

Form **990-EZ**

# Short Form **COPY** Return of Organization Exempt From Income Tax

OMB No. 1545-1150

# 2002

Department of the Treasury  
Internal Revenue Service

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.*

**Open to Public Inspection**

**A For the 2002 calendar year, or tax year beginning** , 2002, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> <b>America Nepal Medical Foundation</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>5180 Peck Hill Road</b> City or town, state or country, and ZIP + 4 <b>Jamesville, NY 10002</b>	<b>D Employer identification number</b> <b>04-3392651</b>
	<b>E Telephone number</b> <b>650-851-4261</b>		<b>F Enter 4-digit (GEN) ▶</b>

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:**  Cash  Accrual  
Other (specify) ▶

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Web site:** ▶ [www.anmf.net](http://www.anmf.net)

**J Organization type** (check only one) -  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  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 the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. . . ▶ \$ 14,599**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 36 of the instructions.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .														12,841	
	2	Program service revenue including government fees and contracts . . . . .														1,743	
	3	Membership dues and assessments . . . . .															
	4	Investment income . . . . .														15	
	5 a	Gross amount from sale of assets other than inventory . . . . .															
	b	Less: cost or other basis and sales expenses . . . . .															
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . . . .															
	6	Special events and activities (attach schedule):															
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .															
	b	Less: direct expenses other than fundraising expenses . . . . .															
c	Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .																
7 a	Gross sales of inventory, less returns and allowances . . . . .																
b	Less: cost of goods sold . . . . .																
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .																
8	Other revenue (describe ▶ _____ )																
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . ▶															14,599	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .														6,889	
	11	Benefits paid to or for members . . . . .															
	12	Salaries, other compensation, and employee benefits . . . . .															
	13	Professional fees and other payments to independent contractors . . . . .														97	
	14	Occupancy, rent, utilities, and maintenance . . . . .															
	15	Printing, publications, postage, and shipping . . . . .														660	
	16	Other expenses (describe ▶ _____ )														2,177	
17	<b>Total expenses</b> (add lines 10 through 16) . . . . . ▶														9,823		
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17) . . . . .														4,776	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .														32,130	
	20	Other changes in net assets or fund balances (attach explanation) <b>unrealized invest. loss</b>														-477	
	21	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . . ▶														36,429	

**Part II Balance Sheets** - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 39 of the instructions.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	32,130	36,429
23	Land and buildings . . . . .		
24	Other assets (describe ▶ _____ )		
25	<b>Total assets</b> . . . . .	32,130	36,429
26	<b>Total liabilities</b> (describe ▶ _____ )		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	32,130	36,429

Part III Statement of Program Service Accomplishments (See page 39 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Improvement of Nepali Healthcare</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	(Grants \$ )	28a 9,823
29	(Grants \$ )	29a
30	(Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32 Total program service expenses (add lines 28a through 31a)		32 9,823

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Attached				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		x
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	x	
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0
b	Did the organization file Form 1120-POL for this year?		x
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		x
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b	
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		x
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		0
41	List the states with which a copy of this return is filed.		
42	The books are in care of Julia Shepardson Telephone no. 650-851-4261 Located at 4420 Alpine Rd., #108 Portola Valley, CA. ZIP + 4 94028-8005		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43		

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

Please Sign Here  
 Signature of officer: Kurt Stuber Date: 5/20/03  
 Type or print name and title: KEVIN STUBER TREAS

Paid Preparer's Use Only  
 Preparer's signature: Kieran M. Cannon Date: 5/19/03 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER, NYBORG & CANNON, P.A. EIN: 68-0523290  
20 E. TIMONIUM ROAD, TIMONIUM, MD 21093 Phone no.: 21093  
 Preparer's SSN or PTIN (See Gen. Inst. W): 214-64-8985

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2001**

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.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2001 calendar year, or tax year beginning** , 2001, and ending , 20

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

AMERICA-NEPAL MEDICAL FOUNDATION

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

5180 PECK HILL ROAD

City or town, state or country, and ZIP + 4

JAMESVILLE, NY 10002

**D** Employer identification number

04-3392651

**E** Telephone number

**F** Enter 4-digit (GEN) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Web site: ▶ www.anmf.net

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 35.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15546
	2	Program service revenue including government fees and contracts	2	2595
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule):		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ MISC . )	8	750	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	18891	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1245
	16	Other expenses (describe ▶ MEETING EXPENSES 1822, REGIST. FEES125)	16	1947
17	<b>Total expenses</b> (add lines 10 through 16) ▶	17	3192	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	15699
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	16479
	20	Other changes in net assets or fund balances (attach explanation) UNREALIZED LOSS	20	-48
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	32130

**Part II Balance Sheets** — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 39.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16479	32130
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 <b>Total assets</b>	16479	32130
26 <b>Total liabilities</b> (describe ▶ _____)		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . .	16479	32130

For Paperwork Reduction Act Notice, see the separate instructions.

ISA

Form **990-EZ** (2001)

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40.)		Expenses
What is the organization's primary exempt purpose? <u>IMPROVEMENT OF NEPALI HEALTHCARE</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	(Grants \$ )	28a 3193
29	(Grants \$ )	29a
30	(Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32 Total program service expenses (add lines 28a through 31a)		32 3193

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE ATTACHED				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. . . . . ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. . . . . ▶ 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 ▶ 39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . ▶ 39b		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. . . . .		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 . . . . . ▶ 0		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶		
41	List the states with which a copy of this return is filed. ▶		
42	The books are in care of ▶ JULIA SHEPARDSON Telephone no. ▶ 650-851-4261 Located at ▶ 4420 ALPINE ROAD 3108, PORTOLA VALEY, CA ZIP + 4 ▶ 94028-8005		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		

Please Sign Here

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

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

Paid Preparer's Use Only	Preparer's signature ▶ <u>Kean H. Connor</u>	Date ▶ <u>6/5/02</u>	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) ▶ <u>214-64-8985</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>HEINE &amp; HERMANN, PA. 20 E. TIMONIUM RD#301, TIMONIUM, MD.</u>	EIN ▶ <u>52-1219208</u>	Phone no. ▶ <u>410-561-5005</u>	

21093

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.

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2000 calendar year, or tax year beginning, 2000, and ending, 20

B Check if applicable:

- Change of address, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: AMERICA-NEPAL MEDICAL FOUNDATION, INC. 5180 PECK HILL ROAD JAMESVILLE, NY 10002

D Employer identification number: 04-3392651 E Telephone number F Check if application pending

G Accounting method: Cash Accrual Other (specify) H Enter 4-digit group exemption no. (GEN)

I Organization type (check only one) 501(c)(3) 527 or 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Check 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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 7,445

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) [X]

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 7,445. Expenses total: 1,512. Net Assets total: 16,479.

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Total assets: 16,479. Total liabilities: 16,479. Net assets or fund balances: 16,479.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)		Expenses
What is the organization's primary exempt purpose? <u>IMPROVEMENT OF NEPALI HEALTHCARE</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	<u>SEE ATTACHED</u> ----- ----- (Grants \$ )	28a 1,512
29	----- ----- (Grants \$ )	29a
30	----- ----- (Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b> 1,512

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>SEE ATTACHED</u>				
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-----				
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Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. . . . . 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 . . . . . 39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . 39b		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 . . . . . ▶ 0		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ 0		
41	List the states with which a copy of this return is filed. ▶		
42	The books are in care of ▶ <u>JULIA SHEPARDSON</u> Telephone no. ▶ <u>650-851-4261</u> Located at ▶ <u>4420 ALPINE ROAD #108, PORTOLA VALLEY, CA</u> ZIP + 4 ▶ <u>94028-8005</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <u>43</u>		

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W, page 14.)			
	Signature of officer	Date	Type or print name and title.	
Paid Preparer's Use Only	Preparer's signature ▶ <u>Kieran M. Cannon</u>	Date ▶ <u>11/9/02</u>	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN ▶ <u>214-64-8985</u>
	Firm's name (or yours if self-employed) and address, and ZIP code ▶ <u>HEINE &amp; HERMANN, PA</u> <u>20 E TIMONIUM RD #301 TIMONIUM MD</u>	EIN ▶ <u>52-1219208</u>	Phone no. ▶ <u>21093</u>	

# COPY

OMB No. 1545-1150

## Short Form

# 990-EZ

## Return of Organization Exempt From Income Tax

# 1999

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

Department of the Treasury  
Internal Revenue Service

**A** For the 1999 calendar year, OR tax year beginning \_\_\_\_\_, 1999, and ending \_\_\_\_\_

**B** Check if:  
 Change of address  
 Initial return  
 Final return  
 Amended return (required also for state reporting)

**C** Name of organization  
 AMERICA-NEPAL MEDICAL FOUNDATION, INC.  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
 5180 PECK HILL ROAD  
 City or town, state or country, and ZIP + 4  
 JAMESVILLE, NY 10002

**D** Employer identification number  
04-3392651

**E** Telephone number

**F** Check  if exemption application is pending

**G** Accounting method:  Cash  Accrual  Other (specify) ▶

**H** Enter four-digit group exemption number (GEN)

**I** Type of organization —  Exempt under section 501(c) ( 3 ) ◀ (insert number) OR  section 4947(a)(1) nonexempt charitable trust  
 Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

**J** Check  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 the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

**K** Enter the 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 Form 990-EZ.

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)	
Revenue	1	Contributions, gifts, grants, and similar amounts received (attach schedule of contributors) . . . . .	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 . . . . .	5a
	5b	Less: cost or other basis and sales expenses . . . . .	5b
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c
	6	Special events and activities (attach schedule):	
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a
6b	b Less: direct expenses other than fundraising expenses . . . . .	6b	
6c	c Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	6c	
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
7b	b Less: cost of goods sold . . . . .	7b	
7c	c Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	7c	
8	Other revenue (describe ▶ _____ )	8	
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . . ▶	9 8,365	
Expenses	10	Grants and similar amounts paid (attach schedule) . . . . .	10
	11	Benefits paid to or for members . . . . .	11
	12	Salaries, other compensation, and employee benefits . . . . .	12
	13	Professional fees and other payments to independent contractors . . . . .	13
	14	Occupancy, rent, utilities, and maintenance . . . . .	14
	15	Printing, publications, postage, and shipping . . . . .	15 262
	16	Other expenses (describe ▶ MEETINGS AND SUPPLIES )	16 2,662
17	<b>Total expenses</b> (add lines 10 through 16) . . . . . ▶	17 2,924	
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17) . . . . .	18 5,441
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 5,105
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20
	21	<b>Net assets or fund balances at end of year</b> (combine lines 18 through 20) . . . . . ▶	21 10,546

Part II		Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. (See Specific Instructions on page 36.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	5,105	22 10,546
23	Land and buildings . . . . .		23
24	Other assets (describe ▶ _____ )		24
25	<b>Total assets</b> . . . . .	5,105	25 10,546
26	<b>Total liabilities</b> (describe ▶ _____ )		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	5,105	27 10,546

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

Form 990-EZ (1999)

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See Specific Instructions on page 36.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>IMPROVEMENT OF NEPALI HEALTHCARE</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>SEE ATTACHED</u> ----- ----- ----- (Grants \$ _____)	<b>28a</b> 2,924
29	----- ----- ----- (Grants \$ _____)	<b>29a</b>
30	----- ----- ----- (Grants \$ _____)	<b>30a</b>
31	Other program services (attach schedule) (Grants \$ _____)	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b> 2,924

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See Specific Instructions on page 36.)			
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>SEE ATTACHED</u> ----- ----- ----- ----- -----				

<b>Part V</b>	<b>Other Information</b> (See Specific Instructions on page 37.)	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____ 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. . . . . <b>38b</b> _____		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0 ; section 4912 ▶ _____ 0 ; section 4955 ▶ _____ 0		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 . . . . . ▶ _____ 0		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ _____ 0		
41	List the states with which a copy of this return is filed. ▶ _____		
42	The books are in care of ▶ <u>JULIA SHEPARDSON</u> Telephone no. ▶ <u>650-851-4261</u> Located at ▶ <u>4420 ALPINE ROAD #108, PORTOLA VALLEY, CA</u> ZIP + 4 ▶ <u>94028-8005</u>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction U, page 14.)			
	Signature of officer _____	Date _____	Type or print name and title _____	
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ <u>Keenan M. Cannon</u>	Date ▶ <u>1/9/02</u>	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN ▶ <u>214-64-8985</u>
	Firm's name (or yours if self-employed) and address ▶ <u>HEINE &amp; HERMANN, PA</u>	EIN ▶ <u>52-1219208</u>	ZIP + 4 ▶ <u>21093</u>	
	<u>20 E TIMONIUM RD #301 TIMONIUM MD</u>			

COPY

OMB No. 1545-1150

990-EZ

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

Department of the Treasury Internal Revenue Service

Header section containing fields A through K: Accounting method, organization name (AMERICA-NEPAL MEDICAL FOUNDATION, INC.), address (5180 PECK HILL ROAD, JAMESVILLE, NY 10002), EIN (04-3392651), and gross receipts (\$6,000).

Table with 3 columns: Description, Line Number, and Amount. Rows include Revenue (Total: 6,000), Expenses (Total: 2,115), and Net Assets (Total: 5,105).

Table with 3 columns: Description, (A) Beginning of year, and (B) End of year. Rows include Balance Sheets for Cash, Land, and Total Assets (Total: 5,105).

<b>Part III Statement of Program Service Accomplishments</b> (See Specific Instructions on page 34.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>IMPROVEMENT OF NEPALI HEALTHCARE</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b>	<u>SEE ATTACHED</u>		
	(Grants \$ )	<b>28a</b>	2,115
<b>29</b>			
	(Grants \$ )	<b>29a</b>	
<b>30</b>			
	(Grants \$ )	<b>30a</b>	
<b>31</b>	Other program services (attach schedule) . . . . .	(Grants \$ )	<b>31a</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b> 2,115

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See Specific Instructions on page 34.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>SEE ATTACHED</u>				

<b>Part V Other Information</b> (See Specific Instructions on page 35.)		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b>	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. . . . .		X
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		X
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) . . . . .		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> 0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
<b>b</b>	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. . . . . <b>38b</b>		
<b>39</b>	<b>501(c)(7) organizations.</b> — Enter: <b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	<b>501(c)(3) organizations.</b> — Enter: Amount of tax imposed during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		
<b>b</b>	<b>501(c)(3) and (4) organizations.</b> — Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach an explanation.		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b>	Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ 0		
<b>41</b>	List the states with which a copy of this return is filed. ▶		
<b>42</b>	The books are in care of ▶ <u>JULIA SHEPARDSON</u> Telephone no. ▶ <u>650-851-4261</u> Located at ▶ <u>4420 ALPINE ROAD #108, PORTOLA VALLEY, CA</u> ZIP + 4 ▶ <u>94028-8005</u>		
<b>43</b>	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041</b> — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (See General Instruction U, page 12.)			
	Signature of officer	Date	Type or print name and title.	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN
	Firm's name (or yours if self-employed) and address		EIN ▶	
			ZIP + 4 ▶	

COPY

Short Form

OMB No. 1545-1150

Form 990-EZ

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

1997

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form header section containing: A For the 1997 calendar year, OR tax year beginning, 1997, and ending, 19; B Check if: Change of address, Initial return, Final return, Amended return; C Name of organization: AMERICA-NEPAL MEDICAL FOUNDATION, INC.; D Employer identification number: 04-3392651; E State registration number; F Check if exemption application is pending; G Accounting method: Cash; H Enter four-digit group exemption number (GEN); I Type of organization: Exempt under section 501(c) (3); J Check if the organization's gross receipts are normally not more than \$25,000; K Enter the organization's 1997 gross receipts: \$ 1,220.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 28.)

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 1,220). Rows 10-17: Expenses. Rows 18-21: Net Assets (Total net assets: 1,220).

Part II Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows and 3 columns. Rows 22-27: Balance Sheet items (Total assets: 1,220; Total liabilities; Net assets or fund balances).

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 32.)

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? IMPROVEMENT OF NEPALI HEALTHCARE Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Table with 3 columns: Line number (28-32), Description of program service, and Expense amount. Line 28: SEE ATTACHED. Line 29: (Grants \$). Line 30: (Grants \$). Line 31: Other program services (attach schedule) (Grants \$). Line 32: Total program service expenses (add lines 28a through 31a).

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 32.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation, (E) Expense account and other allowances. Row 1: SEE ATTACHED.

Part V Other Information (See Specific Instructions on page 33.)

Table with 3 columns: Question number, Question text, and Yes/No response. Questions 33-43 cover various organizational activities and tax reporting requirements.

Signature and Preparer's Use Only section. Includes fields for Preparer's signature (Kevin M. Cannon), Date (1/9/02), Firm's name (HEINE & HERMANN, PA), and address (20 E TIMONIUM RD #301 TIMONIUM MD).