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DLN: 93493315031924

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		applicable	C Name of organization	.3 , 2013, and ending 1	2-31-2013	D Employ	er iden	tification number
	ress cl		THE PREM RAWAT FOUNDATION			91-21	66236	
— Na	me cha	inge	Doing Business As					
Init	ial retu	ım	Number and street (or P O box if mail is not deliv	vered to street address) Room	n/suite	E Telepho	ne numl	per
Ter	mınate	ed	PO Box 24-1498			(310)		
Am	ended	return	City or town, state or province, country, and ZIP of Los Angeles, CA 90024	or foreign postal code		(310)	372 3	, , , , ,
App	olication	n pending	Los Aligeles, GA 3002 I			G Gross re	ceipts \$	1,592,759
			F Name and address of principal office LINDA PASCOTTO	er		s this a group	return	for
			PO Box 37		5	subordinates?		ΓYes Γ No
			Zephyr Cove, NV 89448			re all subordi	nates	┌ Yes ┌ No
T Ta	x-exen	npt status	▼ 501(c)(3)			ncluded? f "No." attach	a list	(see instructions)
		<u> </u>	v tprf org	, , , , , , , , , , , , , , , , , , , ,				
					1 11(3)	Group exempti		
	n of or rt I		Corporation Trust Association Other		L Year	of formation 200)1 M	State of legal domicile CA
Pa			mary					
	·	The Pre	escribe the organization's mission or most s n Rawat Foundation addresses the fundame nd prosperity		i, water and	peace so that p	people	can live with dignity,
Governance								
屋								
je Še	2	Check th	nis box দ if the organization discontinued	its operations or dispose	ed of more th	an 25% of its	net as:	sets
	-	oncon c	no box r	The operations of disposit				
Activities &	3	Number	of voting members of the governing body (P	art VI, line 1a)			3	7
ĕ	4	Number	of independent voting members of the gove	rning body (Part VI, line	1b)		4	7
₹			mber of individuals employed in calendar ye				5	4
ď	6	Total nu	mber of volunteers (estimate if necessary)				6	146
			related business revenue from Part VIII, co				7a	0
	ь	Net unre	lated business taxable income from Form 9	90-T, line 34	<u> </u>		7b	
						Prior Year		Current Year
a)	8		butions and grants (Part VIII, line 1h) .		1,654,9		1,587,620	
Revenue	9		m service revenue (Part VIII, line 2g) .			92		172
<u>₹</u>	10		ment income (Part VIII, column (A), lines		•	8,5	33	4,967
_	11		revenue (Part VIII, column (A), lines 5, 6d evenue—add lines 8 through 11 (must equa		l.m.a			0
	12		evenue—add fines 8 through 11 (must equa		iine	1,664,3	69	1,592,759
	13		and sımılar amounts paıd (Part IX, column			775,1	25	513,200
	14	Benefi	ts paid to or for members (Part IX, column ((A), line 4)				0
46	15		es, other compensation, employee benefits	(Part IX, column (A), line	es	1000		170122
Expenses		5-10)) land 4 4 -)		183,0	09	178,133
₫	16a		sional fundraising fees (Part IX, column (A)	•	•			0
Δ	Ь		ndraising expenses (Part IX, column (D), line 25)		-	5067	4.0	566 700
	17		expenses (Part IX, column (A), lines 11a-:			586,7	_	566,709
	18		expenses Add lines 13-17 (must equal Pa			1,544,8		1,258,042
- e7	19	Reven	ue less expenses Subtract line 18 from lin	C14		119,4 nning of Currer	_	334,717
Not Assets or Fund Balances					Degi	Year		End of Year
ege Bafa	20	Total	assets (Part X, line 16)			861,9	67	1,277,217
A PE	21	Total	iabilities (Part X, line 26)			68,3	90	148,923
žZ	22	Netas	sets or fund balances Subtract line 21 from	m line 20		793,5	77	1,128,294
Pai	rt II	Sign	ature Block					
my k	nowle	dge and	perjury, I declare that I have examined this pelief, it is true, correct, and complete Dec					
prepa	rer ha	as any ki	nowledge					
		****	**] 2014 OF 08		
Sign		I	** iture of officer			2014-05-08 Date		
Her		BRUG	CE KEENAN TREASURER					
			or print name and title					
			rint/Type preparer's name Preparer's	signature	Date	Check If	PTIN	
Paid	t	⊢	ARL HEBELER CPA	FION	2014-11-11	self-employed		
	- pare		ırm's name ► HEBELER ACCOUNTANCY CORPORAT	IION		Firm's EIN 🕨		
Use	•		ırm's address ▶ 11022 SANTA MONICA BLVD STE 330	1		Phone no (310)	312-87	00

LOS ANGELES, CA 900257558

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Form	990 (2013)				Pag
Par	t III	Statement of Program Check if Schedule O contains			II	
1	Brief	ly describe the organization's m	ISSION			
The	Prem R	awat Foundation addresses				
2	the pi	ne organization undertake any s rior Form 990 or 990-EZ? .				┌ Yes ┌ No
		es," describe these new service				
3	servi	ne organization cease conductir ces?		nt changes in how it coi	nducts, any program 	┌ Yes ┌ No
4	exper	ribe the organization's program nses Section 501(c)(3) and 50 otal expenses, and revenue, if a	1(c)(4) organization	s are required to report		
4a	(Code	e) (Expenses IAL PEACE INITIATIVES INCLUDING THE		including grants of \$	142,000) (Revenue \$)
4b	(Code	e) (Expenses ANITARIAN AID INCLUDING THE FOOD		including grants of \$	371,200) (Revenue \$)
4 c	(Cod	e) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Othe	er program services (Describe i	n Schedule O)			
	(Exp	penses \$	ıncludıng grants o	of\$) (Revenue \$)
4e	Tota	ıl program service expenses 🕒	1,029,134	1		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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		No
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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	Yes	
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? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
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 "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

αı	Statements Regarding Other TRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.) No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3		162	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 3	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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	1		
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
1	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		No
)	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		 	No
		5b		IN
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
-	organization solicit 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 were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	OB		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
I	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		No
	Sponsoring organizations maintaining donor advised funds.			, n.
	Did the organization make any taxable distributions under section 4966?	9a		N
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N (
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
		1.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a response or note to any line in the	hıs Part VI .							. <u>「</u> マ

Se	ection 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										
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No							
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No							
6	Did the organization have members or stockholders?	6		No							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	The governing body?	8a	Yes								
b	Each committee with authority to act on behalf of the governing body?	8b	Yes								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>ie Cod</i> Yes	e.) No							
		evenu 10a									
10a	Did the organization have local chapters, branches, or affiliates?			No							
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No							
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No							
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No							
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No							
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes	No							
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10a 10b 11a	Yes Yes Yes	No							
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No							
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No							
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No							
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No							
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No							
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No							
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No							
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No							

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►HEBELER ACCOUNTANCY 11022 Santa Monica Blvd Los Angeles, CA 90025 (310) 312-8700

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LINDA PASCOTTO Chairperson	25 00	х		х				0	0	0
(2) DAYA RAWAT President	40 00	х		х				0	0	0
(3) AMAR RAWAT	10 00							0	0	0
Vice President (4) BRUCE KEENAN	25 00	х		x				0	0	0
Treasurer (5) EDD HANZELIK	1 00	X						0	0	0
Secretary (6) STEPHEN SORDONI	1 00	X						0	0	0
Director (7) MATTHEW ALTMAN Secretary	20 00	х		х				0	0	0
										Form 990 (2013)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	tion (han d on is	one I both	box, an c r/trus	officer stee)		(D) (E) Reportable Reportable compensation from the organization (W-2/1099-MISC) 2/1099-MISC			,_	(F) Estima mount of compens from t rganizati	ted fother ation he
		Former Highest compensated employee Cofficer Institutional Trustee or director dotted line)							2,2333	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			relate organiza	ed
								Ļ						
1b	Sub-Total				•			•						
C	Total from continuation sheet	•			•	•	•							
d 	Total (add lines 1b and 1c). Total number of individuals (in							- N	ho received	d more th	lan.			
_	\$100,000 of reportable compe					113 (6)	u abov	C) W	ilo received	a more ti	1411			
													Yes	No No
3	Did the organization list any f e					key	emplo	yee	, or highest	compen	sated employee			
	on line 1a? If "Yes," complete S					•		•				3		No
4	For any individual listed on lin- organization and related organ													
	individual		•		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ											5		No
	antan produce de con										ı		•	
1	ection B. Independent Co Complete this table for your five	ve highest comp												
	compensation from the organiz	zation Report co	ompens	atıon	for	the c	alend	arye	ear ending v T	with or wi	thin the organizat (B)	ion's '	tax year (C	
	N	lame and business	address							Des	scription of services	\perp	Comper	
												+		
												\dashv		
												+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part VI	Ш	Statement of Revenue	o in this Bart VIII			
		Check if Schedule O contains a response or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts mts	1a	Federated campaigns 1a				
ē 3	b	Membership dues 1b				
λÆΙ	С	Fundraising events 1c 214,988				
<u>a la l</u>	d	Related organizations 1d				
<u>.</u> . <u>E</u>	е	Government grants (contributions) 1e				
S	f	All other contributions, gifts, grants, and 1f 1,372,632 similar amounts not included above				
1	g	Noncash contributions included in lines	-			
Contributions, Gins, Grants and Other Similar Amounts	9	1a-1f \$				
3 =	h	Total. Add lines 1a-1f	1,587,620			
<u>a</u>		Business Code				
Program Serwice Revenue	2a	Sales Revenue 9999999	172			
휻	b					
906	С					
<u>.</u>	d					
<u>ڇ</u>	e					
Do	f	All other program service revenue				
4	g	Total. Add lines 2a−2f	172			
	3	Investment income (including dividends, interest, and other similar amounts)	4,967			
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	_	(i) Securities (ii) Other Gross amount				
	7a	from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$\frac{214,988}{\text{ontributions reported on line 1c}}\$\$ See Part IV, line 18				
	b	Less direct expenses b				
5	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b				
		Net income or (loss) from gaming activities				
1	10a	Gross sales of inventory, less returns and allowances .				
	h	Less cost of goods sold b				
		Less cost of goods sold b Net income or (loss) from sales of inventory b				
		Miscellaneous Revenue Business Code				
-	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a−11d				
:	12	Total revenue. See Instructions	1 502 750	F 120		
		· 1	1,592,759	5,139		I

	Statement of Functional Expenses				1 age 10
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 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 governments and organizations in the United States See Part IV, line 21	101,000	101,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	·	·		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	412,200	412,200		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	157,369	110,750	46,619	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,890	7,890	0	0
10	Payroll taxes	12,874	0	12,874	0
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,065	0	1,065	0
c	Accounting	13,880	0	13,880	0
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	1,484	0	1,484	0
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	10,163	0	10,163	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
b					
С					
d					
	All other expenses	540,117	397,294	32,183	110,640
25	Total functional expenses. Add lines 1 through 24e	1,258,042	1,029,134	118,268	110,640
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)				

art X	Balance Sheet	
	Charles Caladala A	

Pali	t X	Check if Schedule O contains a response or note to any line in this i	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		834,357	1	1,251,022
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		1,027	3	21,176
	4	Accounts receivable, net			4	_
	5	Loans and other receivables from current and former officers, direct key employees, and highest compensated employees. Complete Paschedule L	art II of		5	
Assets	6	Loans and other receivables from other disqualified persons (as de section 4958(f)(1)), persons described in section 4958(c)(3)(B), a employers and sponsoring organizations of section 501(c)(9) volume beneficiary organizations (see instructions) Complete Part II of Sc	and contributing ntary employees'		6	
82	7	Notes and loans receivable, net			7	_
ď	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		26,583	9	5,019
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 	25,555		5,515
	Ь	Less accumulated depreciation	10b	1	10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13	_	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		861,967	16	1,277,217
	17	Accounts payable and accrued expenses		16,890	17	16,723
	18	Grants payable		51,500	18	132,200
				31,500	19	132,200
	19	Deferred revenue				_
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of Schedul			21	
Liabilitie	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified	·			
<u>।</u>		persons Complete Part II of Schedule L			22	_
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X D	of Schedule		25	
	26	Total liabilities. Add lines 17 through 25		68,390	26	148,923
— »		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ a lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		793,577	27	978,294
<u> </u>	28	Temporarily restricted net assets			28	150,000
=	29	Permanently restricted net assets			29	
· Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.				
ō	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	_
جو در	32	Retained earnings, endowment, accumulated income, or other fund:			32	
	33	Total net assets or fund balances	-	793,577	33	1,128,294
Net	34	Total liabilities and net assets/fund balances	• •	861,967	34	1,277,217
		rotar nabincies and net assets/junia balances	• •	001,907		1,2//,2//

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,5	592,759
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,2	258,042
3	Revenue less expenses Subtract line 2 from line 1	3			334,717
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			793,577
5	Net unrealized gains (losses) on investments	5			75,577
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,:	128,294
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ 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 oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
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 in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493315031924

ESS AS FIRE

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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

2013

Open to Public Inspection

Name of the organization THE PREM RAWAT FOUNDATION Employer identification number

91-2166236

Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	anizations	must com	olete this n	art.) See ir	structions	
				e foundation becaus							
1	Г	A chur	ch, conventi	on of churches, or as	ssociation of	churches d	escribed in s e	ection 170(L	o)(1)(A)(i).		
2	Г		-	in section 170(b)(1				·			
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Ė	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
	•	hospital's name, city, and state									
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II)									
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	\sqcap	Anorga	anızatıon tha	at normally receives	a substantia	l part of its	support from	a governme	ntal unit or fr	om the gene	eral public
_	_			n 170(b)(1)(A)(vi).							
8	_		•	described in section			•	•			
9	<u>~</u>	_		at normally receives					*	-	-
				ities related to its ex	•	-			` '		
				oss investment inco						tax) from bu	sinesses
	_	•	-	janization after June	•			•	•		
10	<u> </u>			ganized and operated							
11	1	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Type III - Functionally integrated d Type III - Non-functionally integrated						09(a)(3). Check			
e	Γ	other tl	nan foundatı	ox, I certify that the on managers and otl	_		•			•	•
f		If the o	1509(a)(2) rganization this box	received a written de	etermination	from the IR	S that it is a ⁻	Туре І, Тур	e II, or Type	III supportı	ng organization,
g		Since A	ugust 17, 2	2006, has the organi	ızatıon accep	ted any gift	or contribution	on from any	of the		,
			ig persons?								
		. , .		rectly or indirectly o	•		-	persons des	scribed in (ii)		Yes No
		•		governing body of th		_	17			11g	
		` '	•	er of a person descri	` ,					11g(• •
				lled entity of a perso		., .,				11g(iii)
h		Provide	tne followir	ng information about	tne supporte	ed organizati	ion(s)				
(i) Name of supported organization		rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	organization in col (i) listed in above your governing document?		(v) Did you the organiz in col (i) o suppor	zation f your	(vi) Is to organizate col (i) organizate col (i) organizate	ion in anized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	1
Tata											

Pa	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)									
	ection A. Public Support	tion rails to qu	allry under the	tests listed bei	ow, piease com	ріете Ра	<u>rt 111.)</u>			
	endar year (or fiscal year beginning									
-	in) 📂	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	013	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not									
	<pre>include any "unusual grants ")</pre>									
2	Tax revenues levied for the									
	organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included on line 1 that exceeds 2% of the									
	amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4							0		
	ection B. Total Support									
Cale	endar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	013	(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on									
	securities loans, rents, royalties and income from similar						0			
	sources									
9	Net income from unrelated									
	business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain									
	or loss from the sale of capital									
11	assets (Explain in Part IV) Total support (Add lines 7 through									
12	10) Gross receipts from related activities	es etc (see inst	ll ructions)			12				
13	First five years. If the Form 990 is			third fourth or	fifth tay year ac a		2) organ	uzation check		
10	this box and stop here									
S	ection C. Computation of Pub							· ·		
14	Public support percentage for 2013	(line 6, column	(f) dıvıded by lıne	11, column (f))		14		0 %		
15	Public support percentage for 2012	Schedule A, Par	t II, line 14			15				
16a	33 1/3% support test—2013. If the	_		•	ine 14 is 33 1/3%	or more,	check t			
ь	and stop here. The organization qua 33 1/3% support test—2012. If the	organization did i	not check a box o	n line 13 or 16a,	and line 15 is 33	1/3% or r	nore, ch			
17-	box and stop here. The organization	•		-	2012 162 2510	h and li-	. 1.4	► □		
T/g	10%-facts-and-circumstances test- is 10% or more, and if the organization							n		
	in Part IV how the organization mee									
	organization			_				▶ □		
b	10%-facts-and-circumstances test-									
	15 is 10% or more, and if the organization							·lv		
	Explain in Part IV how the organization	LIOII Meets the "T	acis-and-circums	talices test In	e organization qua	ailles as	a public	:iy ▶□		
18	Private foundation. If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a,	or 17b, check this	box and	see	F-		
	instructions		•	. , ,	,			▶□		

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	2,186,376	1,425,370	1,449,303	1,654,909	1,587,630	8,303,588
	not include any "unusual grants ")	_,,	_,, .	_, ,	_, ,	_,,	-,,
2	Gross receipts from admissions,						_
_	merchandise sold or services						
	performed, or facilities furnished in	22,165	19,994	4,153	927	172	47,411
	any activity that is related to the	,	,	,			,
	organization's tax-exempt purpose						
3	Gross receipts from activities that						_
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without						
	charge						
6	Total. Add lines 1 through 5	2,208,541	1,445,364	1,453,456	1,655,836	1,587,802	8,350,999
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified	25,000	17,625	94,425	251,000	225,000	613,050
	persons Amounts included on lines 2 and 3						
b	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b	25,000	17,625	94,425	251,000	225,000	613,050
8	Public support (Subtract line 7c from line 6)						7,737,949
Se	ction B. Total Support				I		
	ndar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	in) ▶						
9	A mounts from line 6	2,208,541	1,445,364	1,453,456	1,655,836	1,587,802	8,350,999
L0a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	12,140	19,389	2,808	8,533	4,967	47,837
	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	12,140	19,389	2,808	8,533	4,967	47,837
11	Net income from unrelated						
	business activities not included in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c,						0.200.026
	11, and 12)						8,398,836
14	First five years. If the Form 990 is	for the organization	on's first, second	, thırd, fourth, or f	ifth tax year as a	501(c)(3) organ	
	check this box and stop here	lia Gunnart Da					<u>▶</u> ┌
	stion C. Computation of Dub		rcentage			T I	
Se	ction C. Computation of Pub			13 column (t))			02 120 0/
Se 15	Public support percentage for 2013	(line 8, column (1	f) divided by line	13, column (f))		15	92 130 %
Se 15 16	Public support percentage for 2013 Public support percentage from 201	(line 8, column (1 .2 Schedule A, Pa	f) divided by line art III, line 15			15 16	92 130 %
Se 15 16	Public support percentage for 2013 Public support percentage from 201 ction D. Computation of Inventor of Invent	(line 8, column (1 2 Schedule A, Pa estment Incol	f) divided by line art III, line 15 me Percenta c	je	n (f))	16	94 040 %
Se 15 16 Se 17	Public support percentage for 2013 Public support percentage from 201 ction D. Computation of Inventor of Invent	(line 8, column (1 2 Schedule A, Pa estment Incor 2013 (line 10c, co	f) divided by line art III, line 15 me Percentac Ilumn (f) divided l	je by line 13, columi	n (f))	16	94 040 %
Se 15 16 Se 17	Public support percentage for 2013 Public support percentage from 201 ction D. Computation of Inventor of Invent	(line 8, column (i 2 Schedule A, Pa estment Incol 2013 (line 10c, co n 2012 Schedule A	f) divided by line art III, line 15 me Percentac dumn (f) divided l A, Part III, line 1	je by line 13, columi 7		16 17 18	94 040 % 0 570 % 0 640 %

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction						
	Facts And Circumstances Test							
Retu	Return Reference Explanation							
		Schodulo A / Form 000 o	000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493315031924

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

Revenue Service	Inspection
ne of the organization PREM RAWAT FOUNDATION	Employer identification number
Organizations Maintaining Donor Advised Funds or Other Similar Funds	91-2166236 unds or Accounts. Complete if th
organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(b) I and and other accounts
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in don funds are the organization's property, subject to the organization's exclusive legal control?	nor advised Yes No
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor, or for all conferring impermissible private benefit?	
TII Conservation Easements. Complete if the organization answered "Yes" t	o Form 990, Part IV, line 7.
<u> </u>	n historically important land area certified historic structure the form of a conservation
easement on the last day of the tax year	
	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or terminate the tax year -	ed by the organization during
Number of states where property subject to conservation easement is located 🛌	
Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	dling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easer •	ments during the year
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easement: * \$	s during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of secand section $170(h)(4)(B)(II)$?	tion 170(h)(4)(B)(i)
In Part XIII, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements	
Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revei works of art, historical treasures, or other similar assets held for public exhibition, education, service, provide, in Part XIII, the text of the footnote to its financial statements that describe	or research in furtherance of public
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue works of art, historical treasures, or other similar assets held for public exhibition, education, service, provide the following amounts relating to these items	statement and balance sheet
(i) Revenues included in Form 990, Part VIII, line 1	► \$
Concerndes included in Form 990, Fait VIII, line I	
·	▶ - \$
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	or financial gain, provide the
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for	or financial gain, provide the

Par	t IIII Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	easur	es, or C	the	r Similar As	sets (c	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, ch	ieck a	any of t	the follo	wing that	are a	significant use	ofits	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams			
b	Scholarly research		e	Γ	Other	=					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın how	v they	/ furthe	r the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	┌ Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar				_		answere	d "Y	es" to Form 9) 90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	ediary	for c	ontribu	tions or	other ass	ets r		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	e follow	ving t	able		Г		Ar	nount	
c	Beginning balance							1c			
d	Additions during the year						ļ	1d			
e	Distributions during the year						ľ	1e			
f	Ending balance						ļ	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?							┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	e expla	anatio	on has	been pro	ovided in I	Part)	KIII		Γ
Pa	art V Endowment Funds. Complete										
		(a)Current year	(b)	Prior y	/ear	b (c)Two	o years back	(d) ¹	Three years back	(e) Four y	ears back
1a	Beginning of year balance							+			
Ь	Contributions							+-			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balan	ice (lin	e 1g,	colum	n (a)) he	eld as				
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ►										
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse organization by	ssion of the organiz	zatıon t	that a	re held	d and ad	mınıstere	d for	the	Yes	No
	(i) unrelated organizations			•				•	3a		
b	(ii) related organizations		 ad on S	ched	 ule R?				3a(
4	Describe in Part XIII the intended uses of the	•				•		•			<u> </u>
Pa	rt VI Land, Buildings, and Equipme	ent. Complete if				n answe	ered 'Yes	' to	Form 990, Pa	art IV, li	ine
	11a. See Form 990, Part X, line	10.		1 ,	-) C+		(h)Cash as		(-) (Da a le coa leca
	Description of property				a) Cost o sıs (ınve	estment)	(b)Cost or basis (ot		(c) Accumulat depreciation		Book value
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment		•								
	Other										
Tota	al. Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	X colu	mn (I	3) line	10(c)		_		I	

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart x, coll b) mic 23 /		

Par	rt XI Reconciliation of Revenue per Audited Financial Statem the organization answered 'Yes' to Form 990, Part IV, line 12a.		per Ret	curn Complete If
1	Total revenue, gains, and other support per audited financial statements .		1	1,592,759
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIII).........2	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,592,759
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4	la		
b	Other (Describe in Part XIII)..........4	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12		5	1,592,759
Part	rt XII Reconciliation of Expenses per Audited Financial States if the organization answered 'Yes' to Form 990, Part IV, line 12		s per R	eturn. Complete
1	Total expenses and losses per audited financial statements		1	1,258,042
2	A mounts included on line 1 but not on Form 990, Part IX, line 25			· · · · · ·
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
c	Other losses	2c	1	
d	Other (Describe in Part XIII)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,258,042
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)............	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8)	5	1,258,042
Part	rt XIII Supplemental Information			
Part	ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and rt V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b ormation			any additional
	Return Reference Explanation			

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493315031924

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

	e of the organization PREM RAWAT FOUNDATION				Employer ident	ification number
					91-2166236	
Pa	rt I General Information "Yes" to Form 990, Par			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the o	rganization ma	aıntaın records	to substantiate the a	mount of its grants ar	ıd
	other assistance, the grantee	es' eligibility fo	r the grants o	r assistance, and the	selection criteria used	
	to award the grants or assista	ance?				✓ Yes
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ing the use of its grant	s and other
3	Activites per Region (The follow	ung Part I, line 3	table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	South Asia	0	0	Program Services	Food for People	243,000
(2)	East Asia and Pacific	0	0	Program Services	Humanıtarıan	25,000
(3)						
(4)						
(5)						
	Sub-total	0	0			268,000
	Total from continuation sheets to Part I					
	Totals (add lines 3a and 3h)	l ol	n	1	l	1 268 nno

Pa			sistance to Organ recipient who rece						' to Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		South Asıa	Humanıtarıan	238,200	Wire			
(2	2)		East Asia and Pacific	Humanıtarıan	25,000	Grant/Wire			
(3	3)		South Asıa	Humanıtarıan	7,000	wire			
(4	·)		Europe	Educational	141,000	wire			
2			ent organizations list or which the grantee					as	4
3	Enter total num	ber of other	organizations or ent	ities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	ional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
	1			l .			

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	V	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Г	Yes	V	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	<u>ح</u> ا	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 Instructions for Form 8621)	Г	Yes	V	. No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	. No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	V	. No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page 5

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation			
Pt I Line 2	Grant Reports Received and monitoried			

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DLN: 93493315031924

OMB No 1545-0047

Open to Public

Inspection

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

10

Total.

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV. lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Name of the organization THE PREM RAWAT FOUNDATION **Employer identification number**

91-2166236 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants f Solicitation of government grants Internet and email solicitations Phone solicitations g | Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Γ Yes Γ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No

,	registration or licensing

List all states in which the expensation is registered or lisepped to collect contributions or has been notified it is example from

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
			(a) Event #1 Fundraising	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
ds			(event type)	(event type)	(total number)	
Ě	1	Gross receipts				
Revenue	2	Less Contributions				
<u></u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
쯊	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)	•	()
	11	Net income summary Subtract lii	ne 10 from line 3, colum	ın (d)		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Ф		\$15,000 OH FORM 550 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u> </u>	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	✓ Yes%	☐ Yes %☐ No	✓ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)		
9 a b	Ist	er the state(s) in which the organizathe organization licensed to operate No," explain	gaming activities in eac	ch of these states?		. 「Yes 「No
10a b		re any of the organization's gaming l Yes," explain	licenses revoked, suspe	ended or terminated during	the tax year?	

						1:			
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No				
12	Is the organization a grantor, beneficia								
	formed to administer charitable gaming	g [,]			· Fyes [– No			
13	Indicate the percentage of gaming act	ıvıty operated ın							
а	The organization's facility					%			
b	An outside facility			13b		%			
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords				
	Name ▶								
	Address 🟲								
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No			
	amount of gaming revenue retained by	the third party 🟲 \$ _							
C	If "Yes," enter name and address of th	e thırd party							
	Name ▶								
	Address ►								
16	Gaming manager information								
	Name 🕨								
	Gaming manager compensation ► \$								
	Description of services provided								
	Director/officer	T Employee	☐ Independent cor	ntractor					
17	Mandatory distributions								
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to					
	retain the state gaming license?				┌ Yes 「	— No			
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent					
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$						
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and			
	Return Reference		Explanat	ıon					
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012			

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Schedule I (Form 990)

Department of the Treasury

THE PREM RAWAT FOUNDATION

Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

2013

DLN: 93493315031924

Open to Public Inspection

Employer identification number

THE TREM RAWAT TO ONDAT	1011					91-2166236	
Part I General Information on Grants and Assistance							
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
		Governments and recipient that receive					l "Yes" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AmeriCares 88 Hamilton Ave Stamford, CT 06902	26-4237620		50,000				Humantarian
(2) Mercy Corps 45 SW Ankey St Portland, OR 97204	91-1148123		50,000				Humanitarian
2 Enter total number of sec	ction 501(c)(3) and go	overnment organizations	listed in the line 1 tabl	e			

Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.						
(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	

Part IV	Supplemental Informa	tion. Provide the info	ormation required in Pa	rt I, line 2, Part III, c	olumn (b), and any other a	ddıtıonal ınformatıon.

Return Reference Explanation

Schedule I (Form 990) 2013

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As Filed Data -

DLN: 93493315031924

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

THE PREM RAWAT FOUNDATION	
	91-2166236

990 Schedule O, Supplemental Information

Return Reference	Explanation					
Pt VI, Line 15a No Board members were compensated Reviews for performance occured						
Pt VI, Line 11b Board members received an electronic copy for review prior to filing						
Pt VI, Line 12c	Regular meetings occured to review and monitor compliance					
Pt VI, Line 11b	Annual meetings include review of any Conflict of Interests					
Pt VI, Line 15b	No Officers were compensated					
Part VI, Sec C, Ln 19	The Organization posts its financial information including					
Part VI,Sec c 19	Audited Financial Statements and Form 990 on its wiebsite					
Part VI Line19	Form 990 is also available on www guidestar com and by					
Part VI line 19	Written Request received by the Organization					
Form 990, Part IX, Line 24f	PEACE EDUCATION PROGRAM 185701 185701 OUTREACH MATERIALS 34067 34067 OUTREACH PRODUCTI ON 12799 12799 OUTREACH PROMOTIONS 22797 22797 TECHNOLOGY & DISTRIBUTION 28148 28148 EDUCATIONAL RE HUMANITARIAN 23603 23603 AUDIT FEES 21000 0 21000 0 OUTSIDE SERVICES 62721 62721 SPECIAL EVENTS 27458 27458 DUES & SUBSCRIPTIONS 2758 2758 TELEPHONE 422 4 1216 3008 POSTAGE AND MAILINGS 8055 725 7330 FILING FEES 170 170 BANK FEES 5005 5005 EMPLOYEE BENEFITS 591 591 PRINTED MATERIA					

Attachment to FORM 990 Page 2, Part III, Line 4

4a Peace Initiatives: Expenses \$634,331

In 2013 TPRF helped to sponsor events where Prem Rawat was the keynote speaker in several countries in South America Brazil, Ecuador, Peru, and Chile

Ibarra, Ecuador Prem Rawat participated in a Peace Forum inspired by the introduction of the Peace Education Program to the unlikely combination of gang members and educators, joining together to explore alternatives to violence on a grass-roots level Educators embraced the idea of including peace education in the school curriculum Ex-gang leaders committed to replace violence with promoting peac in their neighborhoods

São Paulo, Brazil Prem Rawat spoke at an event for Sustainability and a Culture of Peace in São Paulo, where the city government has requested that TPRF' Peace Education Program be implemented in the city's ten community centers. Mr. Rawat was awarded honorary citizenship of the city in recognition of his work for building peace internationally. After the event, the Secretary of Justice arranged for PEP to be presented to employees of the Justice Department, and to the public at six Civic Centers. This started a ripple effect of interest in the program. Before long, PEP became active in a broad variety of settings, including universities, rehabilitation clinics, prisons, and cultural centers.

The Peace Education Program

The Peace Education Program (PEP), inaugurated in 2012, circled the world in 2013 with volunteers presenting 272 workshops of ten weeks each for over 2,100 participants in 28 nations. The program, which has been translated into 10 languages, helps participants discover their own inner resources such as inner strength, choice, and hope—and the possibility of personal peace.

Line 4b Expenses \$394,803

(1) **HUMANITARIAN PROGRAMS: FOOD FOR PEOPLE** \$238,200

In Bantoli, India, Tasarpu, Nepal, and Otinibi, Ghana, life is changing and people are rising above what is often called "the relentless downward cycle of poverty" One hot nutritious meal in the local cuisine for children and ailing adults, combined with hygiene education and community involvement. With that one bit of help, people are helping themselves and turning their own lives around.

In **Bantoli, India,** where the facility opened in 2006, not only are children continuing their education, but crops have improved, crime has gone down dramatically, and families are beginning to earn a consistent living *Food for People* has offered more than food—it has been a model for what is possible, a place the community is proud of, a place where both kindness and discipline reign

In **Tasarpu**, **Nepal**, after seven years, FFP students are passing the national 10th grade exams with scores higher than the national average. Local patrons have sponsored several of them to continue on to higher grades of school. Grade 11 has been added to the local school system for the first time to accommodate new graduates. Adults are learning organic farming techniques and are producing higher quality food for their families.

In **Otinibi**, **Ghana**, where FFP has been open for only one year, children are staying in school and considering new possibilities for their futures. Teachers are enjoying teaching children able to concentrate and eager to learn. The children's exam scores are already higher than those from other similar villages. Significant change has begun.

The movement upwards out of severe poverty has begun

(2) HUMANITARIAN PROGRAMS: Relief Aid

Philippines Typhoon Victims Relief . including Grants of \$125,000

International nonprofit disaster relief and humanitarian aid organizations Mercy Corps and AmeriCares each received US\$50,000 from TPRF to further independent campaigns in the wake of what Philippines officials say is the deadliest storm in that nation's modern history. The funds represent a match by TPRF of \$50,000 raised through TPRF's Typhoon Haiyan Relief campaign. Additional funds were disbursed to Rotary Organizations to assist in the relief effort from the storm Haiyan, which struck in early November, has to date claimed more than 6,100 lives, displaced 4.1 million people and damaged 1.14 million houses, half of which were completely destroyed. Official estimates are that nearly 15 million people were affected by the typhoon and that full reconstruction efforts by the government will cost around \$8 billion over the next four years. These funds helped with the immediate needs supported by AmeriCares and Mercy Corps, with supplying critical medicines and medical supplies to hospitals and clinics in the hardest-hit areas, rushing relief aid to medical teams, and delivering food and safe drinking water to citizens in remote areas.