)								(B)	,		(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	Co	ompei	nsatio	n
								\dashv						
								\dashv						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi						0							
											1	Form !	990 (2016)

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Га	rt VI			a in this Dort VIII			
		Check if Schedule O contains a respons	e or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2 a k		Business Code 624100	90,068.	90,068.		
	3 4 5	Investment income (including dividends, intended other similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	1,308.			1,308.
	t c	(i) Real a Gross rents b Less: rental expenses c Rental income or (loss)	(ii) Personal				
	7 a	d Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis					
		and sales expenses Gain or (loss) Net gain or (loss)	<u> </u>				
Other Revenue		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a b				
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19					
	10 a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	>				
	11 a		Business Code	2,629.			2,629.
		d All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		2,629. 233,658.	90,068.	0.	3,937.

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Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	105,913.	105,913.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	100,7100	100,010		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,822.	14,822.		
9 10		10,947.	10,947.		
11	Payroll taxes Fees for services (non-employees):	10/51/0	10/31/1		
'' a	Management				
b	Legal				
c		11,500.		11,500.	
d		,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	/// // // // // // // // // // // //				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)	41,601.	41,601.		
12	Advertising and promotion	6,674.	6,674.		
13	Office expenses	4,447.	4,447.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,158.	1,158.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	20 41 4	20 414		
22	Depreciation, depletion, and amortization	39,414.	39,414.		
23	Insurance	12,878.	12,878.		
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 O.)				
а	MOBILE DENTAL CLINIC RE	9,482.	9,482.		
b	DENTAL SUPPLIES	8,010.	8,010.		
c	MISCELLANEOUS	3,430.	3,430.		
d	UTILITIES	1,937.	1,937.		
-	All other expenses	3,146.	3,146.		
25	Total functional expenses. Add lines 1 through 24e	275,359.	263,859.	11,500.	0
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)				

Form 990 (2016)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	38,598.	1	42,508
2	Savings and temporary cash investments	172,338.	2	172,355
3	Pledges and grants receivable, net	39,143.	3	38,120
4	Accounts receivable, net	3,223.	4	1,474
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ള	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	9,773.	9	9,640
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 431, 978	•		
b		199,581.	10c	160,167
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	100,503.	12	101,788
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	563,159.	16	526,052
17	Accounts payable and accrued expenses	9,134.	17	12,340
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to current and former officers, directors, trustees,			
]	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
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	005		0.000
	Schedule D	885.	25	2,273
26	Total liabilities. Add lines 17 through 25	10,019.	26	14,613
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	F24 442		400 101
27	Unrestricted net assets	534,442.	27	489,101
5 28 5	Temporarily restricted net assets	18,698.	28	22,338
29	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds	EE2 140	32	E11 /20
33	Total net assets or fund balances	553,140.	33	511,439
34	Total liabilities and net assets/fund balances	563,159.	34	526,052

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				58.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				59. 01.	
3	3 Revenue less expenses. Subtract line 2 from line 1						
4							
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10		51	1,4	39.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.				
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 Au	udit				
	Act and OMB Circular A-133?			За		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2016)

SCHEDULE A

(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.

Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, Employee

Employer identification number

		INC.						4-3309193		
Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.			
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit descri	hed in		
Ū		section 170(b)(1)(A)(iv). (C		maga ar armvaranty attrict	a or opera	iou by u g	overnmental and accom	304 111		
6		A federal, state, or local go	· · · · · · · · · · · · · · · · · · ·	nental unit described in	section 17	70/6\/4\/A\	(v)			
_	X	An organization that norma						I public described in		
′	21			initial part of its support i	rom a gov	emmemai	unit or from the genera	i public described in		
_		section 170(b)(1)(A)(vi). (C		(4)(A)(-i) (Olata Daw						
8	\vdash	A community trust describe								
9	Ш	An agricultural research org								
		or university or a non-land-o	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the collec	ge or		
		university:								
10		An organization that norma								
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Co	mplete Part III.)							
11	Щ	An organization organized a	and operated exclusi	ively to test for public sa	afety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	aving		
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the su	oported		
		organization(s). You mus								
С		Type III functionally inte			in connec	tion with,	and functionally integrat	ed with,		
		its supported organizatio						,		
d		Type III non-functionally						ization(s)		
		that is not functionally int					• • • •			
		requirement (see instruct	-	- ·	•		•			
е		Check this box if the orga								
·		functionally integrated, or					z type i, type ii, type iii			
f	Ente	er the number of supported of								
		vide the following information								
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)		
				above (see instructions))						
	nl							1		

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	215,434.	202,511.	191,453.	163,354.	139,653.	912,405.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	015 424	000 511	101 452	162 254	120 (52	010 405	
	Total. Add lines 1 through 3	215,434.	202,511.	191,453.	163,354.	139,653.	912,405.	
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,						E1 06E	
	column (f)						71,865.	
	Public support. Subtract line 5 from line 4.						840,540.	
	etion B. Total Support	() 0040	(1) 0040	() 004 ((1) 0045	() 0040	(0 T)	
	ndar year (or fiscal year beginning in)	(a) 2012 215, 434.	(b) 2013 202,511.	(c) 2014 191, 453.	(d) 2015 163,354.	(e) 2016 139,653.	(f) Total 912,405.	
	Amounts from line 4	213,434.	202,311.	191,433.	103,334.	139,033.	912,403.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	508.	263.	22.	528.	1,308.	2,629.	
0	and income from similar sources Net income from unrelated business	300.	203.	22•	320.	1,300.	2,025.	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	15,970.	3,933.	15,073.	8,816.	2.629	46.421.	
11			0,7200.		0,020		46,421. 961,455.	
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	572,563.	
13	First five years. If the Form 990 is for						<u> </u>	
	organization, check this box and stor	hava			•		>	
Sec	ction C. Computation of Publ						·	
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, c	column (f))		14	87.42 %	
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	86.08 %	
16a	33 1/3% support test - 2016. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶ X	
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac				•	_		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□	
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the		•					
	organization meets the "facts-and-circ						▶Щ	
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							

Schedule A (Form 990 or 990-EZ) 2016

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

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

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(4) 2012	(2) 2313	(0) 2011	(4) 2010	(6) 2010	(i) rotal
•	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						
2	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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) ► 🛚	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	e firet second thi	rd fourth or fifth t	av vear as a secti		zation
• •	check this box and stop here	· ·			•	. , , , ,	
Sec	etion C. Computation of Public						
	Public support percentage for 2016 (lin			column (f))		15	%
	Public support percentage from 2015					16	
	etion D. Computation of Inves					10	70
						17	%
	Investment income percentage for 20					18	<u>%</u>
18	Investment income percentage from 2						
198	33 1/3% support tests - 2016. If the c	-					
	more than 33 1/3%, check this box an						
0	33 1/3% support tests - 2015. If the c	•			·	•	
00	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check t	nis box and see ii	istructions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	ЛL		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	อม		
	9с		
	10a		
<u> </u>	10b 90 or 99)O E 7	2010
11 9	つい ひに どと	ルーに と	ZU 10

		30313	<u> </u>	ige 3
ı u	rt IV Supporting Organizations (continued)		V	Na
44	Lies the examination accepted a nift or contribution from any of the following nercons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	110		
000	tion b. Type I capporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		l	
	don or type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Pai	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D	- Distributions		(Current Year
1	Amou	unts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	orgar	nizations, in excess of income from activity			
3	Admi	nistrative expenses paid to accomplish exempt purpose			
4	Amou	unts paid to acquire exempt-use assets			
5	Quali	fied set-aside amounts (prior IRS approval required)			
6	Othe	r distributions (describe in Part VI). See instructions			
7	Total	l annual distributions. Add lines 1 through 6			
8	Distri	butions to attentive supported organizations to which the	he organization is responsiv	е	
	(prov	ide details in Part VI). See instructions			
9	Distri	butable amount for 2016 from Section C, line 6			
10	Line 8	8 amount divided by Line 9 amount			
			(i)	(ii)	(iii)
Soct	ion E	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
<u> </u>	IOII E	- Distribution Allocations (see instructions)		P16-2010	Amount for 2010
1	Distri	butable amount for 2016 from Section C, line 6			
2	Unde	erdistributions, if any, for years prior to 2016 (reason-			
	able (cause required- explain in Part VI). See instructions			
3	Exce	ss distributions carryover, if any, to 2016:			
а					
b					
c	From	2013			
d	From	2014			
e	From	2015			
f	Total	of lines 3a through e			
<u>g</u>	Appli	ed to underdistributions of prior years			
h		ed to 2016 distributable amount			
<u>i</u>		vover from 2011 not applied (see instructions)			
<u>j</u>	Rema	ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distri	butions for 2016 from Section D,			
	line 7	' : \$			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
c		ainder. Subtract lines 4a and 4b from 4			
5		aining underdistributions for years prior to 2016, if			
	-	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions			
6		aining underdistributions for 2016. Subtract lines 3h			
		4b from line 1. For result greater than zero, explain in			
		VI. See instructions			
7		ess distributions carryover to 2017. Add lines 3j			
	and 4				
8		kdown of line 7:			
a		on from 2012			
		ss from 2013			
		ss from 2014 ss from 2015			
		ss from 2016			
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Schedule A (Form 990 or 990-EZ) 2016

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,

Schedule A	(Form 990 or 990-EZ) 2016 INC.	94-3309195 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines I line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,

Employer identification number 94 - 3309195

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif	fied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conserv	ation 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	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easeme	nts during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	-		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organiza	tion's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	hor Simil	ar Accate
Fai	Complete if the organization answered "Yes" on Form	-		ai Assets.
			ant and hal	anno about works of ort
ıa	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	,	ice or public	service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describe accomplishing elected as permitted under SEAS 116 (AS		and balance	shoot works of art historical
D	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, erelating to these items:	ducation, or research in furtherance of put	nic service,	brovide the following amounts
	•			Ф
	(i) Revenue included on Form 990, Part VIII, line 1			\$ \$
2	(ii) Assets included in Form 990, Part X			*
_	the following amounts required to be reported under SFAS 1	, and the second	gani, provid	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	,			-

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Schedule D (Form 990) 2016

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

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	t III Organizations Maintaining C	collections of A	rt. Hist	orical Tr	easures.	or Other	Similar A	ssets(continued)	<u>.e </u>
3	Using the organization's acquisition, accessi								
_	(check all that apply):	,	,	,		3			
а	a Public exhibition d Loan or exchange programs								
b	Scholarly research	е		Other	3 1 3				
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ev further t	he organizat	on's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma							Yes I	No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par			J			,	, ,	
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for o	contribution	ns or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes I	No
b	If "Yes," explain the arrangement in Part XIII								
		·	· ·					Amount	
С	Beginning balance						1c		
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fe							Yes I	No
	If "Yes," explain the arrangement in Part XIII.					-			
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 10).		
		(a) Current year		rior year	(c) Two yea		I) Three years b	ack (e) Four years ba	ack
1a	Beginning of year balance		. ,		,,,,	<u> </u>	, ,	, , , ,	
	Contributions								_
	Net investment earnings, gains, and losses								_
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	rent vear end balanc	e (line 1	a. column (a	a)) held as:	<u> </u>			
	Board designated or quasi-endowment	one your one building	%	g, 00.0 (c	a))a a				
	Permanent endowment	%							
	Temporarily restricted endowment								
_	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation tha	t are held a	ind administe	ered for the	e organization		
-	by:	esien er une er game					, o. ga _ a		No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere), Part IV	, line 11a. S	See Form 990), Part X, li	ne 10.		
	Description of property	(a) Cost or o			or other		umulated	(d) Book value	
	2 coonplication of property	basis (investn			(other)		eciation	(4, 2001, 14,40	
1a	Land	<u> </u>			· · · ·				—
	Buildings			6	4,911.		60,624.	4,28	7.
	Leasehold improvements				-		-	, -	
	Equipment			3	6,859.		35,390.	1,46	9.
	Other				0,208.		75,797.	154,41	
	. Add lines 1a through 1e. (Column (d) must e		X, colun				.	160,16	

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Schedule D	Form	aan)	2016
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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	101 -00		
(A) CERTIFICATE OF DEPOSIT	101,788.	END-OF-YEAR MARKE	T VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	101,788.		
Part VIII Investments - Program Related.	101,700.		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1)	. ,	. ,	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 5 1 11 11		
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"			25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		0.072	
(2) DUE TO THE PRASAD PROJECT	, INC.	2,273.	
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	2,273.	
2. Liability for uncertain tax positions. In Part XIII, provide	•		ts that reports the
organization's liability for uncertain tax positions under			

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Pai	t XI Reconciliation of Revenue per Audited Financial S		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	321,904.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities		88,246.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	88,246.
3	Subtract line 2e from line 1			3	233,658.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	233,658.
Pai	T XII Reconciliation of Expenses per Audited Financial		i Expenses per	Return	l .
	Complete if the organization answered "Yes" on Form 990, Part IV				262 605
1	Total expenses and losses per audited financial statements			1	363,605.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	00 246		
а	Donated services and use of facilities		88,246.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)				00 216
_	Add lines 2a through 2d			2e	88,246. 275,359.
3	Subtract line 2e from line 1			3	213,333.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4-	0.
	Add lines 4a and 4b Total expenses Add lines 2 and 4a (This must equal Form 900 Part Lline)			4c 5	275,359.
5 Dai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line T XIII Supplemental Information.	÷ 16.)		5	213,333.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV. lines 1b	and 2b: Part V. line	4: Part X.	line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			.,,	
		,			

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,

Employer identification number 94-3309195

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

EDUCATION, PREVENTION, DETECTION AND TREATMENT.

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

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

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

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

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

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

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

FORM 990 IS PREPARED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANTS. FINANCE DIRECTOR REVIEWS THE FORM AND THEN SENT TO TREASURER AND TRUSTEES FOR REVIEW. ONCE THE FORM IS REVIEWED AND APPROVED, THE FORM IS SIGNED AND FILED WITH THE INTERNAL REVENUE SERVICE.

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

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

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

Schedule O (Form 990 or 990-EZ) (2016)

Employer identification number 94-3309195

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

CONFLICTS OF INTEREST. THE DISCLOSURE STATEMENT AND AFFIRMATION OF

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

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

STATEMENT SHALL BE FILED WHENEVER A POTENTIAL CONFLICT ARISES.

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

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

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

BOARD OR ITS EQUIVALENT.

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

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

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

APPROPRIATE ACTION AS NECESSARY TO PROTECT THE INTERESTS OF PRASAD.

WHERE A POTENTIAL CONFLICT EXISTS BETWEEN THE INTERESTS OF PRASAD AND AN

Name of the organization PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, 1NC. Employer identification number 94-3309195

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

DISINTERESTED MEMBERS OF THE BOARD OF TRUSTEES OF PRASAD. THE FOLLOWING

THE PROPOSED ACTION, POLICY OR TRANSACTION HAS BEEN APPROVED BY THE

PROCEDURES SHALL APPLY:

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

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

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

DISCIPLINARY AND CORRECTIVE ACTION AS THE BOARD SHALL DETERMINE TO BE

APPROPRIATE UNDER THE CIRCUMSTANCES, INCLUDING DISMISSAL OR TERMINATION.

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

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

Name of the organization PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, Employer identification number 94-3309195
INCREASES FOR MANAGEMENT POSITIONS. THE EXECUTIVE DIRECTOR OF THE PRASAD
PROJECT, INC. IS CHOSEN BY THE BOARD, AS PART OF HER POSITION SHE SERVES AS
THE ORGANZIATION'S PROGRAM ADMINISTRATOR. HER SALARY IS REVIEWED AND
COMPARED TO OTHERS OF SIMILAR ORGANIZATIONS BY THE BOARD OF TRUSTEES AND
SHE IS REVIEWED BY THE BOARD ANNUALLY. THE ORGANIZATION RECEIVES EXECUTIVE
DIRECTOR AND FINANCE DIRECTOR SERVICES AS PART OF DONATED SERVICES PROVIDED
BY THE PRASAD PROJECT, INC.
FORM 990, PART VI, SECTION C, LINE 19:
ALL ARE AVAILABLE UPON REQUEST
FORM 990, PART IX, LINE 11G, OTHER FEES:
DENTAL SERVICE PROVIDERS:
PROGRAM SERVICE EXPENSES 41,601.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 41,601.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 41,601.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

PRASAD CHILDREN'S DENTAL HEALTH PROGRAM, INC.

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

 $\begin{array}{c} \textbf{Employer identification number} \\ 94-3309195 \end{array}$

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) (c) Primary activity Legal domicile (state or foreign country)		or Total inco	me End-of-yea	r assets Direct	(f) controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34 b	ecause it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
THE PRASAD PROJECT, INC - 14-1751086				501(c)(3))		Yes	No
465 BRICKMAN ROAD	SEE SCHEDULE R PART VII						
HURLEYVILLE, NY 12747	SUPPLEMENTAL INFORMATION	NEW YORK	501(C)(3)	LINE 7	N/A		Х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Disproportionate end-of-year assets Disproportionate end-of-year assets Ves No K-1 (Fo		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managing partner?	Percentage ownership				
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
	1										
							<u> </u>				+
	1										
	1										
	-										
											ļ
	1										
	1										
	1										
						<u> </u>	<u> </u>				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	domicile Direct controlling Type of entity Shall te or entity (C. corp., S. corp., ir		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	ti) ction b)(13) rolled tity?
		country)		or trusty		400010		Yes	No
									

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

Yes No

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		Х		
С	Gift, grant, or capital contribution from related organization(s)				1c	Х			
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1 g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
- 1	Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services or membership or fundraising solicitations by related organization(s) In Performance of services								
m					1m	Х			
					1n		Х		
					10		Х		
h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.									
q	Reimbursement paid by related organization(s) for expenses				1q		Х		
r	Other transfer of cash or property to related organization(s)				1r		Х		
					1s		Х		
	(a)	(b)	(c)	(d)					
	Name of related organization	` '			olved				
		type (a-s)							
1) '	THE PRASAD PROJECT, INC.	C	55,000.	ACTUAL CASH TRANSFERRED					
2)									
3)									
4)									
5)						_			
6)									
3216	3 09-06-16	35		Schedule	R (For	n 990	2016		

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
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PRASAD CHILDREN'S DENTAL HEALTH PROGRAM,

Schedule R	(Form 990) 2016	INC.				94-3309195	Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation.					Ĭ
	Provide additional inform	nation for responses to	questions on Sche	dule R. See instruct	ions.		