TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

PRATHAM USA 9703 Richmond Avenue, Suite 102 Houston, TX 77042

Prepared By:

RSM US LLP 201 First St SE, Ste 800 Cedar Rapids, IA 52401-1425

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **99**

Department of the Treasury

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

interi	arneve				mepeedien				
AF	or th	e 2023 calendar year, or tax year beginning and e	ending	_					
B c a	heck if pplicab	le: C Name of organization		D Employer identific	ation number				
	Addre	PRATHAM USA							
	Name			76-06208	308				
	Initial		Room/suite	E Telephone number					
	Final return	9703 RICHMOND AVENUE, SUITE 102	713-774-9	9599					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	31,705,685.					
	Amen	HOUSION, IX //042		H(a) Is this a group re	turn				
	Applie diam	F Name and address of principal officer: MANISHA DHARIT		for subordinates	? Yes X No				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
<u> </u>	ax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or	r 📃 527		list. See instructions				
	Vebsi			H(c) Group exemption					
		f organization: 🔀 Corporation 🦳 Trust 🦳 Association 🦳 Other	L Year	of formation: 1999 N	I State of legal domicile: TX				
Pa	rt I	Summary							
Ð	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O					
anc									
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	II					
Š	3			24					
ن ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			24				
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			26				
ivit	6	Total number of volunteers (estimate if necessary)			350				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	0 . Current Year				
	~			22,618,199.	22,291,869.				
ne	8	Contributions and grants (Part VIII, line 1h)		140,470.	169,499.				
Revenue	9	Program service revenue (Part VIII, line 2g)		52,482.	490,840.				
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-316,513.	183,228.				
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,494,638.	23,135,436.				
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		19,159,488.	18,480,657.				
	13 14			<u>1,13,135,400.</u> 0.	0.				
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,604,959.	3,306,078.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
Jen		Total fundraising expenses (Part IX, column (D), line 25) 3, 584, 48	5.						
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,234,249.	3,297,414.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,998,696.	25,084,149.				
	19	Revenue less expenses. Subtract line 18 from line 12		-3,504,058.	-1,948,713.				
n Se				ginning of Current Year	End of Year				
Net Assets or und Balances	20	Total assets (Part X, line 16)		29,484,150.	20,701,554.				
Ass Bal	21	Total liabilities (Part X, line 26)		7,829,384.	728,219.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		21,654,766.	19,973,335.				
	rt 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 & GLO	BAL EXECUTIV	/E		
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	SHAWNA HULS		11/1	4/24 self-employed	P01315330
Preparer	Firm's name RSM US LLP	·		Firm's EIN 42-	0714325
Use Only	Firm's address 201 FIRST ST SE,	STE 800			
	CEDAR RAPIDS, IA	52401-1425		Phone no. 319-	298-5333
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions.	332001 12-21-23		Form 990 (2023)

	n 990 (2023) PRATHAM USA rt III Statement of Program Service Accomplishments	76-062080	8 Page 2
га	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
4a	revenue, if any, for each program service reported. (Code:)(Expenses \$7,558,566. including grants of \$7,558,566.) (Reve PRATHAM'S EDUCATION PROGRAMS FOCUS ON THREE MAJOR AGE GF CHILDREN: IN THEIR EARLY YEARS (AGES 3-8) BY HELPING CHI FOR SCHOOL; IN PRIMARY SCHOOL YEARS (AGES 8-10) BY DEVEL WRITING AND NUMERACY SKILLS THROUGH ENGAGING, HANDS-ON A HAVE BEEN SHOWN TO IMPROVE LEARNING DRASTICALLY; AND MIL SCHOOL YEARS (AGES 11-18) IN BUILDING THEIR SKILLS FOR S LIFE. PRATHAM'S WORK IS BOTH IN SCHOOLS AND COMMUNITIES. PRATHAM ALSO WORKS WITH LOCAL GOVERNMENTS TO TRANSFER KN SUPPORT LEARNING FOR MILLIONS OF CHILDREN.	OUPS OF LDREN PREP OPING READ CTIVITIES DLE AND HI CHOOL, WOR IN ADDITI	ING, THAT GH K AND ON,
4b	(Code:)(Expenses \$4,442,700. including grants of \$3,431,007.) (Reve PRATHAM'S TEACHING AT THE RIGHT LEVEL (TARL) PROGRAM BUI FOUNDATIONAL READING AND MATH SKILLS IN PRIMARY SCHOOL O PROGRAM, WHICH HAS BEEN TRIED AND TESTED FOR SEVERAL YEA NOW BEING REPLICATED IN PARTNERSHIP WITH THE ABDUL LATIF ACTION LAB (J-PAL) IN A FEW COUNTRIES IN AFRICA. PRATHAM TECHNICAL PARTNER SUPPORTING GOVERNMENTS AND LOCAL ORGAN AFRICA IN THE IMPLEMENTATION OF THE TARL METHOD.	LDS HILDREN. T RS IN INDI JAMEEL PO I IS THE	VERTY
4c	(Code:)(Expenses \$2,317,834. including grants of \$2,317,834.) (Reve THE VOCATIONAL SKILLS TRAINING PROGRAM PREPARES INDIA'S SUCCESS BY TEACHING RELEVANT SKILLS FOR TODAY. THE PROGR AND PUTS THEM THROUGH VIRTUAL AND HANDS-ON TRAINING OFFE MULTIPLE INDUSTRIES: HOSPITALITY, CONSTRUCTION, AUTOMOTI ASSISTANCE, ETC. THE PROGRAM ALSO OFFERS ENTREPRENEURSHI THOSE WHO WISH TO START THEIR OWN MICRO ENTERPRISES.	YOUTH FOR AM TAKES Y RED ACROSS VE, BEDSID)E
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ 5,287,196. including grants of \$ 5,173,250.) (Revenue \$ Total program service expenses 19,606,296.	0.)	

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	10		
19		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b		20a		
ں 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
	domosto government orr artin, column (n), inter 1 IT Yes, complete Schedule I, Parts I and II	21	42	

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Pa	t 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			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If</i> "Yes," <i>complete</i>			
	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	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	l
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rd				
	Check if Schedule O contains a response or note to any line in this Part V		 Ve-	
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
na b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a49Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	-		
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	

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Par	rt 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,			
	filed for the calendar year ending with or within the year covered by this return 2a	26		
b		2b	Х	
3a				Х
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country			
2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a		5a		х
b				X
				- 23
C Go	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		60		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		<u> </u>
D		Ch		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		Х	
a				
b	, , , , , , , , , , , , , , , , , , , ,	7b	Х	
С		_		v
	to file Form 8282?	7c		X
d		_		77
е				X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g				
h	5	C? 7h		
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				
b	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter:			
а		_		
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				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с				
14a		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		_	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r		
	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					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		_X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					37
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
				- 10	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	Х	
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			104	х	
110			o filing the form?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990.	belor	e ming the form?	11a	Λ	
				12a	Х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			120	23	
C		,		12c	Х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written whistleblower policy? 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			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by in				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\{TX}$					
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	availat	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		,	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	d records			
	VIKAS BAHL - 713-774-9599					
	9703 RICHMOND AVENUE, SUITE 102, HOUSTON, TX 77042					

Form 990 (2023) PRATHAM USA	76-0620808	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		X
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending List all of the organization's current officers, directors, trustees (whether individuals or organizations), re Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	0	,

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

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(9) JAIN, SWATANTRA 0.50 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(8) SETHIA, DHIREN	15.00									
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(10) ACHARYA, VIRAL 0.25 X 0.0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0.0. (11) AHUJA, AVINASH 0.25 0.0.0.0.0. DIRECTOR (UNTIL 3/31/23) X 0.0.0.0. 0.0.0. (12) ARORA, SUDESH 0.25 0.0.0.0. 0.0.0. DIRECTOR (UNTIL 3/31/23) X 0.0.0.0. 0.0.0. (13) DEVITRE, DINYAR 5.00 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (14) GORADIA, MARIE 0.25 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (15) GULATI, SHEILA 0.25 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0.0. 0.0.0. (16) GUPTA, SUREN 0.25 0.0.0.0. 0.0.0. DIRECTOR X 0.0.0.0. 0.0.0. (17) JAISINGHANI, SUMEET 0.25 0.0.0.0. 0.0.0.	(9) JAIN, SWATANTRA	0.50									
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(11) AHUJA, AVINASH 0.25 X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(10) ACHARYA, VIRAL	0.25									
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(15) GULATI, SHEILA 0.25 X 0.0 0.0 0.0 DIRECTOR X 0.25 0.0 0.0 0.0 0.0 (16) GUPTA, SUREN 0.25 0.0 0.0 0.0 0.0 0.0 DIRECTOR X 0.25 0.0 0.0 0.0 0.0 (17) JAISINGHANI, SUMEET 0.25 X 0.0 0.0 0.0 DIRECTOR X 0.0 0.0 0.0 0.0	(14) GORADIA, MARIE	0.25									
DIRECTOR X 0. 0. 0. (16) GUPTA, SUREN 0.25	DIRECTOR (UNTIL 3/31/23)		Х						0.	0.	0.
(16) GUPTA, SUREN 0.25 X 0. 0. 0. DIRECTOR X 0.25 0. 0. 0. 0. (17) JAISINGHANI, SUMEET 0.25 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	(15) GULATI, SHEILA	0.25									
DIRECTORX0.0.0.(17) JAISINGHANI, SUMEET0.25X0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(17) JAISINGHANI, SUMEET0.25DIRECTORX0.0.	(16) GUPTA, SUREN	0.25									
DIRECTOR X 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
	(17) JAISINGHANI, SUMEET	0.25									
	DIRECTOR		X						0.	0.	

332007 12-21-23

Form 990 (2023) PRATHA									76-0620	808	P	age 8
Part VII Section A. Officers, Directors		oloy	ees,			ghes	t C		, ,	1		
(A)	(B)			(Pos	C)	•		(D)	(E)		(F)	
Name and title	Average		not c	heck	more	than c		Reportable	Reportable		stimate	
	hours per week					is both pr/trust		compensation from	compensation from related	ar	nount other	
	(list any	f					-	the	organizations	com	pensa	
	hours for	direc				p.		organization	(W-2/1099-MISC/		om th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		anizat	
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		an	d relat	ed
	below	Individual trustee or director	nstitutional trustee	Ger	Key employee	Highest compensated employee	ner			orga	anizati	ons
	line)	Indi	Insti	Officer	Key	High emp	Former					
(18) KHANNA, JAIDEEP	0.50											
DIRECTOR		X						0.	0.			0.
(19) KHOSA, RATTAN	0.25											
DIRECTOR		Х						0.	0.			0.
(20) KHOSLA, VICTOR	0.25											
DIRECTOR		Х						0.	0.			0.
(21) MULANI, NARENDRA	0.25											
DIRECTOR		Х						0.	0.			0.
(22) PALIWAL, ILA	0.25											
DIRECTOR		X						0.	0.			0.
(23) PANDIAN, PAUL	0.25											
DIRECTOR (UNTIL 3/31/23)		Х						0.	0.			0.
(24) RAJ, DEEPAK	2.00											
DIRECTOR		Х						0.	0.			0.
(25) SABOO, JAI VARDHAN	1.00											
DIRECTOR		X						0.	0.			0.
(26) SANGER, ARVIND	0.25											
DIRECTOR		X						0.	0.			0.
1b Subtotal								1,565,911.	0.	11	6,5	26.
c Total from continuation sheets to P								0.	0.			0.
d Total (add lines 1b and 1c)								1,565,911.	0.	11	6,5	26.
2 Total number of individuals (including								eceived more than \$100,0	000 of reportable			
compensation from the organization												9
											Yes	No
3 Did the organization list any former of	officer, director, trust	ee, k	key e	empl	loye	e, or	hig	phest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule	J for such individual		-		-				-	3		Х
4 For any individual listed on line 1a, is												
and related organizations greater than			•					•	•	4	Х	
5 Did any person listed on line 1a receiv												
rendered to the organization? <i>If</i> "Yes,										5		Х
Section B. Independent Contractors			01 00									
1 Complete this table for your five high	est compensated inc	lepe	nder	nt co	ontra	actor	s th	hat received more than \$	100.000 of compensa	tion fro	om	
the organization. Report compensatio	•	•							· ·			
	A)			0				(B)		(0	2)	
•	siness address							Description of se	ervices 0	Compe		n
FIRM AFRICA								INTERNATIONAI				
P.O BOX 2925-00502, NA	IROBI, KEN	YA						CONSULTING		63	6,0	80.
CIPRIANI WALL STREET	- ,							EVENT VENUE A	AND		, ,	
55 WALL STREET, NEW YC	RK. NY 100	05					- 1	SERVICES		20	3,5	84.

STAR GROUP PRODUCTIONS	EVENT AUDIO/VISUAL	
110 EAST 42ND ST, NEW YORK, NY 10017	RENTAL & SERVICES	158,762.
HARSHA SHARMA, FLAT 338 FALGSTAFF HOUSE,		
10 ST GEORGE WHARF, LONDON, JS, UN	MARKETING SERVICE	158,075.
ROBYN DETORO, 1652 ANGUS STREET, INNISFIL,	DIGITAL CONSULTING	
ONTARIO, CANADA L9S 0J9	AND MARKETING	154,900.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	

Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, aı	nd H	ligh	est	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	<u>-</u>				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em p		(W-2/1099-MISC)	(1099-10130)	organization
	related	ee or	stee			nsate		(** 2/1000 10100)		and related
	organizations	trust	al tru		o yee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	Former			-
	line)	Indi	Inst	Officer	Key	Hig	Forr			
(27) SARMA, ADARSH	0.25									
DIRECTOR		X						0.	0.	0
28) SHAH, NEHA	1.00								•	
VICE CHAIR	1 0 0	X						0.	0.	0
(29) SHAH, RAJ	1.00								•	
VICE CHAIR	0.05	X						0.	0.	0
30) SIKKA, VANDANA	0.25							0	0	
DIRECTOR (31) SINGH, GAGAN	1.00	X						0.	0.	C
DIRECTOR	1.00	x						0.	0.	C
(32) SINGH, MANOJ	1.00								0.	
DIRECTOR		x						0.	0.	C
(33) SINGH, PRADEEP	1.00									
VICE CHAIR		x						0.	0.	0
(34) VALANI, RIAZ	0.25									
DIRECTOR		X						0.	0.	0
(35) ZAKARIA, FAREED	0.25									
DIRECTOR (UNTIL 3/31/23)		X						0.	0.	0
36) SHAH, MANAHAR	0.25									
DIRECTOR		X						0.	0.	0
		-								
		-								
		1								
		1								
			<u> </u>							
		-								
		-								
		1	I	1	1	L				

	990 (2			M US	SA				76-0620	808 Page 9
Pa	rt VIII	Statement of Re	venu	le						
		Check if Schedule O	contai	ins a res	ponse	or note to any line		(B)	(C)	
							(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns		18						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues								
<u>n</u>		Fundraising events			;	8,445,739.				
aifts ar A		Related organizations			1					
s, G		Government grants (contr)	230,000.				
rion Si	f	All other contributions, gifts,	grants	, and						
ibu		similar amounts not included	l above		-	13,616,130.				
ontro D	-	Noncash contributions included in			j \$	487,545.				
<u>ភ ក</u>	h	Total. Add lines 1a-1f	<u></u>	<u></u>	<u></u>		22,291,869.			
	-	TEACHING AT THE RIGH	um 15	T 57 7 55		Business Code 611600	160 400	160,400		
lice						011000	169,499.	169,499.		
iue v	b									
ver S	c d									
Program Service Revenue	e									
Pro	f	All other program service	reven	ue						
	g	Total. Add lines 2a-2f					169,499.			
	3	Investment income (includ								
		other similar amounts)					430,212.			430,212.
	4	Income from investment of	of tax-	exempt	bond p	roceeds				
	5	Royalties		·····	· · · · · · · · · · · · · · · · · · ·					
		_		(i) R	eal	(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss) Net rental income or (loss)	6c							
		Gross amount from sales of	″	(i) Secu		(ii) Other				
	<i>,</i> u	assets other than inventory	7a	7,425						
	b	Less: cost or other basis								
en		and sales expenses	7b	7,365	,056.					
venue	с	Gain or (loss)	7c	60	,628.					
Be	d	Net gain or (loss)			· · · · · <u>· · · · · ·</u>		60,628.			60,628.
Other Re	8 a	Gross income from fundraisin	-	-						
ō		including \$8 ,								
		contributions reported on		,		1,388,592.				
	h	Part IV, line 18								
		Net income or (loss) from					183,399.			183,399.
		Gross income from gamin								
		Part IV, line 19								
	b	Less: direct expenses								
	с	Net income or (loss) from	gamir	ng activit	ies					
	10 a	Gross sales of inventory, I	less re	eturns						
		and allowances				1				
		Less: cost of goods sold				-				
	С	Net income or (loss) from	sales	of inven	tory					
sn	44 -	EXCHANGE GAIN				Business Code 900099	-171.			-171.
Miscellaneous Revenue	11 a b	GATN				500055	-1/1.			-1/1.
ellar Ven	и С									
Be	d	All other revenue								
Σ	e	Total. Add lines 11a-11d					-171.			
	12	Total revenue. See instruction					23,135,436.	169,499.	0.	674,068.

Form 990 (2023) 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).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,431,007.	3,431,007.		
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	15 049 650.	15,049,650.		
4	Benefits paid to or for members	10,010,000.	13,013,0300		
-+ 5	Compensation of current officers, directors,				
5		755,219.		383,759.	371,460.
6	trustees, and key employees Compensation not included above to disqualified	155,215.		505,755.	571,400.
0	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	2,203,519.	352,775.	516,902.	1,333,842.
7	Other salaries and wages	2,203,319.	552,115.	510,902.	1,333,042.
8	Pension plan accruals and contributions (include	77,029.	13,052.	18,035.	45,942.
~	section 401(k) and 403(b) employer contributions)	109,265.	21,938.	29,870.	57,457.
9	Other employee benefits	161,046.	21,938.	38,148.	101,347.
10	Payroll taxes	101,040.	41,331.	30,140.	101,34/.
11	Fees for services (nonemployees):				
	Management	46,306.		46,306.	
	Legal	218,172.		218,172.	
	Accounting	210,1/2.		210,1/2.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	3,062.		2 062	
f	Investment management fees	3,002.		3,062.	
g	Other. (If line 11g amount exceeds 10% of line 25,	714,440.	21 022	212 722	270 705
	column (A), amount, list line 11g expenses on Sch O.)	79,702.	21,932. 2,278.	312,723.	<u>379,785.</u> 77,424.
12	Advertising and promotion	751,137.		116,129.	22,003.
13	Office expenses	199,529.	613,005.		108,987.
14	Information technology	199,529.	1,716.	88,826.	100,907.
15	Royalties	27,701.		27,701.	
16		266,858.	77,392.	61,738.	127,728.
17	Travel	200,000.	11,394.	01,730.	121,120.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,916.		1,916.	
19 20	Conferences, conventions, and meetings	1,910.		1,910.	
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	11,007.		11,007.	
22 23		12,348.		12,348.	
23 24	Other expenses. Itemize expenses not covered	,5101		, = 101	
27	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	CHAPTER AND EVENT EXPEN	787,771.		6,726.	781,045.
b	CREDIT CARD AND DONATIO	164,965.			164,965.
с	BAD DEBT EXPENSE	12,500.			12,500.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	25,084,149.	19,606,296.	1,893,368.	3,584,485.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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orm 9 Part	<u>``</u>	PRATHAM USA Balance Sheet			/0-	0620808 Page 1
art	~	Check if Schedule O contains a response or note to	any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		13,468,832.	1	6,547,295
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	7,838,953
	4	Accounts receivable, net			-	32,750
	5	Loans and other receivables from any current or for		· · · · · · · · · · · · · · · · · · ·		
		trustee, key employee, creator or founder, substant				
		controlled entity or family member of any of these p			5	
	6	Loans and other receivables from other disqualified				
		under section 4958(f)(1)), and persons described in			6	
ω	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
B	9	_		100 170	9	140,177
		Land, buildings, and equipment: cost or other		· · · · · · · · · · · · · · · · · · ·		· · · · · ·
		-	0a 73,767			
	b		ob 59,182		10c	14,585
1	11	Investments - publicly traded securities				6,080,925
	12	Investments - other securities. See Part IV, line 11			12	
1	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11				46,869
1	16	Total assets. Add lines 1 through 15 (must equal li			16	20,701,554
1	17	Accounts payable and accrued expenses			256,21	
1	18	Grants payable			18	472,000
	19	Deferred revenue			19	
2	20				20	
2	21	Escrow or custodial account liability. Complete Par			21	
	22	Loans and other payables to any current or former				
		trustee, key employee, creator or founder, substant				
		controlled entity or family member of any of these p			22	
<u>ہ</u> ا	23	Secured mortgages and notes payable to unrelated			23	
2	24	Unsecured notes and loans payable to unrelated th			24	
2	25	Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17				
		of Schedule D	<i>,</i> .		25	
2	26	Total liabilities. Add lines 17 through 25		7,829,384.	26	728,219
		Organizations that follow FASB ASC 958, check	here X			
S		and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions				10,771,535
8 2	28	Net assets with donor restrictions		18,145,042.	28	9,201,800
		Organizations that do not follow FASB ASC 958,				
2		and complete lines 29 through 33.				
5 2	29	Capital stock or trust principal, or current funds			29	
300	30	Paid-in or capital surplus, or land, building, or equip			30	
Ê 3	31	Retained earnings, endowment, accumulated incor			31	
	32	Total net assets or fund balances		21,654,766.	32	19,973,335
	33	Total liabilities and net assets/fund balances			33	20,701,554

Form **990** (2023)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25)	49. 13. 66. 82.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 23,135,4 2 Total expenses (must equal Part IX, column (A), line 25) 2 25,084,1	49. 13. 66. 82.
2 Total expenses (must equal Part IX, column (A), line 25) 2 25,084,1	49. 13. 66. 82.
2 Total expenses (must equal Part IX, column (A), line 25) 2 25,084,1	49. 13. 66. 82.
	13. 66. 82.
	66. 82.
3 Revenue less expenses. Subtract line 2 from line 1 3 -1,948,7	82.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 21,654,7	
5 Net unrealized gains (losses) on investments5 294, 7	00.
6 Donated services and use of facilities6	00.
7 Investment expenses 7	00.
8 Prior period adjustments 8 -27, 5	
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))	35.
Part XII Financial Statements and Reporting	
Check if Schedule O 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	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Х
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:	
Separate basis Consolidated basis Both consolidated and separate basis	
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:	
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?	
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	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	Х
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	

Form **990** (2023)

Docusign Envelope ID: D6039FDE-F325-496B-B3A4-FC10B76CCDFF

SCHEDULE A (Form 990) Public Charity Status and Public Support Department of the Treasury Internal Revenue Service 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 2023 Open to Public Inspection			
	f the organizati		Go to www.irs.gov/	/Form990 for instructior	ns and the	e latest inf	ormation.	Employer	identification number
Humo o	r the organizati		HAM USA						6-0620808
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instruction	S.	
The orga	anization is not a	ı private founda	ation because it is: (For lines 1 through 12, cl	heck only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	7			(Attach Schedule E (Form		\	:)		
3		-		anization described in se njunction with a hospital			-	(iii) Enter	the hospital's name
- L	city, and stat	+							ano noopital o namo,
5	-		or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		-	-	nental unit described in					
7 X	U U		•	intial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
8	- ·		omplete Part II.)	(1)(A)(vi). (Complete Part	E III)				
9				in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college
	-	-		culture (see instructions).		-		-	-
	_ university: _								
10				than 33 1/3% of its supp					
				ct to certain exceptions; a					-
			nplete Part III.)	(less section 511 tax) fro	in busines	sses acqui	red by the org	anization a	inter June 30, 1975.
11	7			ively to test for public sat	fety. See	section 50)9(a)(4).		
12		-	-	ively for the benefit of, to	•			rry out the	purposes of one or
	more publicly	supported org	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
Г		-	• •	of supporting organization		-		-	
a			-	supervised, or controlled	• • • •	-			
		-	complete Part IV, Se	gularly appoint or elect a	majority c	of the aired	tors or truste	es of the st	ipporting
ь	~		•	d or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving
	control or r	nanagement of	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	organizatio	n(s). You mus t	t complete Part IV,	Sections A and C.					
c				g organization operated				ly integrate	ed with,
-		•	.,.	s). You must complete l			-		
d L		-		porting organization oper zation generally must sat				-	
		-		mplete Part IV, Sections	•		-	anatonti	
e				written determination from				II, Type III	
	functionally	integrated, or	Type III non-functio	nally integrated supportin	ng organiz	ation.			
	nter the number		•						
g Pr	i) Name of supp		about the supporte	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	monetary	(vi) Amount of other
	organizatior			(described on lines 1-10	in your governi Yes	ing document?	support (see ir	-	support (see instructions)
				above (see instructions))	100				
			<u> </u>						
Total									

Sch		RATHAM US				76-062	
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(v	i)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I c	r if the organizatio	n failed to qualify u	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part	III.)			
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25019300.	23650730.	25455886.	22618199.	22264369.	119008484
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	25019300.	23650730.	25455886.	22618199.	22264369.	119008484
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)						13693296.
	Public support. Subtract line 5 from line 4.						105315188
See	ction B. Total Support	1			1		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	25019300.	23650730.	25455886.	22618199.	22264369.	119008484
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	46.	36.	16.	51,427.	430,212.	481,737.
9	Net income from unrelated business						
	activities, whether or not the						007 000
	business is regularly carried on	287,039.					287,039.
10	Other income. Do not include gain						
	or loss from the sale of capital			500			F 0 0
	assets (Explain in Part VI.)			503.			503.
11	Total support. Add lines 7 through 10						119777763
12	Gross receipts from related activities,					12	465,299.
13	First 5 years. If the Form 990 is for the	•					
80	organization, check this box and stop						·····
	ction C. Computation of Publi			. (7)			07 02
	Public support percentage for 2023 (I		•			14	87.93 % 84.81 %
15	Public support percentage from 2022						
168	33 1/3% support test - 2023. If the other						
	stop here. The organization qualifies						
	33 1/3% support test - 2022. If the organization gual						
47-	and stop here. The organization qual						
178	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
L	meets the facts-and-circumstances te	-			-	17a and line 15 is	
	 10% -facts-and-circumstances test more, and if the organization meets the 	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				s

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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	tion A. Public Support		nete Fait II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
N	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) 2010		(0) 2021	(4) 2022	(0) 2020	(i) rotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Public						
	Public support percentage for 2023 (li		-	column (f))		15	%
	Public support percentage from 2022					16	%
	tion D. Computation of Inves		•				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% Zia pat
19a	33 1/3% support tests - 2023. If the						
F	more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the	-	•		•••••		
Di la	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						

Schedule A (Form 990) 2023 PRATHAM USA

Yes

No

 Part IV
 Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

		6-062080	8 Pa	age 5
'a	t IV Supporting Organizations (continued)		1	
			Yes	No
1	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		
	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		
;C	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	cers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among a			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
С	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
C	tion D. All Type III Supporting Organizations			1
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
C	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instructio	n <u>s).</u>	T
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			

- 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

Chedule A (Form Part V Tvp	990) 2023 PRATHAM USA e III Non-Functionally Integrated 509(a)(3) Support	ina Orazni		76-0620808 Pa
	there if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructio
	er Type III non-functionally integrated supporting organizations mu		•	
ection A - Adjus			(A) Prior Year	(B) Current Year (optional)
1 Net short-ter	m capital gain	1		
	of prior-year distributions	2		
	income (see instructions)	3		
4 Add lines 1 t	· · · · · ·	4		
	and depletion	5		
	perating expenses paid or incurred for production or			
-	gross income or for management, conservation, or			
	e of property held for production of income (see instructions)	6		
	ses (see instructions)	7		
	et Income (subtract lines 5, 6, and 7 from line 4)	8		
	num Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fa	air market value of all non-exempt-use assets (see			
instructions	for short tax year or assets held for part of year):			
a Average mo	nthly value of securities	1a		
b Average mor	nthly cash balances	1b		
c Fair market	value of other non-exempt-use assets	1c		
d Total (add li	nes 1a, 1b, and 1c)	1d		
e Discount cla	aimed for blockage or other factors			
(explain in de	etail in Part VI):			
2 Acquisition i	ndebtedness applicable to non-exempt-use assets	2		
3 Subtract line	e 2 from line 1d.	3		
4 Cash deeme	d held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructi	ons).	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	of prior-year distributions	7		
8 Minimum As	sset Amount (add line 7 to line 6)	8		
Section C - Distri	butable Amount			Current Year
1 Adjusted net	t income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 o	f line 1.	2		
3 Minimum as	set amount for prior year (from Section B, line 8, column A)	3		
	r of line 2 or line 3.	4		
5 Income tax i	mposed in prior year	5		
6 Distributabl	e Amount. Subtract line 5 from line 4, unless subject to			
emergency t	emporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

Sche Par	dule A (Form 990) 2023 PRATHAM USA	a)(3) Supporting Orga	· · · ·	76-0620808 Page 7
		allo Supporting Orga	nizations (continued)	Current Veer
	on D - Distributions		1	Current Year
1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	s of supported organizations	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)	5	
6	Other distributions (<i>describe in</i> Part VI). 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.	ie eigamzaien ie reepenerre	8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
C	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			-
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
-	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023 PRATHAM USA	76-0620808 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additior (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

RATHAM	USA
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P

7	6	_	٥	6	2	٥	8	n	8
1	υ	_	υ	υ	4	υ	0	υ	0

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

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

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

Page **2** Schedule B (Form 990) (2023) Name of organization Employer identification number 76-0620808 PRATHAM USA

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$631,021. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$750,000. 	Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$1,274,368.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$462,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,400,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

ne of org	anization	E	nployer identification num
ATHA	M USA		76-0620808
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·			
		\$	

	3 (Form 990) (2023)		Page 4		
Name of or	rganization		Employer identification number		
PRATH	AM USA		76-0620808		
Part III	from any one contributor. Complete columns (a)	through (e) and the following line entry	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations		
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	·				
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
-	Transferee's name, address, a		fer of gift Relationship of transferor to transferee		

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SCI	HEDULE D		I Financial Statement		OMB No. 1545-0047
(Forn	n 990)		nization answered "Yes" on Form 990 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1		2023
	ment of the Treasury	A	ttach to Form 990.		Open to Public
	Revenue Service		0 for instructions and the latest inform		Inspection
Name	e of the organization	PRATHAM USA			identification number
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds		
		n answered "Yes" on Form 990, Part IV, lin		/ / / / / / / / / / / / / / / / /	
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5		on inform all donors and donor advisors in v		ised funds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring	
	impermissible priva				Yes No
Par	t II Conserva	ation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply)		
	Preservation	of land for public use (for example, recrea	tion or education) Preservation	of a historically impo	rtant land area
	Protection o	f natural habitat	Preservation	of a certified historic	structure
	Preservation	of open space			
2	•	through 2d if the organization held a qualif	ied conservation contribution in the form		
	day of the tax year				at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage restr	ricted by conservation easements		2b	
С	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	2c	
d		vation easements included on line 2c acqu			
		ture listed in the National Register			
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organization during	g the tax
	year				
4		where property subject to conservation eas		-	
5	6	tion have a written policy regarding the per			
•	,	orcement of the conservation easements it			
6	Staff and volunteel	r hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	nservation easement	s during the year
7	Amount of ovpono		ling of violations, and enforcing concern	vation accomonte dur	ing the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserv	ation easements dur	ing the year
8	Does each consen	 vation easement reported on line 2d above	satisfy the requirements of section 170	(b)(4)(B)(i)	
0		(4)(B)(ii)?			Yes No
9		be how the organization reports conservation			
Ŭ		d include, if applicable, the text of the footn			the
		ounting for conservation easements.			
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar As	sets.
		the organization answered "Yes" on Form			
1 a		elected, as permitted under FASB ASC 95		and balance sheet w	vorks
	of art, historical tre	asures, or other similar assets held for put	lic exhibition, education, or research in	furtherance of public	
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that describes these ite	ms.	
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	l balance sheet work	s of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in fur	therance of public se	ervice,
		ng amounts relating to these items.		-	
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		\$	
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financi	ial gain, provide	_
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1		\$	
b	Assets included in	Form 990, Part X		\$	
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	Sche	dule D (Form 990) 2023
332051	09-28-23				

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Sche	dule D (Form 990) 2023 PRATHAM					76-	062080	8 Pa	ige 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or	Other S	imilar Ass	ets _{(contil}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that r	make signi [.]	ficant use of	its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange prograr	n				
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatior	n's exempt	purpose in F	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other	similar ass	sets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the organizatior	n answered "Y	es" on For	m 990, Part I	V, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contributior	ns or other ass	ets not inc	luded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			[]			
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe				-		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if	-		1		T I I	1 () 5		
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years b	ack (e) Fou	r years i	Dack
1a	Beginning of year balance	6,638,812.							
b	Contributions	0.	6,500,000.						
С	Net investment earnings, gains, and losses	515,535.	138,812.						
d	Grants or scholarships	1,500,000.							
е	Other expenditures for facilities								
	and programs	0.							
f	Administrative expenses	0.	C (220 010						
g	End of year balance	5,654,347.	6,638,812.						
2	Provide the estimated percentage of the curr	·)) held as:					
a	Board designated or quasi-endowment	100	_%						
b	Permanent endowment 0000	%							
С		%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administere	d for the			Yes	Ne
	organization by:						a (1)	res	No X
	(i) Unrelated organizations?								X
									Δ
D	If "Yes" on line 3a(ii), are the related organiza						3b		
Par	t VI Land, Buildings, and Equipm		wment tunds.						
	Complete if the organization answered		Part IV line 11a S	See Form 990	Part X line	10			
	Description of property	(a) Cost or of		t or other	-	mulated	(d) Boo	k voluc	
	Description of property	basis (investr		(other)	• •	ciation	(d) Boo	k value	;
10	Land				Gopie				
	Land								
b	Buildings								
	Leasehold improvements		713. 6	4,054.	5	9,182.	1	4,58	35.
	Equipment		, _ 5 • 0	-,03-•	J	5,1020		±,50	
	Other		V line 10e estimation				1	4,58	35.
Tota	i nua mies ra unough re. (Column (a) must e	uuai rorm 990. Part /	<u>A, III IE I UC, COIUMN</u>	((م)	<u></u>		dule D (Forr		
						JUNE			-020

332052 09-28-23

Schedule D (Form 990) 2023 PRATHAM				76-0620808 Page 3
Part VII Investments - Other Securiti				
Complete if the organization answere		90, Part IV, line	11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of	I	Book value		Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col.				
Part VIII Investments - Program Rela				- 10
Complete if the organization answere (a) Description of investment				
., .	(0)	Book value	(c) Method of Valuation.	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, line 13, col.	(B))			
Part IX Other Assets				
Complete if the organization answere	d "Yes" on Form 9	90, Part IV, line	11d. See Form 990, Part X, lir	ne 15.
	(a) Descriptio	n		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line Part X Other Liabilities	e 15, col. (B))			
Complete if the organization answere	d "Ves" on Form 9	90 Part IV line	11e or 11f See Form 990 Pa	rt X line 25
(a) Descriptions of Patrick		30, 1 art 10, inte		(b) Book value
	y			
(1) Federal income taxes				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990 Part X lin	25 col (P))			

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

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

X

Sche	dule D (Form 990) 2023 PRATHAM USA			76-	0620808 Page	4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn	м	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	23,420,158	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	294,782.			
b	Donated services and use of facilities	2b	20,502.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		-27,500.			
е	Add lines 2a through 2d			2e	287,784	
3	Subtract line 2e from line 1			3	23,132,374	•
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	3,062.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	3,062	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	23,135,436	•
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	i Expenses per F	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	25,101,589	•
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a	20,502.			
b	Prior year adjustments	2b		-		
С	Other losses	2c		-		
d	Other (Describe in Part XIII.)	2d		_		
е	Add lines 2a through 2d			2e	20,502	
3	Subtract line 2e from line 1			3	25,081,087	•
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	3,062.			
b	Other (Describe in Part XIII.)	4b		_		
С	Add lines 4a and 4b			4c	3,062	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	25,084,149	•
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 V, LINE 4:

TO BENEFIT THE OVERALL GOALS OF THE ORGANIZATION.

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.

Bechedule D (Form 990) 2023 PRATHAM USA Part XIII Supplemental Information (continued)	76-0620808 Page
ART XI, LINE 2D - OTHER ADJUSTMENTS:	
RIOR PERIOD ADJUSTMENTS	-27,500.

SCHEDULE F			ivities Outside the Ur			OMB No. 1545-0047
(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV, Attach to Form 990.	line 14b, 15, o	or 16.	2023
Department of the Treasury Internal Revenue Service	Go to w		pen to Public spection			
Name of the organization		ww.iis.gov/rom	990 for instructions and the latest i			ntification number
					,	
PRATHAM USA					76-0620	
		ctivities Out	side the United States. Compl	ete if the organi	zation answere	d "Yes" on
Form 990, Part I						
-	•		ds to substantiate the amount of its gra the selection criteria used to award the		· _	X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and oth	ner assistance o	utside the
3 Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
						12 500 650
SOUTH ASIA	0	0	GRANTS FOR PROGRAM SERVICES	EDUCATION		13,529,650.
				DIGITAL TOO	LS	
SOUTH ASIA	0	1	GRANTS FOR PROGRAM SERVICES	DEVELOPMENT		1,520,000.
				EDUCATION P		
SOUTH ASIA	0	0	PROGRAM SERVICES	BUILDING		17,609.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION P TRAINING & BUILDING		622,202
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	BOILDING		622,393.
MIDDLE EAST AND NORTH AFRICA	1	1	FUNDRAISING			203,159.
SOUTH ASIA	0	0	PROGRAM SERVICES	DIGITAL TOO DEVELOPMENT	LS	40 994
	0	v				40,994.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION P TRAINING & BUILDING		20,276.
3 a Subtotal	1	2				15,954,081.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	1	2				15,954,081.

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

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

PRATHAM USA

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.

76-0620808

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount (f) Manner of of cash grant cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SOUTH ASIA	EDUCATIONAL PURPOSE	14336400 WIRE TRANSFER	0.1	N/A	N/A
		SOUTH ASIA	EDUCATIONAL PURPOSE	637,500.WIRE TRANSFER	0.1	N/A	N/A
		SOUTH ASIA	EDUCATIONAL PURPOSE	60,000.WIRE TRANSFER	0.1	N/A	N/A
		SOUTH ASIA	EDUCATIONAL PURPOSE	15,750.WIRE TRANSFER	0.1	N/A	N/A
2 Enter total number of r				oreign country, recognized as a tax			

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

4 0

Page 2

Schedule F (Form 990) 2023 PRATHAM USA					76-0620808			
		nce to Individuals Outsid	le the United Sta	ates. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	Page 3
P	art III can be duplicated it	f additional space is neede		1				
(a) Type of grant or assistance (b) Region		(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

Scheo	lule F (Form 990) 2023 PRATHAM USA	76-0620808	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	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? If "Yes," 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 the Instructions for Form 8621)	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 the 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," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Supplemental Information

Schedule F (Form 990) 2023 PRATHAM USA

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:

Part V

PRATHAM EDUCATION FOUNDATION SHARES AN ANNUAL PLAN ON HOW THE

UNRESTRICTED FUNDS RAISED BY PRATHAM USA WILL BE UTILIZED. THE PLAN IS

REPORTED 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

PRATHAM EDUCATION FOUNDATION, AND THEY REVIEW THE OVERALL PROGRESS OF

PRATHAM EDUCATION FOUNDATION'S WORK INCLUDING FUNDING AND UTILIZATION.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047			
(Form 990)		Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open t									
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization								entification number			
David Freedore	PRATHAM						76-0620				
	complete this part	Complete if the organization answe t.	red "Y	'es" or	i Form 990, Part IV, I	ine 17	. Form 990-E	Z filers are not			
1 Indicate whether th	e organization rais	ed funds through any of the followin	g activ	/ities. (Check all that apply.						
a 🔄 Mail solicitat	tions			•	overnment grants						
	email solicitations			•	nment grants						
c Phone solici d In-person so		g Special	fundra	aising	events						
•		or oral agreement with any individual	(inclue	tina of	ficers directors trus	tees o	or				
· ·		art VII) or entity in connection with p		Ũ			Ye	s 🗌 No			
		viduals or entities (fundraisers) pursu			U U	he fun	draiser is to b	e			
compensated at le	east \$5,000 by the	organization.									
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization			
			Yes	No							
			103								
Total		1	1	1							
	ich the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from re	egistration			

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

Schedule G (Form 990) 2023

76-0620808 Page 2 PRATHAM USA Schedule G (Form 990) 2023 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through EVENTS GALAS col. (c)) (event type) (event type) (total number) Revenue 9,543,094. 291,237. 9,834,331. 1 Gross receipts 8,445,739. 8,192,907. 252,832. 2 Less: Contributions 1,350,187. 38,405. 1,388,592. **3** Gross income (line 1 minus line 2) 4 Cash prizes 95. 95. 5 Noncash prizes Direct Expenses 290,988. 285,988. 5,000. 6 Rent/facility costs 335,842. 348,971. 13,129. 7 Food and beverages 395,255. 6,945. 402,200. 8 Entertainment 162,939. 162,939. 9 Other direct expenses 1,205,193. **10** Direct expense summary. Add lines 4 through 9 in column (d) 183,399. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) **1** Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % % Yes % 6 Volunteer labor No No No 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** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: **10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain: Schedule G (Form 990) 2023

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Sch	edule G (Form 990) 2023	PRATHAM	USA	76-0620	808	Page 3
11	Does the organization conduct ga	ming activities w	/ith nonmembers?		Yes	No
12			e of a trust, or a member of a partnership or other entity formed			
					Yes	No
	Indicate the percentage of gaming			I	1	
						%
			epares the organization's gaming/special events books and records			%
14	Enter the name and address of the	e person who pr	epares the organization's gaming/special events books and records	».		
	Name					
	Address					
				_		_
15 a	Does the organization have a cont	ract with a third	party from whom the organization receives gaming revenue?		Yes	No
			·			
Ľ	 If "Yes," enter the amount of gami of gaming revenue retained by the 			Junt		
	If "Yes," enter name and address					
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	,					
â		state law to mal	ke charitable distributions from the gaming proceeds to		Vee	
ŀ	retain the state gaming license?		tate law to be distributed to other exempt organizations or spent in		Yes	└── No
ĸ	organization's own exempt activiti	•		uie		
Pa			de the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III, lir	nes 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any additional information. See instructions.			

Schedule G	i (Form 990) PRATHAM USA	76-0620808	Page 4
Part IV	(Form 990) PRATHAM USA Supplemental Information (continued)		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									
Name of the organization				0				Employer identification number		
PR Part I General Informatio	ATHAM U							76-0620808		
 Does the organization mai criteria used to award the Describe in Part IV the org 	ntain records to grants or assis anization's pro	o substantiate the tance? cedures for monito	oring the use of grant	funds in the United	l States.			X Yes No		
recipient that receive 1 (a) Name and address of or government		5,000. Part II can (b) EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
PRATHAM INTERNATIONAL 8 THE GREEN, SUITE B DOVER, DE 19901		92-0761459	501(C)(3)	3,423,647.	7,360.	воок	LAPTOPS	TO SUPPORT GENERAL OPERATIONS AND MISSION.		
2 Enter total number of sect3 Enter total number of other				e line 1 table		I	<u> </u>	<u> </u>		

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

Schedule I (Form 990) 2023

dule I (Form 990) 2023 PRATHAM USA					76-0620808	Pag
t III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash a	assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING IS AT THE DISCRETION OF PRATHAM USA AS DEEMED NECESSARY.

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SCHE	EDULE J	Compensation Information	OMB N	o. 1545-00	47			
(Form	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	าวว)			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		J2 3				
Departme	ent of the Treasury	Attach to Form 990.		Open to Public Inspection				
Internal R	Revenue Service	Service Go to www.irs.gov/Form990 for instructions and the latest information.						
Name	of the organizatior		Employer identifica		mber			
		PRATHAM USA	76-06208	08				
Part	Question	s Regarding Compensation						
				Yes	No			
		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
Pa		ine 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
	Discretionary s	pending account Personal services (such as maid, chauffer	ur, chet)					
1. 14								
	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
		rovision of all of the expenses described above? If "No," complete Part III to explain	1k					
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,		x				
tri	ustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		A				
2 10	diaata which if an	y, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization s						
		tion of the CEO/Executive Director, but explain in Part III.						
es L								
	Compensation							
		ompensation consultant	ammittaa					
		her organizations	committee					
4 D	uring the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
		ated organization:						
	-	e payment or change-of-control payment?	4a		х			
		eive payment from a supplemental nonqualified retirement plan?			X			
	-	eive payment from an equity-based compensation arrangement?			X			
	•	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
0	nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on 📃					
	ontingent on the re							
a Th	he organization?				Х			
b Ai	ny related organiza	ation?	56		Х			
		r 5b, describe in Part III.						
6 Fo	or persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on 📃					
co	ontingent on the n	et earnings of:						
a Th	he organization?	-	6a		Х			
		ation?			X			
		r 6b, describe in Part III.						
7 Fo	or persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	s					
no	ot described on lin	es 5 and 6? If "Yes," describe in Part III			X			
		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X			
9 If	"Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in						
R	egulations section	53.4958-6(c)?						
		on Act Notice, see the Instructions for Form 990.	Schedule J (Fo	rm 990) 2023			

Schedule J (Form 990) 2023

PRATHAM USA

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.

76-0620808

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	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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) BHARTI, MANISHA	(i)	494,934.	0.	0.	11,366.	20,316.	526,616.	0.
CEO & GLOBAL EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) VENKATACHALAM, BALAKRISHNAN	(i)	255,413.	0.	0.	10,336.	29,039.	294,788.	0.
COO PRATHAM INTERNATIONAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRAR, ANEETINDER	(i)	164,603.	22,665.	0.	7,068.	8,737.	203,073.	0.
DIRECTOR, INDIVIDUAL PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BAHL, VIKAS	(i)	177,913.	5,064.	10,128.	0.	7,708.	200,813.	0.
HEAD OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GHOSH, PRIYANKA	(i)	154,588.	0.	0.	6,090.	8,737.	169,415.	0.
DIRECTOR - BRAND AND PR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DESAI, SAGAR KRISHNA	(i)	150,166.	0.	0.	3,003.	0.	153,169.	0.
DIRECTOR, TECHNOOLOGY	(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)							

Page **2**

chedule J (Form 990) 2023 PRATHAM USA	76-0620808	Pag
Part III Supplemental Information rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, ar	nd 8 and for Part II. Also complete this part for any additional information	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

23

20

Employer identification number

76 - 0620808

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

v/Form990 for instructi

Name of the organization

PRATHAM USA

Par	τι	IY	pes of Property	1	1						
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	(d) Method of de noncash contribu	etermin	•	S
1	Art -	Works	s of art								
2			rical treasures								
3			onal interests								
4			I publications								
5			nd household goods								
6			other vehicles								
7			planes								
8			l property								
9			- Publicly traded	Х	32	348	,237.	FMV			
10	Sec	urities	- Closely held stock								
11			- Partnership, LLC, or								
	trus	t intere	ests								
12	Sec	urities	- Miscellaneous								
13			onservation contribution -								
	Hist	oric sti	ructures								
14			conservation contribution - Other								
15	Rea	lestate	e - Residential								
16	Rea	lestate	e - Commercial								
17	Rea	l estate	e - Other								
18	Coll	ectible	s								
19	Foo	d inver	ntory								
20	Drug	gs and	medical supplies								
21											
22			artifacts								
23			specimens								
24			ical artifacts								
25	Othe	er ((AUCTION ITEMS)	X	16	125	,788.	FMV			
26	Othe	er (()								
27	Othe		()								
28	Othe										
29			Forms 8283 received by the organiz		, ,					٥	
	for v	which t	he organization completed Form 828	83, Part V, L	onee Acknowledge	ement	29			0	
	D					ente d'in Deut I. l'ann		1. 00. 11. at 11.		Yes	No
30a			year, did the organization receive by								
			for at least 3 years from the date of the						20-		х
h		• •	Irposes for the entire holding period?						30a		
			escribe the arrangement in Part II. organization have a gift acceptance p	olicy that re	ouires the review o	of any nonstandard	l contribut	tions?	21	х	
31 32a			organization hire or use third parties						31	~>	
JZa		tributic			•				32a		х
h			ons? escribe in Part II.						02d		
33			nization didn't report an amount in c	olumn (c) fo	a type of property	for which column	(a) is cheo	cked.			
			n Part II.								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 PRATHAM USA

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 Part II this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS.

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Inspection Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number PRATHAM USA 76-0620808 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRATHAM USA'S PRIMARY OBJECTIVES ARE RAISING FUNDS TO SUPPORT PRATHAM'S EDUCATIONAL, VOCATIONAL TRAINING AND RELATED ACTIVITIES, PROVIDING GUIDANCE ON THE USE OF PRATHAM USA FUNDS BY PRATHAM, INCREASING AWARENESS OF THE PROBLEMS OF THE UNDERPRIVILEGED IN THE COUNTRIES SERVED BY PRATHAM, OVERSEEING THE DEVELOPMENT AND USE OF THE PRATHAM AND PROVIDING AND PROMOTING VARIOUS EDUCATIONAL, USA BRAND, TRAINING

AND RELATED ACTIVITIES IN INDIA AND OTHER PARTS OF THE WORLD.

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

PRATHAM USA'S PRIMARY OBJECTIVES ARE RAISING FUNDS TO SUPPORT PRATHAM'S

EDUCATIONAL, VOCATIONAL TRAINING AND RELATED ACTIVITIES, PROVIDING

GUIDANCE ON THE USE OF PRATHAM USA FUNDS BY PRATHAM, INCREASING

AWARENESS OF THE PROBLEMS OF THE UNDERPRIVILEGED IN THE COUNTRIES

SERVED BY PRATHAM, OVERSEEING THE DEVELOPMENT AND USE OF THE PRATHAM

USA BRAND, AND PROVIDING AND PROMOTING VARIOUS EDUCATIONAL, TRAINING,

AND RELATED ACTIVITIES IN INDIA AND OTHER PARTS OF THE WORLD.

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

AMOUNTS RAISED FOR PCVC, CIVIL, AND OTHER PROGRAMS, AND FOR GENERAL

OPERATING SUPPORT OF PRATHAM EDUCATION FOUNDATION

EXPENSES \$ 2,841,813. INCLUDING GRANTS OF \$ 2,833,250. REVENUE \$ 0.

PRATHAM HAS BEEN EXPLORING HOW TECHNOLOGY CAN AUGMENT OUR EXISTING

PROGRAMS, HELP CHILDREN SUSTAIN THE PROGRESS THEY'VE MADE, AND ENABLE

STUDENTS TO BECOME LEARNERS OUTSIDE OF SCHOOL. USING CONTINUOUS DATA

Schedule O (Form 990) 2023	Page 2 Employer identification number
Name of the organization PRATHAM USA	76-0620808
ANALYSIS TO DETERMINE WHAT CONTENT IS RELEVANT AND ENGAGIN	G, OUR GOAL
IS TO DEVELOP VIABLE STUDENT-FOCUSED MODELS THAT CAN ACCOM	PANY MORE
TRADITIONAL TEACHER-CENTRIC APPROACHES TO SCALE PRATHAM'S	METHODOLOGIES
ACROSS INDIA'S SCHOOL-AGE POPULATION.	
EXPENSES \$ 1,625,383. INCLUDING GRANTS OF \$ 1,520,000.	REVENUE \$ 0.
ASER: PRATHAM'S ANNUAL STATUS OF EDUCATION REPORT (ASER) M	EASURES BASIC
LITERACY AND NUMERACY SKILLS, REVEALING THE UNSPOKEN PROBL	EM THAT
SCHOOL ENROLLMENT DOES NOT AUTOMATICALLY TRANSLATE INTO LE	ARNING.
DESPITE INDIA ACHIEVING 97% SCHOOL ENROLLMENT, POOR ATTEND	ANCE,
OVERSIZED CLASSES, AND ANTIQUATED TEACHING METHODS HAVE LE	D TO A
LEARNING CRISIS. THE DATA WE'VE COLLECTED SINCE 2005 THROU	GH OUR
NATIONWIDE 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.
EXPENSES \$ 820,000. INCLUDING GRANTS OF \$ 820,000. REVE	NUE \$ 0.

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 990.

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.

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
PRATHAM USA	76-0620808

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.

FORM 990, PART VII, LINE 1A:

VIKAS BAHL, HEAD OF OPERATIONS, WAS COMPENSATED THROUGH AN UNRELATED

UAE ENTITY FOR SERVICES PROVIDED TO PRATHAM USA, THE FILING

ORGANIZATION. THIS COMPENSTION HAS BEEN REPORTED ON PART VII AS WELL

AS SCHEDULE J.

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.