

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

Open to Public Inspection

ΑI	For	the	2002 calend	ar year, or tax year beginning , 2002, and e	ending		
В			plicable: Please	C Name of organization		DE	mployer identification number
	Ad ch:	dres ange	s use IRS			l	
	_	_	change print or	America Nepal Medical Foundation		04	-3392651
	Ini	tial r	return type.	Number and street (or P.O. box, if mail is not delivered to street address) Room/s	suite	E	Telephone number
	Fin	al re	See	5180 Peck Hill Road		65	0-851-4261
		end um	ed Specific Instruc-	City or town, state or country, and ZIP + 4		F F	Enter 4-digit (GEN) ▶
	Ap	plica nding	ation tions	Jamesville, NY 10002		l''	inter 4-digit (GLIV)
				organizations and 4947(a)(1) nonexempt charitable trusts must attach	Accounti	na m	ethod: x Cash Accrual
				a completed Schedule A (Form 990 or 990-EZ).	Other (sp	-	
				н	l Check ▶	x	if the organization
1 1	Web	si	te: ►www.a	nmf.net	is not red	uired	to attach
			ation type (che		Schedule	B (Fo	orm 990, 990-EZ, or 990-PF).
				ganization's gross receipts are normally not more than \$25,000. The organization	n need not	file a	return with the IRS; but if the
				Form 990 Package in the mail, it should file a return without financial data. Some			•
				to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-			14,599
	art I			xpenses, and Changes in Net Assets or Fund Balances			
	1	_		, gifts, grants, and similar amounts received		1	12,841
	2			ice revenue including government fees and contracts		2	1,743
	3			dues and assessments		3	
	4			come		4	15
	5	а		t from sale of assets other than inventory			
				other basis and sales expenses			
				from sale of assets other than inventory (line 5a less line 5b) (attach schedule)		5c	
ne	6			s and activities (attach schedule):			
Revenue		а	•	e (not including \$ of contributions			
Š				ne 1)			
-	1	b		xpenses other than fundraising expenses 6b		l	
				r (loss) from special events and activities (line 6a less line 6b)		6c	
	7			f inventory, less returns and allowances			
		_		goods sold			
				r (loss) from sales of inventory (line 7a less line 7b)		7c	
	8	-	,	e (describe >		8	
	9			ue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) · · · · · · · · · · · · · · · · · ·	▶	9	14,599
	10			milar amounts paid (attach schedule)	I .	10	6,889
	11			to or for members		11	0,005
S	12			r compensation, and employee benefits		12	
enses	13			ees and other payments to independent contractors		13	97
	14			ent, utilities, and maintenance		14	
Exp	15			ications, postage, and shipping	· · · · ⊢	15	660
	16		Other expense			16	2,177
	17		•	ses (add lines 10 through 16)		17	9,823
	18			ficit) for the year (line 9 less line 17)		18	4,776
Net Assets	19			fund balances at beginning of year (from line 27, column (A)) (must agree with			
Ass				gure reported on prior year's return)		19	32,130
et,	20			s in net assets or fund balances (attach explanation) unrealized inves			-477
Z	21		-	fund balances at end of year (combine lines 18 through 20)	–		36,429
Pa	art l			heets - If Total assets on line 25, column (B) are \$250,000 or more, file Form			
				age 39 of the instructions.) (A) Beginning			(B) End of year
22	C	ash	•	•	32,130	22	36,429
23						23	
24				be >)		24	
25					32: 0	25	36,429
26				escribe)		26	
27		et a	assets or fun	d balances (line 27 of column (B) must agree with line 21)	32130	27	36,429
008 1				Reduction Act Notice, see the separate instructions.			Form 990-EZ (2002)

								_	Dana 2
إبد	JO-EZ (20	902) ement of Program Service Accomplishme		uctions)		Evi	oenses	<u>_</u>	Page 2
					-	مے Required)		(c)(3	.)
	_	inization's primary exempt purpose? Improv				and (4) or			•
		was achieved in carrying out the organization	,			and 4947) optional fo			
	be the ser	vices provided, the number of persons benefit	ed, or other relevant information	tor each program un	e	Johnai id	Ji Others	3./	
28									
								_	
			(Grants \$) 28a	 		<u> </u>	823
29									
			(Grants \$) 29a	 			
30									
			(Grants \$) 30a	ļ			
31_Ot	her progra	am services (attach schedule)	(Grants \$) 31a	ļ			
		ram service expenses (add lines 28a through			▶ 32	<u> </u>			823
Part	V List	of Officers, Directors, Trustees, and Key	Employees (List each one even	T			tructions	<u>)</u>	
		(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,		ributions to enefit plans &		Expens	
		(A) Name and address	devoted to position	enter -0)		ompensation	other a		
See_	Attacl	ned				ļ			
							ĺ		
							f		
							<u> </u>		
Part	V Othe	er Information (Note the attachment requi	rement in General Instruction	V, page 14.)				Yes	No
33	Did the c	rganization engage in any activity not previous	y reported to the IRS? If "Yes," at	tach a detailed descrip	tion of eac	h activity			x
34	Were any	changes made to the organizing or governing docume	nts but not reported to the IRS? If "Yes,"	attach a conformed copy	of the cha	nges.		x	
35	If the org	anization had income from business activities, su	ich as those reported on lines 2, 6,	and 7 (among others)	, but not		- [
	reported	on Form 990-T, attach a statement explaining ye	our reason for not reporting the inco	ome on Form 990-T.			1		
а	Did the d	rganization have unrelated business gross inco	ome of \$1,000 or more or 6033(e)	notice, reporting, and	proxy tax r	equirement	is?		_x
b	If "Yes,"	has it filed a tax return on Form 990-T for this year	ar?		-		•		
36	Was the	e a liquidation, dissolution, termination, or sub			tement.)		· · · · [x
37 a		ount of political expenditures, direct or indirect		·			· · · · · i		
		rganization file Form 1120-POL for this year?							x
		rganization borrow from, or make any loans to,			 v				
		ns made in a prior year and still unpaid at the si	-		-		[x
b		attach the schedule specified in the line 38 ins							
39		organizations. Enter: a Initiation fees and capita		39a					
	, , ,	ceipts, included on line 9, for public use of club f		39b					1
		organizations. Enter: Amount of tax imposed or							
40 u		911 0 ; section 4					o		
h		and (4) organizations. Did the organization enga			ing the ver	er or did it			
	. , , ,	aware of an excess benefit transaction from a p	•		•				x
_		tax imposed on organization managers or disqualifie							0
d		nount of tax on line 40c, above, reimbursed by t		= = =			-		0
41		tates with which a copy of this return is filed.	ne organization						
		• • • • • • • • • • • • • • • • • • • •		Tolophono no N 6 5	Λ _ Q E 1 _	4261			
42		s are in care of Julia Shepardson							
40		▶4420 Alpine Rd.,#108 Port		F-	720-09	.05			
43		1947(a)(1) nonexempt charitable trusts filing Fo			J				
	and ente	the amount of tax-exempt interest received or			tatements	and to the h	est of m	koov	dedne
		Under penalties of perjury, I declare that I have ex and belief, it is true, correct, and complete. Declare	ation of preparer (other than officer) is b	pased on all information of	which prep	arer has any	knowledge	e.	neage
Plea	se	Sunta Stud	n		6	120/0	2		
Sign	1	Signature of officer	, , ,		Date	12010			
Here	9	H.011710	STUBBOR TRE	-AC		ı			
		Type or print name and title.	rivoner ince	/ (C)					
			Date	Ob 1- 11		Deposed CO:	Lor BTIN 10		Inot 14"
Paid		Preparer's signature	i .	self-		Preparer's SSN	-		. mst. W)
Prep	arer's	1 postare 111. Can		119/03 employe		214-64			
Use	Only	if self-employed),	& CANNON, P.A.	, EIN		68-052	3490		
		address, and ZIP + 4 20 E. TIMONIUM	ROAD, TIMONIUM, MD	21093 Phor	ie no. 🕨	21093			

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

2001

Open to Public Inspection

Α	For th	ne 2001 calenda	ar year,	or tax year beginning	, 2001, an	d ending				, 20
<u>B</u>	Check	if applicable:	Please	C Name of organization				D Employ	er identif	ication number
Ц	Addr	ess change	use IRS	AMERICA-NEPAL MEDI	CAL FOINDATIC	N		04-33	39265	:1
Ш	Name	e change	label or print or	Number and street (or P.O. box, if mail			m/suite	E Telepho		
	Initial	return	type.	· · · · · · · · · · · · · · · · · · ·		.55/ 1100	suite	L releption	ine mannot	31
	Final	return	See	5180 PECK HILL ROA		L_				
\Box	Amer	nded return	Specific Instruc-		+ 4		ı			
	Appli	cation pending	tions.	JAMESVILLE, NY 100	002			F Enter 4	-digit (GEI	V) >
	•	Section 501(c)(3		izations and 4947(a)(1) nonexempt cha mpleted Schedule A (Form 990 or 990-l				unting met r (specify)		Cash Accrual
			anm	of net		1	H Chec	k ▶ Xift	he organ	ization
		site: ▶ WWW						t required t		
_				ly one) — 🔀 501(c) (3) ∢ (insert n	······································					90-EZ, or 990-PF).
				n's gross receipts are normally not more						but if the organization
_				in the mail, it should file a return withou						
_				ne 9 to determine gross receipts; if \$100						
P	art l			penses, and Changes in Net					-	
	1			ts, grants, and similar amounts re					1	<u> 15546</u>
	2			revenue including government fee					2	2595
	;	3 Membersh	ip dues	s and assessments				[3	
	4	Investmen	t incom	ne				[4	-
	1 :	a Gross amo	ount fro	om sale of assets other than inver	ntory 5a					
	1	b Less: cost	or othe	er basis and sales expenses	5b					
				m sale of assets other than inven-			h sche	dule) .	5c	
Revenue				nd activities (attach schedule):	• ,			, r	N. S.	
ē				not including \$	of contributions			1		
2				()						
œ	•			nses other than fundraising expen		_				
	Ì			ess) from special events and activi					6c	
	.			ventory, less returns and allowand						
	- '			ds sold						
				oss) from sales of inventory (line					7c	
	Ι.				ra less line ruj			````\	8	750
				escribe MISC.	4 0/				9	18891
_		Total reve	nue (a	add lines 1, 2, 3, 4, 5c, 6c, 7c, and ar amounts paid (attach schedule	1 0 <i>)</i>	<u></u>			10	10071
	10								11	
	1			or for members				F	12	······································
9	12			ompensation, and employee bene				ļ-		
Š	1:			and other payments to independ				-	13	
Typoneog	1 1	•	• •	utilities, and maintenance				· · · · · · · · · · · · · · · · · · ·	14	
Ú	• •	5 Printing, p	ublicat	ions, postage, and shipping	NCEC 1000 DEC	TCITI	 כוכונו	21 2 E. F	15	1245
	11			(describe ► MEETING EXPE						<u> 1947</u>
	1	7 Total expe	enses	(add lines 10 through 16)	<u> </u>		<u></u>	· · · · >	17	3192
¥	1 1	B Excess or	(deficit	t) for the year (line 9 less line 17)					18	15699
Not Accote	3 1			nd balances at beginning of year (16470
~	ζ			e reported on prior year's return).					19	16479
ţ	; 2			net assets or fund balances (atta					20	-48
_				nd balances at end of year (combi					21	32130
P	art l	I Baland		eets — If Total assets on line 25,		00 or mo				
				See Specific Instructions on page		-	(A) Be	ginning of ye		(B) End of year
22				vestments				1647		32130
23	L	and and buildi	ngs			[23	
24	, c	ther assets (d	lescribe	9▶) [24	
25								1647	9 25	32130
26				ribe >					26	
27				alances (line 27 of column (B) m				1647	9 27	32130

Par	rt III	Statement of Program Service Accom	plishments (See Specific	Instructions on pa	age 40.)		Expe	nses	
Wha	t is the	e organization's primary exempt purpose?	MPROVEMENT OF 1	VEPALI HEA	LTHCARE	(Requ	uired for 50)1(c)(3)	and (4)
		at was achieved in carrying out the organization's exer				orgar	nizations a	and 494	17(a)(1)
		number of persons benefited, or other relevant inform				trusts	; optional fo	or others	s.)
28									
			(Grants \$)	28a		<u>3</u> :	<u> 193</u>
29									
			- -						
			····	Grants \$)	29a			
30									
			·		· -				
•	041			Grants \$		30a			
		program services (attach schedule))	31a			
		program service expenses (add lines 28a				32			<u> 193</u>
Pai	rt IV	List of Officers, Directors, Trustees, and Key Emp	(B) Title and average	(C) Compensation			<u> </u>		
		(A) Name and address	hours per week	(If not paid,	(D) Contribution employee benefit p	ians &	àcco	Expens ount an	d
CDI	- 7 ID	ma cited	devoted to position	enter -0)	deferred compen	sation	other a	illowan	ces
DĒĪ	- 'V	TACHED							
					-				
				<u> </u>	<u> </u>				
Pai	rt V	Other Information (Note the attachmen	· · · · · · · · · · · · · · · · · · ·					Yes	No
33		e organization engage in any activity not previously re							X
34		any changes made to the organizing or governing doc							X
35		organization had income from business activities, suc			s), but NOT rep	orted o	1		
_		990-T, attach a statement explaining your reason for a e organization have unrelated business gross income			tov zom izom	ta2			Х
		s," has it filed a tax return on Form 990-T f							
36		nere a liquidation, dissolution, termination, or substant							X
		amount of political expenditures, direct or indirect, as							
		ne organization file Form 1120-POL for this							Х
		ne organization borrow from, or make any l						33.33	
		loans made in a prior year and still unpaid							X
b	If "Yes,	" attach the schedule specified in the line 38 instruction	ons and enter the amount involve	ed L	38b				
39	•	c)(7) organizations. Enter: a Initiation fees a			39a				
		s receipts, included on line 9, for public use		_	39b				
40a		c)(3) organizations. Enter: Amount of tax im	posed on the organization	during the year u	nder: -		_		1000
			4912 ▶				0		
b		c)(3) and (4) organizations. Did the organization are aware of an excess benefit transaction from a prior						l	х
_		nt of tax imposed on organization managers or disqua	•					<u> </u>	120
		r: Amount of tax on line 40c, above, reimbu							<u> </u>
41		he states with which a copy of this return is							
42		pooks are in care of ▶ JULIA SHEPAR			phone no. 🕨				
		ted at ▶ 4420 ALPINE ROAD 31		EY, CA	_ZIP + 4 ▶	940)28 <u>-</u> 8	300!	5
43	Section	ion 4947(a)(1) nonexempt charitable trusts	filing Form 990-EZ in lieu o	f Form 1041 — C	heck here >				
	and e	enter the amount of tax-exempt interest rec							
		Under penalties of perjury, I declare that I have exami belief, it is true, correct, and complete. Declaration of	ned this return, including accompa preparer (other than officer) is bas	inying schedules and st ed on all information of	tatements, and to which preparer I	the be	st of my k	nowied e.	ige and
Ple	ase	bellet, it is true, correct, and complete. Besignation of	property (out of alent outcor) to bee	1	muon proparor i			,	
Sig	n	Signature of officer			Date				
Her	e e								
		Type or print name and title.		1 6	Y				
Daid		Preparer's	Date	Check if self-	1		or PΠN (S		Inst. W)
Paid		signature peran h. an		self- employed			64-8		
•	arer's Only	if self-employed)	RMANN, PA.				2192		
U36	Othy .	address, and ZIP + 4 20 E.TIMON	IIUM RD#301,TIMO		Phone no. ▶4	10-	561-	500	5
			-	21093		F	orm 99	0-EZ	(2001)

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or
private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less
than \$250,000 at the end of the year.

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

2000

Open to Public Inspection

Α	For the	e 2000 ca	lendar y	ear, or tax year	r beginning			2000, ar	nd ending					, 20
	Check if ap		Please	C Name of orga	anization					T	Employe	er identi	ficati	on number
X	Change of	address	use IRS label or	AMERICA	-NEPAL 1	MEDI <u>C</u> AL	FOUNDAT	ION.	INC.		04-339			
	Change of	name	print or			x, if mail is not de					Telephon			
	Initial return	n	type. See	i	CK HILL			,		1				
$\bar{\Box}$	Final return	1	Specific		state or country, a				L	十				
$\overline{\Box}$	Amended r	retum	Instruc- tions.		LLE, NY					F	- Check ▶	if a	pplica	ation pending
=			od: 🔽	Cash Accru		pecify) ►		LI Ent	or 4 digit o			(CF		
										rou	p exemption	110. (GE	(N)	·
<u> </u>				ck only one) — [47(a)(1)					
				anizations and										
J											turn with the	IRS; but i	f the c	organization received
				mail, it should file										
				to line 9 to dete						_				7,445
														▶∑
<u>F</u>	art I	<u> </u>									<u> </u>	,	tions	on page 34.)
	1			gifts, grants,								1		5,110
	2	-		ce revenue in								2		<u>2,335</u>
	3	Membe	ership d	lues and asse	ssments	·						3		
	4	Investn	nent ind	come								4		
	5a	Gross	amount	from sale of	assets other	than inventory	/	. 5a						
	b	Less: c	ost or o	other basis an	d sales exper	nses		. 5b						
	С	Gain o	r (loss)	from sale of a	assets other t	han inventory	(line 5a less	line 5b) (attach	sch	nedule)	5c		
ine	6			and activities										
Revenue	a	Gross	revenue	e (not includin	g \$	of	contributions							
è				ne 1)				. 6a	<u> </u>					
	b	Less: d	direct ex	cpenses other	than fundrais	sing expenses		. 6b]		
				(loss) from s)	<u> </u>		6c		
	7a	Gross	sales o	f inventory, le	ss returns and	d allowances		. 7a				350		
	b	Less: c	cost of g	goods sold				. 7b				7		
	C	Gross	profit o	r (loss) from s	sales of inven	tory (line 7a le	ess line 7b) .					7c		
	8	Other i	revenue	e (describe >_)	8		
	9	Total r	evenue	add lines 1,	2, 3, 4, 5c, 6	ic, 7c, and 8)					▶	9		7,445
_	10	Grants	and si	milar amounts	s paid (attach	schedule)						10		
	11	Benefit	ts paid	to or for mem	bers							11		
Š	12	Salarie	s, othe	r compensation	on, and emplo	yee benefits						12		
ns(13	Profes:	sional f	ees and other	payments to	independent	contractors .					13		
Expenses	. 14	Occup	ancy, re	ent, utilities, a	nd maintenar	nce						14		
Ж	15	Printing	g, publi	cations, posta	age, and ship	ping						15	-	
	16			es (describe >								16		1,512
	17	Total e	expens	es (add lines	10 through 16	3)	<u></u>				•	17		1,512
S	18			ficit) for the ye								18		5,933
Net Assets	19	Net as:	sets or	fund balances	s at beginning	of year (from	n line 27, colu	ımn (A)) (must a	agre	ee with	A curving		
Ąŝ				gure reported								19		10,546
et.	20			s in net assets								20		
Z	21			fund balances										<u> 16,479</u>
P	art II	Bal	ance S	Sheets — If	Total assets o	n line 25, colu	umn (B) are \$	250,00	0 or more	e, fi	ile Form 9	90 inst	ead	of Form 990-EZ.
						on page 37.				(A)	Beginning of	year		(B) End of year
22				linvestments							10,5			16,479
23												23		
24	Oth	er asset	s (desc	ribe >) [24		
25											10,5		$\overline{}$	16,479
26	Tota	al liabili	ties (de	escribe ►)			20		
27	Net	assets	or fund	d balances (li	ne 27 of colu	mn (B) must :	agree with line	e 21) .			10,5	46 2	7	16,479

For Paperwork Reduction Act Notice, see page 1 of the separate instructions. ISA STF FED2017F.1

Form **990-EZ** (2000)

Par		Statement of Program Service Acco				(D	Expen		
Wha	t is the o	organization's primary exempt purpose?	MPROVEMENT OF N	NEPALI HEAI	THCARE		uired fo 4) organi		
Desc	ribe what	was achieved in carrying out the organization's exe	empt purposes. In a clear and o	concise manner, desc	cribe the		a)(1) tru		
		led, the number of persons benefited, or other release. ATTACHED	vant information for each progr	am title.		for ot	ners.)		
28	SEE _	WITACUED			-				
				Grants \$		28a		1,5	12
29								<u> </u>	
			(G	Frants \$	<u> </u>	29a			
30									
				;		.			
0.4	041-			Grants \$		30a 31a			
31 32		program services (attach schedule) program service expenses (add lines 28a		Grants \$		31a		1 [12
	t IV	List of Officers, Directors, Trustees, and Key					ctions on		
· a		List of Officers, Directors, Trustees, and Ney	(B) Title and average	(C) Compensation	(D) Contributio			xpens	
		(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		acco	ount and	
SEE	. ATT	ACHED	devoted to position	enter-o)	deterred comper	isation	ouier a	iiiowaiii	
22:									
	- -								
								_	
				I					
								· ·	
	rt V	Other Information (See Specific Instru						Yes	No X
33	Did the c	organization engage in any activity not previously rep	orted to the IRS? It "Yes," attach	a detailed description	of each activity	l Haaba			X
34 35		y changes made to the organizing or governing docun ganization had income from business activities, such							-23
33		0-T, attach a statement explaining your reason for n			s), but NOT 16p	ontou o	'		Ne.Se
а	Did the	organization have unrelated business gross income of	f \$1,000 or more or 6033(e) not	ice, reporting, and pro	xy tax requirem	ents? .			X
	If "Yes,	" has it filed a tax return on Form 990-T fo	or this year?			. .			
36	Was the	re a liquidation, dissolution, termination, or substanti	al contraction during the year? (If "Yes," attach a state	ment.)				X
		amount of political expenditures, direct or in		_			0		200
b	Did the	e organization file Form 1120-POL for this e organization borrow from, or make any lo	year?			 2 war	anv		X
зва	Dia the	e organization borrow from, or make any lo bans made in a prior year and still unpaid a	at the start of the period co	overed by this retu	irn?			*	X
b	If "Yes."	attach the schedule specified in the line 38 instruction	ns and enter the amount involve	ed	38b				
39	501(c)(7) organizations. Enter: a Initiation fees and capital c	ontributions included on line 9		39a				
b	Gross	receipts, included on line 9, for public use	of club facilities		39b				
40a		(3) organizations. Enter: Amount of tax imp		during the year u	nder:		0		
	section		4912 ►	; section 49		voar o			
b	501(C)	(3) and (4) organizations. Did the organization scome aware of an excess benefit transaction from	i engage in any section 4956 e a prior vear? If "Yes." attach a	n explanation.	alon during the	year 0			X
С	Amour	nt of tax imposed on organization manager	s or disqualified persons	during the year					0
	under 4	4912, 4955, and 4958			· · · · · · · • • • •				0
d	Enter:	Amount of tax on line 40c, above, reimbur	sed by the organization .						
41	List the	e states with which a copy of this return is ooks are in care of ▶ <u>JULIA SHEPAR</u>	DSON	Telenh	ione no. 🕨	650	-851	-42	61
42	l ocate	ed at \ 4420 ALPINE ROAD #10	08, PORTOLA VAL	LEY, CA			28-8		
43	Section	n 4947(a)(1) nonexempt charitable trusts fi	iling Form 990-EZ in lieu o	f Form 1041 — C	heck here 🕨				
	and er	nter the amount of tax-exempt interest rece	ived or accrued during the	e tax year	▶ 43				
Ple	ase	Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration of	nined this return, including accomp of preparer (other than officer) is ba	panying schedules and a sed on all information of	statements, and fwhich preparer	to the bi has any	est of my i knowledg	(nowied e. (im p	age and ortant:
Sig		See General Instruction W, page 14.)	1			,	-		
Hei		Signature of officer	l Date	Type or print nar	me and title.				
		r digitation of the state of th	Da		Check if	Pre	parer's SS	N or P	TIN
Pai	d	Preparer's signature Kuran M. Ca		1/6/22	self- employed ▶	121	4-64	-898	85
	parer's		RMANN, PA				2192		
USE	Only	if self-employed) and address, and ZIP code		ONIUM MD	Phone no. ▶2				
								<u> </u>	

STF FED2017F.2

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

AB No. 1545-1150

This Form is Open to Public Inspection

Form **990-EZ** (1999)

Α	For the	1999 calendar year, OR tax year beginning , 1999, and endin	9			,
	Check if:	Please C Name or organization	D Employer	iden	tific	ation number
X	Change of	of use IRS AMERICA-NEPAL MEDICAL FOUNDATION, INC				
\Box	address Initial retu	print or Number and street (or P.O. box, if mail is not delivered to street address) Room/su				r
님	Final retu	15100 DECK HITT DOND				
님	Amended	Specific City or town, state or country, and ZID + 4	F Check ▶	if	exe	mption
Ш	(required	I I I I I I I I I I I I I I I I I I I	application	is pe	ndir	ng
	state rep		H Enter four	digit o	rou	p exemption
G	Account	ting method: X Cash Accrual Other (specify) ▶	number (G		•	. ,
$\overline{}$	Type of	organization — ▶ 💢 Exempt under section 501(c) (3) ◄ (insert number) OR ▶	section 4947(a)(1) n	one	xempt charitable trust
		ection 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach				
J	Check ▶	if the organization's gross receipts are normally not more than \$25,000. The organization need not file	e a return with the IF	RS: but	if th	ne organization received
		90 Package in the mail, the organization should file a return without financial data. Some states require a		,		
ĸ	Enter th	e organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9)	. ▶ \$			8,365
		If \$100,000 or more, the organization must file Form 990 instead of F	orm 990-EZ.			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	(See Specific II	nstru	ctio	ns on page 32.)
	1	Contributions, gifts, grants, and similar amounts received (attach schedule of con	tributors)	1		5,140
	2	Program service revenue including government fees and contracts		2		3,225
	3	Membership dues and assessments	[3		
	4	Investment income		4		
	5a	Gross amount from sale of assets other than inventory		Ayil Ut		
	b	Less: cost or other basis and sales expenses				
		Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attack	h schedule)	5с		
ne	6	Special events and activities (attach schedule):				
Revenue	а	Gross revenue (not including \$ of contributions				
Š		reported on line 1)				
_		Less: direct expenses other than fundraising expenses 6b				
	С	Net income or (loss) from special events and activities (line 6a less line 6b)		6с		
		Gross sales of inventory, less returns and allowances				
	b	Less: cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7с		
	8	Other revenue (describe >)	8		
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	· · · · · · · · · · >	9		8,365
	10	Grants and similar amounts paid (attach schedule)		10		
	11	Benefits paid to or for members		11		
S	12	Salaries, other compensation, and employee benefits		12		
DS	13	Professional fees and other payments to independent contractors		13		
Expenses	14	Occupancy, rent, utilities, and maintenance		14	<u> </u>	
й	15	Printing, publications, postage, and shipping		15	L	262
	16	Other expenses (describe ► MEETINGS AND SUPPLIES)	16		2,662
	17	Total expenses (add lines 10 through 16)		17	_	2,924
y.	18	Excess or (deficit) for the year (line 9 less line 17)		18	<u> </u>	5,441
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mus		1224		5 40 5
As	<u> </u>	end-of-year figure reported on prior year's return)		19	ــــ	5,105
et	20	Other changes in net assets or fund balances (attach explanation)		20	1	10 546
_	21	Net assets or fund balances at end of year (combine lines 18 through 20)]	10,546
P	art II	Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or mo	ore, file Form 99	0 ins	tea	
		(See Specific Instructions on page 36.)	(A) Beginning of		Ļ	(B) End of year
22		h, savings, and investments	5,10			10,546
23		d and buildings			23	
24		er assets (describe ▶)			24	
25		ıl assets	5,10		25	10,546
26	Tota	Il liabilities (describe ▶)			26	10.546
27	NI-4	assets or fund balances (line 27 of column (R) must agree with line 21)	5.10	15 12	27 L	10.546

Par		tatement of Program Service Acco				(Deer	Expens		(-)(2)
What	t is the or	ganization's primary exempt purpose? $oldsymbol{\mathbb{I}}$	MPROVEMENT OF 1	NEPALI HEA	LTHCARE		uired for 4) organi:		
Descr	ibe what w	as achieved in carrying out the organization's ex	empt purposes. In a clear and	concise manner, des	cribe the	4947((a)(1) trus		
		d, the number of persons benefited, or other rele TTACHED	vant information for each progr	am uue.		for oth	ners.)		
	555 71								
			(0	Grants \$	-)	28a		2,9	24
29									
		·	,	<u></u>					
30			((Grants \$)	29a			
30					-				
		·		Grants \$	-	30a			
31	Other pro	ogram services (attach schedule)		Grants \$)	31a			
32		ogram service expenses (add lines 28a				32		2,9	24
Par	t IV L	ist of Officers, Directors, Trustees, and Key			d. See Specific	Instru			
		(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contributio employee benefit			xpense unt and	
		• • • • • • • • • • • • • • • • • • • •	devoted to position	enter -0)	deferred comper		other al		
SEE	ATTA	<u>.CHED</u>							
							-		
									—
	. – – – -								
Par	tV (Other Information (See Specific Instru	ictions on page 37.)					Yes	No
33		panization engage in any activity not previously rep							_X_
34		changes made to the organizing or governing docum							_X_
35		nization had income from business activities, such			s), but NOT rep	orted o	ר ו		
9		T, attach a statement explaining your reason for n panization have unrelated business gross income o			xv tax requireme	ents?	İ		X
		has it filed a tax return on Form 990-T fo							
36		a liquidation, dissolution, termination, or substantia		If "Yes," attach a state	ment.)				X
		nount of political expenditures, direct or in					0		
		organization file Form 1120-POL for this							X
38a		organization borrow from, or make any lo ns made in a prior year and still unpaid a							X
h		tach the schedule specified in the line 38 instruction			38b				
39	501(c)(7)	organizations. Enter: a Initiation fees and capital co	ontributions included on line 9		39a				
b	Gross re	eceipts, included on line 9, for public use	of club facilities	[39b			1,50	
40a	501(c)(3	organizations. Enter: Amount of tax imp	posed on the organization	during the year u	nder:		0		
		4911 ▶ 0; section and (4) organizations. Did the organization				voor o		33 40 50 50 50 50	
D	did it beco	ome aware of an excess benefit transaction from	a prior vear? If "Yes," attach a	n explanation.	Juon duning une	year or			X
С	Amount	of tax imposed on organization manager	s or disqualified persons	during the year					^
	under 49	912, 4955, and 4958			· · · · · · · • • • • • • • • • • • • •				0
		mount of tax on line 40c, above, reimbur states with which a copy of this return is			· · · · · · · • · • ·				
41 42	The hoo	ks are in care of ▶ JULIA SHEPAR	DSON	Teleph	none no.	650	-851-	-426	61
72	Located	at ▶ 4420 ALPINE ROAD #10	08, PORTOLA VAL	LEY, CA	ZIP + 4 ▶	940	28-80	05	
43	Section	4947(a)(1) nonexempt charitable trusts fi	iling Form 990-EZ in lieu o	f Form 1041 — C	heck here ▶				
	and ente	er the amount of tax-exempt interest rece Under penalties of perjury, I declare that I have exam	ived or accrued during the	e tax year	► 43	o the he	et of muk	owloc	igo and
Plea	ase	Under penalties of perjury, I declare that I have example belief, it is true, correct, and complete. Declaration o	imed this return, including accomp f preparer (other than officer) is ba	sed on all information of	staternents, and t f which preparer l	nas any	knowledge	e. (Imp	ortant:
Sig	n	See General Instruction U, page 14.)	1	L					
Her	e	Signature of officer	Date	Type or print nar	ne and title.				
		Description A E.C. 1	Da	ite	Check if self-	Prep	arer's SSI	V or P	ΓIN
Paid		Preparer's signature Kuean M. C.	ennan	1/9/02	employed >		4-64-		35
	oarer's Only	vours if self-employed)	RMANN, PA				21920	8	
	y	yours if self-employed) 20 E TIMON	IUM RD #301 TIN	MONIUM MD	ZIP+4 ▶2	109	3		

Short Form

Return of Organization Exempt From Income Tax

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

► For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

1998

This Form is Open to Public Inspection

Α	For the	1998 cal	lendar y	ear, OR tax yea	ar beginnin	9	, 1998,	and endin	g _			, 19
	Check if		Please	C Name of orga	anization					Employe	r identific	ation number
X	Change	3	use IRS label or	AMERICA	-NEPA1	L MEDICAT	FOUNDATION	, INC	- 4)4-339		
	address		print or				delivered to street address			Telepho		•
H	Initial ref		type. See	5180 PE	CK HII	T. ROAD		´ }	1			
	Final ret		Specific			ntry, and ZIP + 4			-	Check ▶	if exer	motion
X	Amende		Instruc- tions.	JAMESVI)		- ['		n is pendir	
	state rep	d also for porting)		011111111111111111111111111111111111111		11 20002	·		-1.			p exemption
G		nting meth	od· [X]	Cash	Accrual	Other (speci	fv) 🛌		'	number (p exemption
*									_ _			
ı				Exempt un			insert numbe) ◄ (mpt charitable trusts MU					xempt charitable trust
										<u> </u>	<u>:</u>	
J							\$25,000. The organization inancial data. Some states				IRS; but if th	e organization received
_			<u> </u>									6,000
ĸ	Entertr	ne organiz	zations				and 7b, to line 9) n must file Form 990 ir					0,000
	art I	Pov	ADUA				Assets or Fund B				Instructio	ns on page 30)
L							eived (attach schedu					
	1									•	1	2,965
	2	_					and contracts				2	3,035
	3		•								3	
	4										4	
	5a						·	а				
	b						<u>5</u>]	
•	С	Gain or	r (loss)	from sale of a	assets oth	er than invento	ry (line 5a less line 5	b) (attac	h sch	redule)	5c	
ĭ	6			and activities								
Revenue	а	Gross	revenue	(not including	g \$		of contributions					
è	ì	reporte	ed on lin	e 1)			6	a			100	
	b	Less: d	direct ex	penses other	than fund	Iraising expens	es 6	b		-		
							es (line 6a less line (3b)			6c	
							s 7					
								b				
							less line 7b)				7c	
	8		-	(describe ▶_		vontory (iiito re					8	
	9					c 6c 7c and 8	3)				9	6,000
	10										10	0,000
	11										11	
u	1		•				is				12	
Š	13		•	-			nt contractors				13	
Expenses	13										14	
Q X	14		-								15	74
ш		Printing	g, public	cations, posta	age, and s	MEETING	,TRAVEL, SUI	ODT TEG	 I	MTSC \		2,041
	16	Other 6	expense	s (describe >	40.4b	HEET INGS	, INAVELL, SOI			<u> </u>	47	
	17	lotal e	expense	s (add lines	10 throug	п 16)		• • • • • •	· · · ·	· · · · · •		2,115
Ş	18										18	3,885
S	19						om line 27, column (40	1 220
ď											19	1,220
Net Assets	20						h explanation)				20	E 10E
							e lines 18 through 20				21	5,105
P	art II	Bal	ance S				olumn (B) are \$250,0	000 or mo				
						ions on page 3		ļ	(A)	Beginning of		(B) End of year
22										1,2	20 22	5,105
23											23	
24											24	
25										1,2		5,105
26	Tota	al liabili	ties (de	scribe ►)			26	
27	Net	assets	or fund	l balances (li	ne 27 of <u>c</u>	olumn (B) mus	st agree with line 21)	<u></u>		1,2	20 27	5 , 105

_{Jrm} 990-EZ

Department of the Treasury internal Revenue Service

Par	t III S	Statement of Program Service Acco	mplishments (See Sp	pecific Instructions	on page 34.)	T.,_	Expen		
Wha		rganization's primary exempt purpose? $\overline{oldsymbol{al{ol}}}}}}}}}}}}}}}$					uired for (4) organi		
Desc	ribe what w	as achieved in carrying out the organization's ex	empt purposes. In a clear ar	nd concise manner, des	cribe the		(a)(1) tru:		
servio		d, the number of persons benefited, or other rele	vant information for each pro	ogram title.		for ot	hers.)		
28	SEE A	<u>TTACHED</u>		. 					
				-,					
				(Grants \$)	28a		2,	<u>115</u>
29			. 		-				
			. 			00-			
20	-			(Grants \$		29a			
30			· 				ļ		
				(Grants \$		30a			
31	Other pr	ogram services (attach schedule)	<u>. </u>	(Grants \$		31a			
32		ogram service expenses (add lines 28a				32		2	115
		List of Officers, Directors, Trustees, and Key					ctions on		
l ai		List of Officers, Directors, Trustees, and Ney	(B) Title and average	(C) Compensation	(D) Contribution			Expens	
		(A) Name and address	hours per week	(If not paid,	employee benefit	plans &	acco	ount an	d
O.D.I	3 mmm 7	CHED	devoted to position	enter -0)	deferred comper	nsation	other a	llowan	ces
2FF	E_ATTA	CHED					Ì		
					<u> </u>		·		
	:	Ott 1-5						Yes	NIa
Pa		Other Information (See Specific Instru						162	No X
33		ganization engage in any activity not previously rep						_	X
34	Were any ch	nanges made to the organizing or governing documents but i	not reported to the IRS? If "Yes," att	ach a conformed copy of the	changes				
35	If the orga	nization had income from business activities, sucl -T, attach a statement explaining your reason for n	n as those reported on lines 2	t, o , and <i>t</i> (among other	rs), but NOT rep	опеа о	n		
_	Portri 990	ganization have unrelated business gross income of	of teporting the income on t	onn 330-1. notice reporting and pr	nw tay requirem	ents?	i		Х
a h	If "Voc."	has it filed a tax return on Form 990-T for	or this vear?	lottoe, reporting, and pr	oxy tax roquiron	01110.			
36	Mac there	e a liquidation, dissolution, termination, or substanti	al contraction during the year	? (If "Yes." attach a state	ement.)				X
	Enter ar	mount of political expenditures, direct or in	direct as described in the	ne instructions.	37a		0		
		organization file Form 1120-POL for this							Х
38a	Did the	organization borrow from, or make any lo	oans to, any officer, dire	ctor, trustee, or key	employee Ol	R wer	e any		
	such loa	ans made in a prior year and still unpaid	at the start of the period	covered by this ret	urn? _.				X_
b	If "Yes," a	ttach the schedule specified in the line 38 instruction	ons and enter the amount invo	olved	38b				
39	501(c)(7)	organizations Enter: a Initiation fees and capital	al contributions included on li	ne 9	39a				
b	Gross re	eceipts, included on line 9, for public use	of club facilities		39b				
40a		3) organizations. — Enter: Amount of tax					0		
	section	4911 ▶ <u>0</u> ; section	4912 >	0; section 49					X
b	501(c)(3)	and (4) organizations. — Did the organization engage in	n any section 4958 excess benefit tr	ansaction during the year? I	"Yes," attach an ex	planation	1.	L	21
С		mount of tax imposed on the organizatio							0
	under s	ections 4912, 4955, and 4958	rood by the organization						<u></u> 0
		states with which a copy of this return is						-	
41	The bea	oks are in care of ► <u>JULIA SHEPAR</u>	DSON	Telep	hone no	650	-851	-42	61
42	Located	lat > 4420 ALPINE ROAD #1							
43	Section	4947(a)(1) nonexempt charitable trusts f	ilina Form 990-EZ in lieu	of Form 1041 — (Check here				
43	and ent	er the amount of tax-exempt interest rece	eived or accrued during	the tax vear	. > 43				
_		Under penalties of perjury I declare that I have example to the control of the co	nined this return, including acco	mpanying schedules and	statements, and	to the b	est of my l	knowle	dge and
	ase	belief, it is true, correct, and complete. Declaration	n of preparer (other than office	r) is based on all informa	ation of which pre	parer h	as any kn	owledg	je. (See
Sig		General Instruction U, page 12.)							
Hei	re	Signature of officer	Date	Type or print na		T =		\	
D	<u></u>	Propagation 1		Date	Check if self-	Pre	parer's SS	SN.	
Pai	a parer's	Preparer's signature Kucran In. Ca	nnin	1/9/02	employed ▶		4-64		85
	only	Firm's name (or HEINE & HE	RMANN, PA				2192	80	
	· · · y	yours if self-employed) and address 20 E TIMON	IUM RD #301,T:	IMONIUM MD	ZIP+4 ▶ 2	2109	13		
STF	ED2017F.2								

Short Form

OMB No. 1545-1150

1997

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

This Form is Open to Public Inspection

Α	For the	1997 calendar year, OR tax year beginning , 1997, and endi	ng		, 19
В	Check if	Please C Name of organization	D Employe	er identific	cation number
\square	Change				
T.	address	print or Number and street (or BO, box if mail is not delivered to street address). Describ			number
\square	Initial re	type. 5180 DECK UTIT DOND	suite E State rei	Jistration	number
Ц	Final ref		F 05-15	<u> </u>	
	Amende	d return Instruc- TAME CALLET TO NIX 10000	F Check ▶		emption
				on is pendi	
_	state re				up exemption
<u>G</u>	Accour	ting method: X Cash Accrual Other (specify) ▶	number ((GEN)	
I	Type of	organization — ▶ X Exempt under section 501(c) (3) ◄ (insert number) OR ▶	section 4947	(a)(1) none	exempt charitable trust
	Note: 3	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attac	h a completed Sch	edule A (F	Form 990).
J	Check	▶ [X] if the organization's gross receipts are normally not more than \$25,000. The organization need not	file a return with the	IRS: but if t	he organization received
		990 Package in the mail, the organization should file a return without financial data. Some states require		10, 501 17 1	no organización received
ĸ	Enter th	e organization's 1997 gross receipts (add back lines 5b, 6b, and 7b, to line 9)	> \$		1,220
		If \$100,000 or more, the organization must file Form 990 instead of			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balance		Instructio	ons on page 28)
<u> </u>	1	Contributions, gifts, grants, and similar amounts received (attach schedule of co		1	
	1				1,220
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income	• • • • • • • • • •	4	
	4	Gross amount from sale of assets other than inventory]	
		Less: cost or other basis and sales expenses]	
•		Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (atta	ch schedule)	5c	
Ĭ	6	Special events and activities (attach schedule):			
Revenue	a	Gross revenue (not including \$ of contributions			
ģ		reported on line 1)		Aprilla	
ш,		Less: direct expenses other than fundraising expenses 6b		1	
		Net income or (loss) from special events and activities (line 6a less line 6b)		6c	
		Gross sales of inventory, less returns and allowances			
		Less: cost of goods sold			
		Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	
	8			8	
	1			9	1,220
_	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			1,220
	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
es	12	Salaries, other compensation, and employee benefits		12	
ű	13	Professional fees and other payments to independent contractors		13	
Expenses	. 14	Occupancy, rent, utilities, and maintenance		14	
Ŵ	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶)	16	
	17	Total expenses (add lines 10 through 16)	<u></u>	17	
Ś	18	Excess or (deficit) for the year (line 9 less line 17)		18	1,220
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mu		1	
As		end-of-year figure reported on prior year's return)		19	
et,	20	Other changes in net assets or fund balances (attach explanation)		20	
Ž	21	Net assets or fund balances at end of year (combine lines 18 through 20)		21	1,220
P	art II	Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or m		90 instea	
ت		(See Specific Instructions on page 32.)	(A) Beginning of		(B) End of year
22	Cae	n, savings, and investments	(2.1) Dog. 11 1111 01	22	1,220
		and buildings		23	
23				24	
24		er assets (describe ►)		25	1 220
25		l assets		\longrightarrow	1,220
26		I liabilities (describe ▶)		26	1 000
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)		27	1,220

-∂ar	t III S	tatement of Program Service	ce Accomplishments (See Spe	ecific Instructions	on page 32.)		Expenses	
Desc	t is the o	rganization's primary exempt pur as achieved in carrying out the organiz	rpose? IMPROVEMENT OF zation's exempt purposes. In a clear and other relevant information for each program.	NEPALI HEA concise manner, des	LTHCARE	and (4	uired for 50 4) organizatio a)(1) trusts; ers.)	ons and
28	SEE P	TTACHED						
								•
29				Grants \$)_	28a		
23								
			(Grants \$)	29a		
30								
				Grants \$		30a		
31		ogram services (attach schedule		Grants \$)	31a		
32			ines 28a through 31a)			32		
Pai	t IV	List of Officers, Directors, Trustees	, and Key Employees (List each one e					
		(A) Name and address	(B) Title and average hours per week	(C) Compensation (If not paid,	(D) Contribution employee benefit		(E) Exper account a	
CEI	3 20 mm 3	CHED	devoted to position	enter -0)	deferred comper	sation	other allow	ances
SEI	L ATTA	ACHED						
	- <u>-</u>							
			l	1		ľ		
			ı	1				
Pai	t V	Other Information (See Speci	ific Instructions on page 33.)				Yes	s No
33	Did the or	nanization engage in any activity not pre	eviously reported to the IRS? If "Yes," atta	ach a detailed descript	ion of each activ	/itv		X
34			documents but not reported to the IRS? If "Yes					X
35			vities, such as those reported on lines 2,					
			eason for not reporting the income on For				K Q.	1,7
			ss income of \$1,000 or more or 6033(e) n					X
			990-T for this year?					X
36			or substantial contraction during the year?				···· ├─	
			rect or indirect, as described in the for this year?					X
			ke any loans to, any officer, direct					
30 <i>a</i>	such loa	ans made in a prior year and still	unpaid at the start of the period of	covered by this retu	ırn?			X
b			38 instructions and enter the amount invo		38b			
39	501(c)(7)	organizations. — Enter: a Initiation fees	s and capital contributions included on lin	· · · L	39a			
			ıblic use of club facilities		39b			1
40a			nt of tax imposed during the year				0	
			; section 4912 ▶		-	<u> </u>	<u>-</u>	X
			tion engage in any section 4958 excess benefi ganization managers or disqualifie			n an exp	ianation. L	
С			usqualine					0
Ч	Enter: A	mount of tax in 40c. above, reim	bursed by the organization		. .			0
41	List the	states with which a copy of this	return is filed. ▶					
42	The hor	oks are in care of ⊾ JULIA SH	HEPARDSON	Teleph			-851 <u>-</u> 4:	
			AD #108, PORTOLA VAI		ZIP + 4 ▶		<u> 28-800</u>	5
43			e trusts filing Form 990-EZ in lieu o					
	and ent	er the amount of tax-exempt inte	rest received or accrued during th	e tax year	. • 43	- 4b - b -	-t -f l	
Ple	ase	Under penalties of perjury, I declare that belief, it is true, correct, and complete.	I have examined this return, including accom Declaration of preparer (other than officer)	ipanying schedules and is based on all informat	statements, and t tion of which pre	o tne be parer ha	st of my know s any knowle	ieage and dge. (Se∈
Sig	n	General Instruction U, page 10.)	i I	L				
Her	е	Signature of officer	Date	Type or print nar	me and title.			
			D	ate	Check if	Prep	arer's SSN	
Pai		Preparer's signature	Cannon	1/9/23	self- employed ▶] 21	4-64-8	985
	parer's	Firm's name (or HEINE	& HERMANN, PA		EIN ▶5		219208	
US	Only	yours if self-employed) 20 E		MONIUM MD	ZIP+4 ▶2	1093	3	