Form       8879-TE       for a Tax Exempt Entity         Department of the Treasury Internal Revenue Service       For calendar year 2021, or fiscal year beginning, 2021, and ending, 20       2021         Name of filer       © Go to www.irs.gov/Form8879TE for the latest information.       EIN or SSN 76-0620808         Name and title of officer or person subject to tax       MANI SHA BHARTI CEO & GLOBAL EXECUTIVE       EIN or SSN	
Department of the Treasury Internal Revenue Service       Do not send to the IRS. Keep for your records.       LULI         Name of filer       EIN or SSN         PRATHAM USA       76-0620808         Name and title of officer or person subject to tax       MANISHA BHARTI CEO & GLOBAL EXECUTIVE	
Department of the Ireasury Internal Revenue Service       Go to www.irs.gov/Form8879TE for the latest information.         Name of filer       EIN or SSN         PRATHAM USA       76-0620808         Name and title of officer or person subject to tax       MANISHA BHARTI CEO & GLOBAL EXECUTIVE	
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Name and title of officer or person subject to tax MANISHA BHARTI CEO & GLOBAL EXECUTIVE	
CEO & GLOBAL EXECUTIVE	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line <b>1a</b> , <b>2a</b> , <b>3a</b> , <b>4a</b> , <b>5a</b> , <b>6a</b> , <b>7a</b> , <b>8a</b> or <b>10a</b> below, and the amount on that line for the return being filed with this form was blank, then leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , <b>7b</b> , <b>8b</b> , <b>9b</b> , or <b>10</b> whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. <b>Do not</b> complete m than one line in Part I.	)b,
1a Form 990 check here ▶ 🖾 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b2 5 , 510 , 21	4.
2a Form 990-EZ check here > b Total revenue, if any (Form 990-EZ, line 9) 2b	
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3b	
4a Form 990-PF check here	
5a         Form 8868 check here         b         Balance due (Form 8868, line 3c)         5b         5b	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b	
7a         Form 4720 check here         ▶	
8a         Form 5227 check here         ▶         ▶         b         FMV of assets at end of tax year (Form 5227, Item D)         8b	
9a         Form 5330 check here         ▶         b         Tax due (Form 5330, Part II, line 19)         9b	
10a       Form 8038-CP check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       10b         Part II       Declaration and Signature Authorization of Officer or Person Subject to Tax	
of entity), (EIN and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, i authorize the US and the averagement to enter my PIN 21321     ERO firm name  PIN: check one box only  The check one box only  The as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  Signature of or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the return is being filed with a state agency(ies) regulating charities as	date c but os
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 42568353721 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS <i>e-file</i> Providers for Business Returns.	r
ERO's signature ►    RSM US LLP      Date ►    11/15/22	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To Do So	
LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2)	021)
102521 01-11-22	,

Form <b>99</b>
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Department of the Treasury Internal Revenue Service

#### EXTENDED TO NOVEMBER 15, 2022 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



<u>A</u> [	For th	e 2021 calendar year, or tax year beginning and	ending									
Ba	Check if applicab	le: C Name of organization		D Employer identific	cation number							
		Address change PRATHAM USA										
	Name chang			76-0620808								
	Initial return		E Telephone number									
	Final return	713-774-										
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	26,187,319.							
	Amen	HOUSION, IX //042		H(a) Is this a group re	turn							
	Applie tion	F Name and address of principal officer: FIAN I SHA BHARII		for subordinates	? Yes X No							
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No							
		empt status: $X = 501(c)(3) = 501(c) ( ) = (insert no.) = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions							
		te: WWW.PRATHAMUSA.ORG		H(c) Group exemption								
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1999  N	<b>I</b> State of legal domicile: $\mathbf{TX}$							
Pa	art I	Summary										
e	1	Briefly describe the organization's mission or most significant activities: $\underline{TO}$ S										
anc		FOUNDATION IN ITS MISSION OF IMPROVING CH										
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	I								
) No	3				28							
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)			28							
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		22								
ivit	6	Total number of volunteers (estimate if necessary)			346							
Act	7 a				0.							
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		0.							
				Prior Year 23,650,730.	Current Year							
an	8	Contributions and grants (Part VIII, line 1h)		<u>23,050,750</u> . 0.	<u>25,455,886.</u> 138,430.							
Revenue	9	Program service revenue (Part VIII, line 2g)		576.	3,840.							
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-121,957.	-87,942.							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,529,349.	25,510,214.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,675,282.	16,990,864.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>17,075,202</u> . 0.	<u>    10,990,004</u> . 0.							
	14 15	Benefits paid to or for members (Part IX, column (A), line 4)	······	1,691,738.	1,779,843.							
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
)en	10a	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 2,121,5	37.		0.							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,329,797.	2,122,016.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,696,817.	20,892,723.							
	19	Revenue less expenses. Subtract line 18 from line 12		2,832,532.	4,617,491.							
D, N				ginning of Current Year	End of Year							
ets (	1	Total assets (Part X, line 16)		20,624,044.	25,223,728.							
Assets	3	Total liabilities (Part X, line 26)		231,298.	206,165.							
Net	22	Net assets or fund balances. Subtract line 21 from line 20		20,392,746.	25,017,563.							
Pa	art II	Signature Block		, ,								
_												

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

Sign	Signature of officer		Date
Here	MANISHA BHARTI, CEO &	GLOBAL EXECUTIVE	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	SHAWNA HULS		11/15/22 self-employed P01315330
Preparer	Firm's name 🕒 RSM US LLP		Firm's EIN <b>42-0714325</b>
Use Only	Firm's address 🖕 201 FIRST ST SE,	STE 800	
	CEDAR RAPIDS, IA	52401-1512	Phone no. 319-298-5333
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form <b>990</b> (2021)
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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2021) <b>PRATHAM USA</b> 76-0620808	Page <b>2</b>
	rt III Statement of Program Service Accomplishments	G
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO SUPPORT PRATHAM EDUCATION FOUNDATION IN ITS MISSION OF IMPROVING	
	CHILD LITERACY IN INDIA, INCREASING VOCATIONAL SKILLS AND SUPPORTING	1
	WOMEN TO COMPLETE THEIR EDUCATION AND TO ENCOURAGE VOLUNTEERISM IN T	
	USA IN SUPPORT OF OUR MISSION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s 🗌 No
	If "Yes," describe these new services on Schedule O.	
3		s 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, a	
	revenue, if any, for each program service reported.	anu
4a		000.)
	EDUCATION PROGRAM FOCUSES ON THREE MAJOR AGE GROUPS OF CHILDREN: IN	,
	THEIR EARLY YEARS (AGES 3-8) BY HELPING CHILDREN PREPARE FOR SCHOOL;	IN
	PRIMARY SCHOOL YEARS (AGES 8-10) BY DEVELOPING READING, WRITING AND	
	NUMERACY SKILLS THROUGH FUN, HANDS-ON ACTIVITIES THAT HAVE BEEN SHOW	
		GES
	11-18) IN BUILDING THEIR SKILLS FOR SCHOOL, WORK AND LIFE. PRATHAM'S	
	WORK IS BOTH IN SCHOOL AND COMMUNITIES. IN ADDITION, PRATHAM ALSO WOW WITH LOCAL GOVERNMENTS TO TRANSFER THE KNOW-HOW AND SUPPORTING LEARN	
	FOR MILLIONS OF CHILDREN.	1110
4b	(Code:) (Expenses \$1,699,289. including grants of \$1,688,026. ) (Revenue \$	0.)
	THE VOCATIONAL SKILLS TRAINING PROGRAM PREPARES INDIA'S YOUTH FOR	
	SUCCESS BY TEACHING RELEVANT SKILLS FOR TODAY. THE PROGRAM TAKES YOU	JTH
	AND PUTS THEM THROUGH VIRTUAL AND HANDS ON TRAINING THAT IS OFFERED ACROSS MULTIPLE INDUSTRIES - HOSPITALITY, CONSTRUCTION, AUTOMOTIVE	
	TRAINING, BEDSIDE ASSISTANCE, ETC. THE PROGRAM ALSO OFFERS	
	ENTREPRENEURSHIP SUPPORT FOR THOSE WHO WISH TO START THEIR OWN MICRO	)
	ENTERPRISES.	
	A 240 2E4 A 210 424 St	0
4c	(Code:) (Expenses \$4,348,254. including grants of \$4,319,434. ) (Revenue \$ PRATHAM PIVOTED TEMPORARILY IN 2021 TO RESPOND TO THE CRISIS CAUSED	<u>0.</u> )
	THE COVID-19 PANDEMIC. PRATHAM RAISED FUNDS TO DIRECTLY PUPRCHASE AN	
	SHIP OXYGEN CONCENTRATORS TO INDIA TO PROVIDE RELIEF DURING THE	
	PANDEMIC. ADDITIONALLY, PRATHAM PROVIDED COVID EDUCATION AND DIGITAL	
	TOOLS TO BRIDGE THE EDUCATIONAL GAP CAUSED BY SCHOOL CLOSURES.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 2,419,607. including grants of \$ 2,039,583.) (Revenue \$ 68,430.)	
4e	Total program service expenses > 17,470,646.	
	Form	<b>990</b> (2021)
132002	2 12-09-21	

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
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2
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
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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5
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
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	
	Schedule D, Part III	8
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
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10
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
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
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
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	
	Schedule D, Parts XI and XII	12a
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a
b		
	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
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
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
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. See instructions	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
	1c and 8a? If "Yes," complete Schedule G, Part II	18
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II

PRATHAM USA

Part IV Checklist of Required Schedules

Form 990 (2021)

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Yes

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Form 990 (2021)

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Form	1 990 (2021) PRATHAM USA 76-06	20808	P	age <b>4</b>								
Par	rt IV Checklist of Required Schedules (continued)											
			Yes	No								
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on											
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X								
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current											
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete											
	Schedule J	23	х									
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the											
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete											
	Schedule K. If "No," go to line 25a	24a		x								
b	F											
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b										
Ŭ	any tax-exempt bonds?	24c										
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?											
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit											
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x								
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		- 23								
U												
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x								
	Schedule L, Part I	<b>25b</b>										
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current											
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26										
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.										
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controllec											
	entity (including an employee thereof) 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 the Schedule L, Part IV,											
	instructions for applicable filing thresholds, conditions, and exceptions):											
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If											
	"Yes," complete Schedule L, Part IV			X								
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	<b>28</b> b		X								
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If											
	"Yes," complete Schedule L, Part IV			X								
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х									
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation											
	contributions? If "Yes," complete Schedule M	30		X								
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X								
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete											
	Schedule N, Part II			X								
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations											
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X								
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and											
	Part V, line 1	. 34		X								
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X								
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity											
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b										
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization'											
	If "Yes," complete Schedule R, Part V, line 2			x								
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization											
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x								
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	····   ••	1									
	Note: All Form 990 filers are required to complete Schedule O	38	х									
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	00		1								
	Check if Schedule O contains a response or note to any line in this Part V											
		<u></u>	Yes	No								
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	32	103									
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1b	0										
U U		~										

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

76-0620808

	990 (2021) PRATHAM USA 76-0	620808	Р	<sub>age</sub> 5							
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	22									
	filed for the calendar year ending with or within the year covered by this return 2a		Х								
b											
0-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	-		v							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>									
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	<b>b</b> If "Yes," enter the name of the foreign country										
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<u> </u>							
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici										
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	<u>6b</u>									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p		X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
d		7e		x							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
f											
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	3-C? <b>7h</b>									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>									
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12										
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:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand 13c										
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		X							
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any										
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	lf "Yes," complete Form 6069.										

Form	990 (2021) PRATHAM USA			-0620		Р	age <b>6</b>				
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below,	, and for a	"No" r	espon	se				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.										
	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
		ı		0.0		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		28							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			20							
-											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•	v					
•	officer, director, trustee, or key employee?				2	X					
3	Did the organization delegate control over management duties customarily performed by or under the		•		•		x				
4			filod2		3 4		X				
4 5	Did the organization make any significant changes to its governing documents since the prior Form 9 Did the organization become aware during the year of a significant diversion of the organization's ass				4 5		X				
6					6		X				
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				0		- 23				
74					7a		x				
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders or		10						
D					7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				10						
	The governing body?	-	-		8a	х					
	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 read										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)								
			,			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a	Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				10b	X X					
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," de	escribe								
	on Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?				13	<u>X</u>					
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 approva	l by inc	lependent	t .							
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45 -	х					
	The organization's CEO, Executive Director, or top management official				15a	X					
a	Other officers or key employees of the organization				15b	л					
160		ont w	th a								
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?				16a		x				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				10a						
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•	1							
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure				100		I				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright TX$										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-	T (section	501(c)(3)s	only) a	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			oolicy, and	financ	ial					
	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 boo	ks and	records	▶							
	VIKAS BAHL - 713-774-9599										
	9703 RICHMOND AVENUE, SUITE 102, HOUSTON, TX 77042										
					-	000	(0004)				

Form 990 (		76-0620808	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending w	ith or within the organization's	s tax year.

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

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

\_\_\_\_

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	ition		ne	Reportable	Reportable	Estimated
	hours per			nless person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trustee) from from related		from related	other	
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) VENKATACHALAM, BALA	40.00	_			-		4			
EXECUTIVE DIRECTOR				х				210,417.	0.	6,000.
(2) BHARTI, MANISHA	40.00									
CEO & GLOBAL EXECUTIVE				х				160,985.	Ο.	5,957.
(3) SINGH, KHUSHMANJIT	40.00									-
DEVELOPMENT DIRECTOR						Х		150,000.	0.	6,845.
(4) BAJAJ, NITIN	40.00									
DIRECTOR OF MARKETING & STRATEGY						Х		116,477.	0.	2,868.
(5) SALVI, VINEETA	40.00									
DEVELOPMENT DIRECTOR						Х		110,250.	0.	6,000.
(6) RAJ, DEEPAK	15.00									
EXECUTIVE CHAIRMAN AND DIRECTOR		Х		Х				0.	0.	0.
(7) JAIN, SWATANTRA	6.00									
CFO AND DIRECTOR		Х		Х				0.	0.	0.
(8) ACHARYA, VIRAL	5.00									
DIRECTOR		Х						0.	0.	0.
(9) AHUJA, AVINASH	0.25									
DIRECTOR		Х						0.	0.	0.
(10) ARORA, SUDESH	0.25									
DIRECTOR		Х						0.	0.	0.
(11) CHUGH, NAVNEET	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DEVITRE, DINYAR	10.00									
DIRECTOR		Х						0.	0.	0.
(13) GORADIA, HEMANT	1.00									
DIRECTOR		Х						0.	0.	0.
(14) GORADIA, MARIE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) GULATI, SHEILA	0.25									
DIRECTOR		х						0.	0.	0.
(16) GUPTA, SUREN	0.50								<u>,</u>	-
DIRECTOR	0.05	X						0.	0.	0.
(17) JAISINGHANI, SUMEET	0.25								•	•
DIRECTOR		Х						0.	0.	0.

. . . . . . .

Form 990 (2021) PRATHAM USA									76-06	208	08	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(	(F)
Name and title	Average	(do		Posi heck n			ne	Reportable	Reportable		Esti	mated
	hours per	box	, unle	ss pers Id a dir	son is	s both	an	compensation	compensation			ount of
	week (list any					1 4 4 3	)	from	from related			ther
	hours for	lirecto						the organization	organizations (W-2/1099-MISC	、	•	ensation m the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)			nization
	organizations	ruste	al trus		/ee	mpen		1099-NEC)	1000 (100)		•	related
	below	Individual trustee or director	Institutional trustee	5	key employee	est co oyee	er	,				izations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
(18) KHANNA, JAIDEEP	4.00											
DIRECTOR		Х						0.		0.		0.
(19) KHOSA, RATTAN	0.25											
DIRECTOR	4 00	Х						0.		0.		0.
(20) KHOSLA, VICTOR	4.00							0		<u> </u>		0
DIRECTOR (21) PALIWAL, ILA	2.00	X			_			0.		0.		0.
DIRECTOR	2.00	x						0.		0.		0.
(22) PANDIAN, PAUL	0.25							0.		••		0.
DIRECTOR	0.25	х						0.		0.		0.
(23) SABOO, JAI VARDHAN	1.00											
DIRECTOR		x						0.		0.		0.
(24) SANGER, ARVIND	1.00											
DIRECTOR		Х						0.		0.		0.
(25) SARMA, ADARSH	0.25											-
DIRECTOR	10.00	Х						0.		0.		0.
(26) SETHIA, DHIREN	10.00	x						0		<u> </u>		0
DIRECTOR								0.748,129.		0. 0.	27	<u>0.</u> ,670.
1b Subtotal								0.		0.	47	<u>,070.</u> 0.
c Total from continuation sheets to Part VII								748,129.		0.	27	,670.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but no</li> </ul>	at limited to th				 			,		••	/	,070•
compensation from the organization		030	11310	u ab	000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	ceived more than \$100,				5
											1	res No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	emplo	oyee	e, or	hig	hest compensated emp	loyee on	Г		
line 1a? If "Yes," complete Schedule J for su	ich individual	,	,	•		,	Ű		,	- F	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										- F	4	x
5 Did any person listed on line 1a receive or a	,		•							··· F		
rendered to the organization? If "Yes." com	-				-			-			5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ntra	ictor	s th	nat received more than \$	100,000 of compe	ensatio	on fron	n
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	th o	or wit	hin	the organization's tax y	ear.			
(A)								(B)		0-	(C)	
Name and business	address						_		ervices	0	mpens	sation
LAKSHMI KARANTH	my 03	0 1	10	4				CORPORATE			1 5 0	000
36 WILLIAMS LN, FOSTER CI	TY, CA	94	40	4			_	PARTNERSHIP			120	,000.
SARITA GUPTA		77	ът	., 1	1 0 1	01/		FUNDRAISING		101 (10		
20 WATERSIDE PLAZA, 15A, NEW YORK, NY 10010 DONOR DEVELOPMENT								PMENT		121	<u>,612.</u>	
JANAK SERVICE CORP, 4 TOBOGGAN RIDGE ROAD, SADDLE RIVER, NJ 07458 EVENT MANAGE							EVENT MANAGE	MENT		125	,905.	
							Ť				125	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	hos ר	e list	ted	above) who received mo	ore than			

(A)       (B)       (C)       (D)       (E)       (E)       (F)         Name and title       Average hours per week (list any hours for related organizations below line)       Nowe and title       Nowe and title       Nowe and title       Nowe and title       Position (check all that apply)       Reportable compensation from the organizations (W-2/1099-MISC)       Estimated amount of other compensation from related organizations         27) SHAH, NEHA       0.25       X       0.       0.       0.       0.         28) SHAH, RAJ       2.00       X       0.       0.       0.       0.       0.         29) SINGH, GAGAN       4.00       X       0.       0.       0.       0.       0.         30) SINGH, MANOJ       2.00       0.       0.       0.       0.       0.       0.	Form 990 PRATHAM Part VII Section A. Officers, Directors, 1	Trustees Kev Fr	nnlo	vee	s, ai	nd F	liah	est	Compensated Employ		0808
Name and title       Average hours per week (list any hours for related organizations below line)       Average hours per week (list any hours for related organizations below line)       Position (check all that apply) and all all all all all all all all all al				Jee			ingin				(E)
hours       (check all that apply)       compensation       compensation       compensation       amount of         veek       veek <td></td> <td></td> <td></td> <td colspan="4"></td> <td></td> <td></td> <td></td> <td></td>											
per week (list any hours for related organizations belowper week (list any hours for related organizations belowfrom the set set setfrom the organization (W-2/1099-MISC)from related organization (W-2/1099-MISC)other compensatio from the organization (W-2/1099-MISC)27) SHAH, NEHA0.25x0000221) SHAH, NEHA0.25x0000221) SHAH, NEHA0.25x0000221) SHAH, RAJ2.000x000028) SHAH, RAJ2.000x000029) SINGH, GAGAN4.00x0000URECTORx0000030) SINGH, PRADEEP15.00x0000URECTORx0000031) SINGH, PRADEEP15.000000URECTORx0000032) VALANI, RIAZ0.2544000033) ZAKARIA, FAREED0.25444000			(cl					ly)			
(iist any hours for related organization generation (W-2/1099-MISC)(W-2/1099-MISC) (W-2/1099-MISC)(W-2/1099-MISC) organization and related organization and related organization (W-2/1099-MISC)from the organization and related organization and related organization27) SHAH, NEHA0.25 (W-2/1099-MISC)X0.00.00.028) SHAH, RAJ2.00 (W-2/1099-MISC)X0.00.00.028) SHAH, RAJ2.00 (W-2/1099-MISC)X0.00.00.029) SINGH, GAGAN4.00 (XX0.00.00.02100 CRECTORX0.00.00.00.030) SINGH, PRADEEP15.00 (W-2/1099-MISC)X0.00.00.031) SINGH, PRADEEP15.00 (W-2/1099-MISC)X0.00.00.032) VALANI, RIAZ DIRECTOR0.25X00.00.00.033) ZAKARIA, FAREED0.25000.00.00.0		per					Ľ		-		other
27) SHAH, NEHA       0.25       X       0       0.00       0							yee				compensatior
27) SHAH, NEHA       0.25       X       0       0.00       0			rector				emplo			(W-2/1099-MISC)	
27) SHAH, NEHA       0.25       X       0       0.00       0			or di	ee			ated		(W-2/1099-MISC)		•
27) SHAH, NEHA       0.25       X       0       0.00       0			ustee.	trust		ee	upens				
27) SHAH, NEHA       0.25       X       0       0.00       0			dual tr	tiona		nploy	stcor	-			organizations
27) SHAH, NEHA       0.25       X       0       0.00       0			Indivi	Institu	Office	Key e	Highe	Forme			
NIRECTOR       X       0       0.	27) SHAH, NEHA	0.25									
28) SHAH, RAJ       2.00       X       0. <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0</td>			х						0.	0.	0
29) SINGH, GAGAN       4.00       X       0.00 </td <td>28) SHAH, RAJ</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	28) SHAH, RAJ	2.00									
DIRECTOR       X       0       0.       0.       0.       0.         30) SINGH, MANOJ       2.00       X       0.       <	DIRECTOR		Х						0.	0.	0
30) SINGH, MANOJ       2.00       X       0.00000000000000000000000000000000000	29) SINGH, GAGAN	4.00									
DIRECTOR     X     0.     0.     0.       31) SINGH, PRADEEP     15.00     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       32) VALANI, RIAZ     0.25     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       33) ZAKARIA, FAREED     0.25     I     I     I	DIRECTOR		Х						0.	0.	0
31) SINGH, PRADEEP       15.00       X       0.0       0.0       0.0         DIRECTOR       X       0.25       0.0       0.0       0.0       0.0         32) VALANI, RIAZ       0.25       X       0.0       0.0       0.0       0.0         33) ZAKARIA, FAREED       0.25       0       0       0.0       0.0		2.00									
X     O.     O.     ()       32) VALANI, RIAZ     0.25     0.25     0.000     0.000       DIRECTOR     X     0.000     0.000     0.000       33) ZAKARIA, FAREED     0.25     0.000     0.000     0.000			Х						0.	0.	0
32) VALANI, RIAZ     0.25     X     0.6     0.6       DIRECTOR     X     0.25     0.6     0.6     0.6       33) ZAKARIA, FAREED     0.25     0.25     0.6     0.6		15.00									
DIRECTOR         X         0. <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0</td></t<>			Х						0.	0.	0
33) ZAKARIA, FAREED 0.25		0.25	37							0	
		0.25	X						0.	0.	U
		0.25	v						0	0	0
	JIRECION		~						0.	0.	0
			1								

		Check if Schedule O	even		nse	or note to any line	in this Part VIII			Γ
			00110		130		(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ts	1 a	Federated campaigns		1a						
unc	b	Membership dues		1b						
<u>M</u>	с	Fundraising events		1c		1,447,034.				
ar /	d	Related organizations		1d						
imi	е	Government grants (contr	ributi	ons) <b>1e</b>		262,300.				
and Other Similar Amounts	f	All other contributions, gifts,	gran	ts, and						
the		similar amounts not included	l abov	/e <b>1f</b>		23,746,552.				
0 P	g	Noncash contributions included in	lines <sup>·</sup>	la-1f <b>1g</b> \$		541,487.				
an	h	Total. Add lines 1a-1f				····· •	25,455,886.			
						Business Code				
	2 a	EDUCATION PROGRAM				611600	70,000.	· · · · ·		
e	b	TEACHING AT THE RIG				611600	68,430.	68,430.		
Revenue	С									
Sev	d									
<u> </u>	е									
		All other program service					400.400			
_		Total. Add lines 2a-2f					138,430.			
	3	Investment income (inclue	•			· ·	1.5			
	_	other similar amounts)					16.			
	4	Income from investment of			•	roceeds				
	5	Royalties								
	•	<b>a</b>		(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b 6c							
		Rental income or (loss) Net rental income or (loss								
		Gross amount from sales of	" <u> </u>	(i) Securiti	es	(ii) Other				
	<i>i</i> a	assets other than inventory	7a	539,9						
	h	Less: cost or other basis	74							
D	D.	and sales expenses	7b	536,1	70.					
	c	Gain or (loss)		· · · ·						
		Net gain or (loss)					3,824.			3,8
D		Gross income from fundraisi			<u> </u>		,			,
		including \$1,								
		contributions reported on								
		Part IV, line 18		-	8a	52,490.				
	b	Less: direct expenses			8b	140,935.				
		Net income or (loss) from			ts		-88,445.			-88,4
	9 a	Gross income from gamir	ng ac	tivities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from	gam	ing activities	s	►				
	10 a	Gross sales of inventory,	less	returns						
		and allowances			10a					
	b	Less: cost of goods sold			10k					
	с	Net income or (loss) from	sale	s of inventor	у	🕨				
						Business Code				
Revenue	11 a	MISCELLANEOUS INCOM	Е			900099	503.			5
enu	b					ļ				
levi	с					ļ				L
æ	d	All other revenue								
							503.			

	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	16,990,864.	16,990,864.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	371,402.	139,545.	58,523.	173,334.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,197,857.	26,667.	448,972.	722,218.
8	Pension plan accruals and contributions (include			. , -	,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	84,061.	12,538.	32,046.	39,477.
10	Payroll taxes	126,523.	13,401.	40,917.	<u>39,477.</u> 72,205.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	39,266.		39,266.	
с	Accounting	56,239.		56,239.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,361,598.	249,852.	495,372.	<u>616,374.</u> 2,845.
12	Advertising and promotion	2,845.			
13	Office expenses	131,834.		57,780.	74,054.
14	Information technology	74,148.		10,490.	63,658.
15	Royalties	40, 200		40, 200	
16	Occupancy	42,382.	27 770	42,382.	10 142
17	Travel	56,922.	37,779.		19,143.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	140.			140.
19 20	Conferences, conventions, and meetings	140.			T#U•_
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	8,972.		8,972.	
23	Insurance	9,581.		9,581.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	CREDIT CARD AND DONATIO	126,605.			126,605.
b	BAD DEBT EXPENSE	117,500.			117,500.
с	CHAPTER EXPENSES	93,984.			93,984.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	20,892,723.	17,470,646.	1,300,540.	2,121,537.
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 Figure if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021)

PRATHAM USA Part IX Statement of Functional Expenses

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

76-0620808 Page 11

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		Check if Schedule O contains a response or note to any line	e in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		10,083,491.	1	16,942,896.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		10,375,171.	3	8,079,920. 69,448.
	4	Accounts receivable, net		0.	4	69,448.
	5	Loans and other receivables from any current or former offic				
		trustee, key employee, creator or founder, substantial contr	ibutor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons	s (as defined			
		under section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		116,812.	9	86,696.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	68,436. 45,069.			
	b	Less: accumulated depreciation 10b		<u>9,142.</u> 39,428.	10c	23,367. 21,401.
	11	Investments - publicly traded securities		39,428.	11	21,401.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	00 604 044	15	05 000 800	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		20,624,044.	16	25,223,728.
	17	Accounts payable and accrued expenses		231,298.	17	206,165.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of So		21		
ies	22	Loans and other payables to any current or former officer, o				
oilit		trustee, key employee, creator or founder, substantial contr				
Liabilities		controlled entity or family member of any of these persons			22	
_	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third parti-			24	
	25	Other liabilities (including federal income tax, payables to reparties, and other liabilities not included on lines 17-24). Co				
					25	
	26	Tabal Kabilitian Add Kasa 47 Marcak OC		231,298.	25 26	206,165.
	20	Organizations that follow FASB ASC 958, check here	<b>X</b>	251,250:	20	200,105.
Se		and complete lines 27, 28, 32, and 33.				
nce	27	Net assets without donor restrictions		2,136,838.	27	5,701,861.
3ale	28	Net assets with donor restrictions	Γ	18,255,908.	28	19,315,702.
ΒP	20	Organizations that do not follow FASB ASC 958, check I			20	
Fur		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current funds			29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fu			30	
Ass	31	Retained earnings, endowment, accumulated income, or ot			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		20,392,746.	32	25,017,563.
2	33	Total liabilities and net assets/fund balances	Г	20,624,044.	33	25,223,728.
						- 000 (111)

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

PRATHAM USA

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       25,510,214.         2       Total expenses (must equal Part IX, column (A), line 25)       2       20,892,723.         3       Revenue less expenses. Subtract line 2 from line 1       3       4,617,491.         4       20,392,746.       5       -1.774.         5       Net unrealized gains (losses) on investments       6       7,500.         7       Investment expenses       8       -1.774.         8       Proir period adjustments       8       -         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances (explain on Schedule O)       9       0.         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         11       Accounting method used to prepare the F	Form	1 990 (2021) PRATHAM USA	76-0	620808	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       25,510,214.         2       Total expenses (must equal Part IX, column (A), line 25)       2       20,892,723.         3       Revenue less expenses. Subtract line 2 from line 1       3       4,617,491.         4       Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       20,392,746.         5       -1774.       6       -7,500.       -7,750.         6       7,500.       7       -         7       8       6       -7,500.         7       8       9       0.         8       9       0.       9       0.         9       0.       9       0.       25,017,563.         Part XII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       M ecolum (B)       -       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       M ecolum o indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis<	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       20,892,723.         3       Revenue less expenses. Subtract line 2 from line 1       3       4,617,491.         4       40,392,746.       4       20,392,746.         5       Net unselized gains (losses) on investments       5       -1774.         6       Donated services and use of facilities       -174.         7       investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 017, 563.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule 0 contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       20,892,723.         3       Revenue less expenses. Subtract line 2 from line 1       3       4,617,491.         4       40,392,746.       4       20,392,746.         5       Net unselized gains (losses) on investments       5       -1774.         6       Donated services and use of facilities       -174.         7       investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 017, 563.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule 0 contains a response or note to any line in this Part XII       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate						
3       Revenue less expenses. Subtract line 2 from line 1       3       4, 617, 491.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       20, 392, 746.         5       Net unrealized gains (losses) on investments       5       -174.         6       0 context services and use of facilities       7       6         7       8       Prior period adjustments       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 017, 563.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used tob indicate whether the financial statements for the y	1	Total revenue (must equal Part VIII, column (A), line 12)	1		-	
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       20, 392, 746.         5       Net unrealized gains (losses) on investments       5       -174.         6       Donated services and use of facilities       6       7, 500.         7       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 017, 563.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       Za       X       Za       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Zb       X       Zb       X         If "Yes," check a box below to indicate whether the financial st	2	Total expenses (must equal Part IX, column (A), line 25)	2		-	
5       Net unrealized gains (losses) on investments       5       -174.         6       Donated services and use of facilities       7       5         7       Investment expenses       7       7         8       Prior period adjustments       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 017, 563.         Part XII       Financial Statements and Reporting       X       X       1         Check if Schedule O contains a response or note to any line in this Part XII       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other, "explain on Schedule O.       2a       X         1       frees, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       B bth consolidated and separate basis, consolidated basis, or both:       2b       X         1       Free," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6       7,500.         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 017, 563.         Part XIII       Financial Statements and Reporting       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         1       Accounting financial statements compiled or reviewed by an independent accountant?       2a       X       X         1       Frees, ' check a box below to indicate wheth	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,39		
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 017, 563.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for	5	Net unrealized gains (losses) on investments	5			
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25,017,563.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       I         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis       Both consolidated and separate basis.       2b       X         If "Yes,	6	Donated services and use of facilities	6		7,5	00.
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       25, 017, 563.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that	7	Investment expenses	7			
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       25,017,563.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," the organization is financial statements and selection of an independent accountant?       2b       X         If	8		8			
column (B)       10       25,017,563.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X       Image: Consolidated basis, or both:       2b       X       Image: Consolidated basis, or both:       2c       X       Image	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements andited 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 separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax yea	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t		column (B))	10	25,01	7,5	<u>63.</u>
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash in the prepare the form 990:       Cash intervent in the prepare the prepare the Form 990:       Cash intervent in the prepare the prepare the Form 990:       Cash intervent in the prepare the prepare the Form 990:       Cash intervent		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       4       4         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       5       5       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X       16         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       16         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       16         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       16         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       3a       X         If the organization changed either its oversight process or	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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 separate basis, consolidated basis, or both:       Image: Consolidated basis       I		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparize the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       Image: Comparized to undergo such audits	b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Image: Consolidated basis       Consolidated basis <t< th=""><th></th><td>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate</td><td>basis,</td><td></td><td></td><td></td></t<>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       2       X         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       4						
review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparison of the second s		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       3b				2c	Х	<u> </u>
Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       3b						
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nan		ine organization שגתת	113 M 1103						
Da	rt I	Reason for Public C	HAM USA			ia want \ C			6-0620808
							see instruction	5.	
	organ	ization is not a private found							
1	$\square$	A church, convention of chu	-			n 170(b)(1	1)(A)(I).		
2	$\square$	A school described in section							
3	$\square$	A hospital or a cooperative					•		41
4		A medical research organization	ation operated in cor	njunction with a nospital	described	in sectio	on 170(b)(1)(A)	(III). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		lege or university owned	or operat	ed by a go	overnmental ur	nit describe	ain
~		section 170(b)(1)(A)(iv). (C							
6	X	A federal, state, or local gov	•				.,		u de lie, ele e evile e el in
'	Δ	An organization that norma	•	ntial part of its support in	om a gove	ernmental	unit or from th	ie general p	Dudiic described in
0		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Day					
8 9	H	A community trust describe				ad in aanii	upotion with o	land grant	
9		An agricultural research org or university or a non-land-g							
		university:	frank college of agrici			name, city	, and state of	the college	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membershi	in fees and	d aross receipts from
10		activities related to its exem						•	•
		income and unrelated busir							
		See section 509(a)(2). (Cor		(					,
11		An organization organized a		vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	ctors or trustee	es of the su	ipporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatior	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte						ly integrate	d with,
	_	its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	reness
	_	requirement (see instructi	,	•					
е		Check this box if the orga					турет, турет	ii, Type iii	
f	Ento	functionally integrated, or er the number of supported o							
g		vide the following information	•	d organization(s)					
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al								

Schedule A	(Form	000	202
Schedule A		990	202

PRATHAM USA

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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	20206861.	20607530.	25019300.	23650730.	25455886.	114940307		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	20206861.	20607530.	25019300.	23650730.	25455886.	114940307		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						18307921.		
	Public support. Subtract line 5 from line 4.						96632386.		
	ction B. Total Support	T	1		1	1			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 4	20206861.	20607530.	25019300.	23650730.	25455886.	114940307		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	1.4		10	20	1.0	110		
	and income from similar sources	14.		46.	36.	16.	112.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	202 042		207 020		07 040	010 107		
	assets (Explain in Part VI.)	382,942.	352,085.	287,039.	-121,957.	-87,942.			
	Total support. Add lines 7 through 10						115752586		
	Gross receipts from related activities,								
13	First 5 years. If the Form 990 is for th	-							
<u>Sor</u>	organization, check this box and sto ction C. Computation of Public						·····		
	Public support percentage for 2021 (			acluma (f))		14	83.48 %		
	Public support percentage for 2021 ( Public support percentage from 2020		•	.,,		15	83.48 % 75.96 %		
	33 1/3% support test - 2021. If the								
100	stop here. The organization qualifies						N V		
b	33 1/3% support test - 2020. If the		-						
~	and <b>stop here.</b> The organization qua								
17a	10% -facts-and-circumstances test					and line 14 is 10%			
	and if the organization meets the fact	-							
	meets the facts-and-circumstances te			•		ti noti the erganiz			
b	<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the	-							
	organization meets the facts-and-circ								
18	Private foundation. If the organization		•				s <b>&gt;</b>		
	¥						(Form 990) 2021		

Schedule A	Form 990	) 202
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PRATHAM USA

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						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 202 <sup>-</sup>	1 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		L				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
	Amounts from line 6		(	(-/	(,		
	Gross income from interest,	·					
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	organization's fi	I	ourth or fifth tax	Vear as a section F	1 501(c)(3) orga	nization
17	•	0					,
Sec	check this box and stop here						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020		-			16	%
	tion D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f)		17	%
	Investment income percentage from 2					18	%
18 19=	33 1/3% support tests - 2021. If the			n line 14 and line			
198	more than 33 1/3%, check this box an						
ь	<b>33 1/3% support tests - 2020.</b> If the	-	•		•••••		
C C	line 18 is not more than 33 1/3%, check						
20							
20	Private foundation. If the organization	n ulu not check a	box on line 14, 19	a, or 190, check ti	is box and see ins	SUUCIONS	🕨 🗌

1

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	(Form 990) 2021	PRATHAM	
Part IV	Supporting Org	anizations (contin	nued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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,

SA

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

Section D. All Type III Supporting Organizations	
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- 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.

2a

2b

3a

Yes No

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
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-function	ally integrated	d Type III supporting orga	nization (see		

PRATHAM USA

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

76-0620808 Page 6

PRATHAM	USA
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Sche	dule A (Form 990) 2021 PRATHAM USA			7	6-0620808	Page <b>7</b>
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ed)		
Sect	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity	2				
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	I.		10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

	(Form 990) 2021	PRATHAM			Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanations required by Part II, line 10; c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, rt IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Pa ection E, lines 2, 5, and 6. Also complete this p	, Section B, lines 1 and 2; Part IV, Section ( art V, line 1; Part V, Section B, line 1e; Parl	C, t V,



				OMB No. 1545	5 00 4 7			
SC	HEDULE D		al Financial Statements		5-0047			
(Forn	n 990)			202				
			of for instructions and the latest information.					
Nam	e of the organizati	PRATHAM USA		1				
Par	t I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds or Ac					
		-						
			(a) Donor advised funds (	b) Funds and other account	s			
1	Total number at e	nd of year		· ·				
2								
3								
4								
5			writing that the assets held in donor advised fund	10				
5	-		-		No			
6								
0	•		0 0					
				•				
Par		ation Easements. Complete if the ord	anization answered "Ves" on Form 990 Part IV	Tes				
1								
•		, ,		vically important land area				
	—			ned historic structure				
2			ind apparentian contribution in the form of a con	population oppompet on the	laat			
2	•	<b>o o</b> .	led conservation contribution in the form of a cor					
_								
a L								
b	•							
c				20				
d								
•								
3		vation easements modified, transferred, rele	eased, extinguished, or terminated by the organiz	zation during the tax				
	· · ·							
4								
5	-							
-	,			······································				
6	Staff and voluntee	er nours devoted to monitoring, inspecting, i	nandling of violations, and enforcing conservatio	n easements during the year	r			
_		<del></del>						
7	• ·	ses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation eas	sements during the year				
-								
8					<u> </u>			
					No			
9		-	-					
			ote to the organization's financial statements that	at describes the				
De			Art Historical Tracquires or Other O	imilar Acceta				
Pal		-		initial Assets.				
	m 990)							
1a	0	, ,						
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furtheran	ice of public				

service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service	e,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990 Part VIII line 1	

			Ψ_	
	(ii) Assets included in Form 990, Part X		\$	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	vid	e	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$_	
b	Assets included in Form 990, Part X		\$	

b Assets included in Form 990, Part X
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 PRATHAM							76-06		Page	e 2
Par	t III   Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	<sup>r</sup> Simila	r Assets	(continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the t	following that	t make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🛄 L	oan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 o	other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, hist	orical trea	sures, or othe	er similar	assets		_		
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi		•						-		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:							
									Amount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						. <b>1</b> f		7		
	Did the organization include an amount on F						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V   Endowment Funds. Complete	-			orm 990, Part (c) Two yea			/ears back	(a) Four	vooro bo	
		(a) Current year	(D) Pr	ior year	(C) TWO yea	IS DACK	( <b>a)</b> mees	Hears Dack	(e) rour y	/ears ba	UK
1a	Beginning of year balance										
b	Contributions										
C.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										—
т	Administrative expenses										—
g	End of year balance			1 (-1	)) la al al a a a						—
2	Provide the estimated percentage of the curr			column (a	)) held as:						
a L	Board designated or quasi-endowment ► Permanent endowment ►	%	_%								
u o		% %									
C	The percentages on lines 2a, 2b, and 2c sho	· -									
20	Are there endowment funds not in the posse		ation that	aro hold ar	ad administor	rod for th	o organiza	otion			
Ja			allon linal	are neiu ai			e organiza	ation		Yes	No
	by: (i) Unrelated organizations								3a(i)		<u> </u>
	<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the									I	
Par	t VI Land, Buildings, and Equipm			140.							
	Complete if the organization answere		), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c			or other		ccumulate	ed	(d) Book	value	—
		basis (investr			(other)	. ,	oreciation		(,	, and a	
1a	Land	· · ·	-								
	Buildings										
	Leasehold improvements										
	Equipment		713.	5	6,326.		42,6	72.	23	,367	7.
	Other				2,397.		2,3				0.
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B). line 1	-	<u></u>	-		23	,367	7.

Schedule D (Form 990) 2021

	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(2	a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)	Financial derivatives			
	Closely held equity interests			
	Other			
	(A)			
	(B)			
	(C)			
	(D)			
	(E)			
	(F)			
	(G)			
	(H)			
Tota	al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
P	art VIII Investments - Program Related.			
	Complete if the organization answered "Yes" of			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
	(9)			
	al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
P	art IX Other Assets.	- Fauna 000 Davit IV/ line	11d Cas Form 000 Dart V line 15	
	Complete if the organization answered "Yes" o		TTd. See Form 990, Part X, line 15.	
		Description		(b) Book value
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8) (9)			
	tal. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<b></b>	
P	art X Other Liabilities.	15.)		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	(1) Federal income taxes			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
	(7)			
	(8)			
_	(9)			
Tot	tal. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Sche	edule D (Form 990) 2021 PRATHAM USA			76-	0620808 Page	<b>,4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With R				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	25,517,540	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-174.			
b	Donated services and use of facilities		7,500.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines <b>2a</b> through <b>2d</b>			2e	7,326	•
3	Subtract line 2e from line 1			3	7,326 25,510,214	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	0	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	25,510,214	•
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With E	Expenses per F	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.				
1	Total expenses and losses per audited financial statements			1	20,892,723	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	0	•
3	Subtract line 2e from line 1			3	20,892,723	•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c	0	•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	20,892,723	•
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE. IT RECOGNIZES THE IMPACT OF AN UNCERTAIN TAX
POSITION ONLY IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED
UPON EXAMINATION BY THE TAXING AUTHORITY BASED ON THE TECHNICAL MERITS.
THE ORGANIZATION WILL ACCOUNT FOR INTEREST AND PENALTIES RELATING TO
UNCERTAIN TAX POSTIIONS IN THE CURRENT PERIOD STATEMENT OF ACTIVITIES, IF
NECESSARY.

### Statement of Activities Outside the United States

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

Attach to Form 990.

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

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

-	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistance out	side the
United States.					
<u>3</u> Activities per Region. (Tr (a) Region	ne following Part (b) Number of offices in the region	(c) Number of employees,	n be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	eeded.) (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	GRANTS FOR PROGRAM SERVICES	EDUCATION	12,671,430.
SOUTH ASIA - AFGHANISTAN,					
BANGLADESH, BHUTAN,				DIGITAL TOOLS	
INDIA, MALDIVES,	0	4	PROGRAM SERVICES	DEVELOPMENT	68,550.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN,					
INDIA, MALDIVES,	0	0	GRANTS FOR PROGRAM SERVICES	COVID RELIEF	4,319,434.
SOUTH ASIA -					
AFGHANISTAN,				EDUCATION PROGRAM	
, BANGLADESH, BHUTAN,				TRAINING & CAPACITY	
INDIA, MALDIVES,	0	16	PROGRAM SERVICES	BUILDING	222,671.
SUB-SAHARAN AFRICA -					,
ANGOLA, BENIN,				EDUCATION PROGRAM	
BOTSWANA, BURKINA				TRAINING & CAPACITY	
FASO ,	0	1	PROGRAM SERVICES	BUILDING	58,873.
3 a Subtotal	0	21			17,340,958.
<b>b</b> Total from continuation	_	_			_
sheets to Part I	0	0			0.
c Totals (add lines 3a	_	~ 1			17 240 050
and 3b) LHA For Paperwork Reducti	0	21			17,340,958.

Department of the Treasury Internal Revenue Service

PRATHAM USA

Part I

SCHEDULE F (Form 990)

Name of the organization

Form 990, Part IV, line 14b.



Employer identification number

.....X Yes 🗌 No

76-0620808

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,					PROGRAM SUPPORT &	
		BHUTAN, INDIA,	EDUCATIONAL PURPOSE	11807321	WIRE TRANSFER	40,000.	TRAINING	BOOK VALUE
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	EDUCATIONAL PURPOSE	604,709.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA -						
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	EDUCATIONAL PURPOSE	111,568.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA -		,				
		AFGHANISTAN,						
		BANGLADESH,						
		BHUTAN, INDIA,	EDUCATIONAL PURPOSE	79,526.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA -		,				
		AFGHANISTAN,						
		BANGLADESH,						
		, BHUTAN, INDIA,	EDUCATIONAL PURPOSE	20,206.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA -		,				
		AFGHANISTAN,					OXYGEN	
		, BANGLADESH,					CONCENTRATORS AND	
		, BHUTAN, INDIA,	COVID RELIEF	240 000.	WIRE TRANSFER	4079434.		BOOK VALUE
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the f	oreian country	recognized as a tax		1	1
			or counsel has provided a sect	-	-			6
3 Enter total number of	•	-				·····		0

Schedule F (Form 990) 2021

Page 2

III Grants and Other Assistanc			ites. Complete if th		76–0620808 " on Form 990, Part I	V, line 16.
Part III can be duplicated if ac	dditional space is neede					
a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistanc

Schedule F (Form 990) 2021

**(h)** Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2021

PRATHAM USA Schedule F (Form 990) 2021 Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PRATHAM EDUCATION FOUNDATION SHARES AN ANNUAL PLAN ON HOW THE

UNRESTRICTED FUNDS RAISED BY PRATHAM USA WILL BE UTILIZED. THIS IS THEN

REPORTED QUARTERLY AT THE PRATHAM USA BOARD MEETING ON THE ACTUAL FUNDS

ALLOCATED / UTILIZED. IN THE CASE OF RESTRICTED FUNDS, THE GRANT

AGREEMENTS HAVE SPECIFIC TIMELINES TO REPORT THE PROGRESS AS WELL AS

UTILIZATION OF FUNDS. IN ADDITION, THREE PRATHAM USA DIRECTORS SIT ON THE

BOARD OF THE PRATHAM EDUCATION FOUNDATION AND THEY REVIEW THE OVERALL

PROGRESS OF PRATHAM EF'S WORK INCLUDING FUNDING AND UTILIZATION.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2021
Department of the Treasury Internal Revenue Service	•	Attach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instr	ruction	s and	the latest information	on.	Employer i	dentification number
Name of the organization	PRATHAM	IISA					76-062	
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	Form 990, Part IV, I	ine 1		
required to	complete this part	t.						
1 Indicate whether th	e organization rais	ed funds through any of the followir	ng activ	vities. (	Check all that apply.			
a 🔄 Mail solicitat				•	overnment grants			
	email solicitations				nment grants			
c Phone solici		g Special	Itundra	aising	events			
·		r oral agreement with any individual	(incluc	lina of	ficers, directors, trus	tees.	or	
•		art VII) or entity in connection with p	•	Ũ		,		es 🗌 No
<b>b</b> If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to	be
compensated at le	east \$5,000 by the	organization.						
			(iii)	Did			Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	have c	aiser ustody trol of	(iv) Gross receipts from activity		or retained by fundraiser	<sup>()</sup> to (or retained by)
or onary (rand			contrib	utions?	non douvry		ted in col. (i)	organization
			Yes	No				
			-					
Total								
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (	exempt from	registration
or licensing.								

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

Schedule G (Form 990) 2021

PRATHAM USA

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALAS	OTHER EVENTS		
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue	1	Gross receipts	1,384,540.	114,984.		1,499,524.
	2	Less: Contributions	1,339,290.	107,744.		1,447,034.
	3	Gross income (line 1 minus line 2)	45,250.	7,240.		52,490.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	8,016.	5,500.		13,516.
Direct Expenses	7	Food and beverages	25,576.	35,282.		60,858.
	8	Entertainment	29,229.	10,002.		39,231.
	9	Other direct expenses	01 000	6,029.		27,329.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	140,934.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-88,444.
Pa	rt I	<b>II</b> Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
evenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
evel						

anue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
	ls t	he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		
		ere any of the organization's gaming licenses re			/ear?	Yes No
D	П″"	Yes," explain:				

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	PRATHAM US	A	76-0	6208	08 Page 3
11	Does the organization conduct g	gaming activities with no	onmembers?		Y	es 🗌 No
	Is the organization a grantor, be	neficiary or trustee of a	trust, or a member of a partnership or o	other entity formed		
	to administer charitable gaming	?			<b>Y</b>	es 🛄 No
	Indicate the percentage of gamin				і I	
					13a	9
					13b	9
14	Enter the name and address of t	he person who prepare	s the organization's gaming/special eve	nts books and records:		
	Name 🕨					
	Address					
15a	a Does the organization have a co	ntract with a third party	from whom the organization receives g	jaming revenue?		es 🗌 No
k			by the organization $\blacktriangleright$ \$	and the amount		
	of gaming revenue retained by the					
C	If "Yes," enter name and addres	s of the third party:				
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	▶ \$				
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
a	a Is the organization required und	er state law to make cha	aritable distributions from the gaming pr	roceeds to		
	retain the state gaming license?				<b>Y</b>	es 🛄 No
k	Enter the amount of distribution	s required under state la	aw to be distributed to other exempt org	ganizations or spent in the		
	organization's own exempt activ					
Pa	rt IV Supplemental Info	rmation. Provide the	explanations required by Part I, line 2b	, columns (iii) and (v); and Pa	rt III, lines	s 9, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also provi	ide any additional information. See instr	ructions.		

Part IV Supplemental Info	rmation (continued)		

CHED	DULE J Compensation Information		OMB No. 1	545-004	7
Form §			20	21	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23				
epartment	of the Treasury Attach to Form 990.		Open to		с
	enue Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
lame of	the organization		identificatio		nber
Part I	PRATHAM USA Questions Regarding Compensation	/0-0	0020000	)	
ιαιτι				Vee	Na
1a Cho	ck the appropriate box(es) if the organization provided any of the following to or for a person listed on For	m 000		Yes	No
	VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	11 990,			
	First-class or charter travel Housing allowance or residence for personal and the second seco				
	Travel for companions Payments for business use of personal				
	Tax indemnification and gross-up payments Health or social club dues or initiation fe				
	Discretionary spending account Personal services (such as maid, chauff				
		eur, chei)			
<b>h</b> If an	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	bursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b		
	the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors.				
	tees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	x	
trus	tees, and onicers, including the CEO/Executive Director, regarding the items checked on line 1a?			-	
3 India	cate which, if any, of the following the organization used to establish the compensation of the organizatior				
	)/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organiza				
esta	blish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee X Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	committee			
	ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	anization or a related organization:				v
	eive a severance payment or change-of-control payment?				X
	icipate in or receive payment from a supplemental nonqualified retirement plan?				X
	icipate in or receive payment from an equity-based compensation arrangement?		4c		Х
lf "Y	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	y section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	tion			
	tingent on the revenues of:				37
	organization?				<u>X</u>
	related organization?		<b>5b</b>		Х
	es" on line 5a or 5b, describe in Part III.				
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	tion			
	tingent on the net earnings of:		-		37
	organization?				X
	related organization?		6b		Х
	es" on line 6a or 6b, describe in Part III.				
	persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen				
	described on lines 5 and 6? If "Yes," describe in Part III		7		X
	e any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
			8		X
99 If "Y	es" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	ulations section 53.4958-6(c)?		9		

#### 76-0620808

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VENKATACHALAM, BALA	(i)	210,417.	0.	0.	0.	6,000.	216,417.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) BHARTI, MANISHA	(i)	160,985.	0.	0.	0.	5,957.	166,942.	0.
CEO & GLOBAL EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SINGH, KHUSHMANJIT	(i)	150,000.	0.	0.	0.	6,845.	156,845.	0.
DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2021 Open to Public Inspection

Name	of the	organization

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

Employer identification number
76-0620808

PRATHAM USA
Part I Types of Property

1 41							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu		its
1	Art - Works of art						
	Art - Historical treasures						
	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	33	520,838.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
13	1 Patricka atomickania						
14	Austoric structures Qualified conservation contribution - Other						
15							
	Real estate - Residential Real estate - Commercial						
16 17							
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other $\blacktriangleright$ ( <u>AUCTION ITEMS</u> )	X	6	20,649.	SELLING PRI	CE	
26	Other  ()						
27	Other ► ()						
28	Other 🕨 ( )						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		(	)
						Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?	•				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of						
	contributions?		•	· · ·		32a	x
h	If "Yes," describe in Part II.						
	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is chec	ked		
55	describe in Part II.		a type of property				
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 000	)	Schedule N	(Eorm 90)	1) 2024
LINA	i of Paper work neutrion Act Notice, see		10115 101 FUITH 990		Schedule IV	1 (FOLIII 990	<i>i</i> j 202 i

## Schedule M (Form 990) 2021 PRATHAM USA Part II Supplemental Information. Provi

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

#### THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No. 1545-0047

PRATHAM USA

76-0620808

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

INCREASING VOCATIONAL SKILLS AND SUPPORTING WOMEN TO COMPLETE THEIR

EDUCATION.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

PRATHAM PIVOTED TEMPORARILY IN 2021 TO RESPOND TO THE CRISIS CAUSED BY

THE COVID-19 PANDEMIC. PRATHAM RAISED FUNDS TO DIRECTLY PURCHASE AND

SHIP OXYGEN CONCENTRATORS TO INDIA TO PROVIDE RELIEF DURING THE

PANDEMIC. ADDITIONALLY, PRATHAM PROVIDED COVID EDUCATION AND DIGITAL

TOOLS TO BRIDGE THE EDUCATIONAL GAP CAUSED BY SCHOOL CLOSURES.

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

ASER: PRATHAM'S ANNUAL STATUS OF EDUCATION REPORT (ASER) MEASURES BASIC

LITERACY AND NUMERACY SKILLS, REVEALING THE UNSPOKEN PROBLEM THAT

SCHOOL ENROLLMENT DOES NOT AUTOMATICALLY TRANSLATE INTO LEARNING.

DESPITE INDIA ACHIEVING 97% SCHOOL ENROLLMENT, POOR ATTENDANCE,

OVERSIZED CLASSES AND ANTIQUATED TEACHING METHODS HAVE LED TO A

LEARNING CRISIS. THE DATA WE'VE COLLECTED SINCE 2005 THROUGH OUR NATION

WIDE SURVEYS HAS BECOME AN ESSENTIAL REFERENCE GUIDE FOR THE REAL

STATUS OF CHILDREN'S LEARNING ACROSS THE COUNTRY. OUR DATA ENABLES

CITIZENS TO DEMAND ACTION AND GOVERNMENTS TO MAKE INFORMED DECISIONS.

THE TOTAL EXPENSES, GRANTS, AND REVENUE NUMBERS BELOW ARE THE TOTAL OF

ALL THE OTHER PROGRAM SERVICES.

EXPENSES \$ 1,479,808. INCLUDING GRANTS OF \$ 1,470,000. REVENUE \$ 0.

Name of the organization PRATHAM USA	Employer identification number 76-0620808
PROGRAMS, HELP CHILDREN SUSTAIN THE PROGRESS THEY'VE N	ADE AND ENABLE
STUDENTS TO BECOME LEARNERS OUTSIDE OF SCHOOL. USING C	CONTINUOUS DATA
ANALYSIS TO DETERMINE WHAT CONTENT IS RELEVANT AND ENG	GAGING, OUR GOAL
IS TO DEVELOP AVIABLE STUDENT-FOCUSED MODEL WHICH CAN	ACCOMPANY MORE
TRADITIONAL TEACHER-CENTRIC APPROACHES WITH THE INTENT	TION OF SCALING
THE METHODOLOGIES ACROSS INDIA'S SCHOOL AGE POPULATION	1.
EXPENSES \$ 55,466. INCLUDING GRANTS OF \$ 0. REVENU	JE \$ 0.
PRATHAM'S TEACHING AT THE RIGHT LEVEL (TARL) PROGRAM E	
FOUNDATIONAL READING AND MATH SKILLS IN PRIMARY SCHOOI PROGRAM WHICH HAS BEEN TRIED AND TESTED FOR OVER SEVER	
IS NOW BEING REPLICATED IN PARTNERSHIP WITH THE ABDUL	
POVERTY ACTION LAB (J-PAL) IN A FEW COUNTRIES IN AFRIC	CA. PRATHAM IS THE
TECHNICAL PARTNER SUPPORTING GOVERNMENTS AND LOCAL ORG	GANIZATIONS IN
AFRICA IN THE IMPLEMENTATION OF THE TARL METHOD.	
EXPENSES \$ 310,949. INCLUDING GRANTS OF \$ 0. REVEN	NUE \$ 68,430.

EXPENSES \$ 573,384. INCLUDING GRANTS OF \$ 569,583. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP: HEMANT GORADIA & MARIE GORADIA

BUSINESS RELATIONSHIP: HEMANT GORADIA & SWATANTRA JAIN

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

FORM 990 IS REVIEWED BY THE CEO & GLOBAL EXECUTIVE AND THE CHAIRMAN BEFORE

FILING. ONCE APPROVED, THE BOARD MEMBERS WILL RECEIVE A COPY OF THE FORM

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

A CONFLICT OF INTEREST DISCLOSURE POLICY IS PROVIDED BY EACH EMPLOYEE, OFFICER AND DIRECTOR. ONCE A YEAR, A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT OUT TO BE UPDATED BY EACH EMPLOYEE, OFFICER AND DIRECTOR. EACH EMPLOYEE, OFFICER AND DIRECTOR IS REQUESTED TO NOTIFY IF THERE HAS BEEN A CHANGE THAT WOULD GENERATE A CONFLICT.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR KEY EMPLOYEES INCLUDES A

REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND A

DISCUSSION WITH THE CHAIRMAN OF THE BOARD AFTER WHICH A DECISION IS MADE.

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

UPON REQUEST, PRATHAM USA WILL PROVIDE THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE PROVIDED AND CAN BE INSPECTED AT THE ORGANIZATION'S WEBSITE.

PART XII, LINE 2C EXPLANATION

THERE WAS NO CHANGE IN THE OVERSIGHT OF THE AUDIT OF PRATHAM USA

FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT FROM

PRIOR YEAR.