EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A	For th	e 2021 calendar year, or tax year beginning and ending						
В	Check it		D Employer identific	cation number				
	applicat	le:						
	Addr							
F	Nam chan		04-33926	51				
F	Initia retur	No. 1 (1980) In the second of						
F	Final	120 DATENCTA VILLAGE DD #105 BY 103	(904)315					
_	termi			G Gross receipts \$ 524,231.				
	Ame	nded CM AIICIICMINE ET 22005	H(a) Is this a group re					
F	Appl		for subordinates					
_	pend	120 PALENCIA VILLAGE DR., UNIT 105, BOX #10						
$\overline{\mathbf{I}}$	Tax-ex		8 (4)	list. See instructions				
		ite: WWW.ANMF.ORG	H(c) Group exemption					
			ear of formation: 1997					
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: TO SUPPOR	RT THE NEPALI	PEOPLE'S				
Governance		ONGOING EFFORTS TO ENHANCE THEIR HEALTH STATU						
2	2	Check this box if the organization discontinued its operations or disposed of m		sets.				
ď	3	Number of voting members of the governing body (Part VI, line 1a)		22				
G	4	Number of independent voting members of the governing body (Part VI, line 1b)		22				
oč U	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		0				
i.	6	Total number of volunteers (estimate if necessary)		0				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.				
Ā	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.				
			Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	145,253.	227,582.				
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.				
9/4	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,765.	296,649.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	234,018.	524,231.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
U	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
Fynenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
9	b	Total fundraising expenses (Part IX, column (D), line 25)						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	434,489.	485,824.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	434,489.	485,824.				
	19	Revenue less expenses. Subtract line 18 from line 12	-200,471.	38,407.				
Net Assets or	Ses		Beginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)	173,962.	212,368.				
t As	21	Total liabilities (Part X, line 26)	0.	0.				
		Net assets or fund balances. Subtract line 21 from line 20	173,962.	212,368.				
	art II							
Un	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is				
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.					
Sig	jn	Signature of officer	Date					
He	re	KALPANA SHRESTHA, TREASURER						
		Type or print name and title	I Data Laure E	DTIN				
		Print/Type preparer's name	Date Check	PTIN				
Pai		WILLIAM T. ABARE III, CPA	05/27/22 self-employ					
	parer	Firm's name ABARE, KRESGE & ASSOCIATES CPAS	Firm's EIN 🕨	32-0025877				
Use	Only	Firm's address 1200 PLANTATION ISLAND DRIVE		4 460 0545				
_		ST. AUGUSTINE, FL 32080	Phone no. 90	4-460-0747				
Ma	y the	RS discuss this return with the preparer shown above? See instructions		X Yes No				

132002 12-09-21

Form 990 (2021)

Form 990 (2021) AMERICA NEPA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		- 21
,		7		х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			- 21
8				х
•	Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	מדו		
10		15	X	
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	- 21	
16		46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		22
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

AMERICA NEPAL MEDICAL FOUNDATION 04-3392651 Form 990 (2021) Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled ontity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? |f "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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(gambling) winnings to prize winners?

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AMERICA NEPAL MEDICAL FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		7.7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		х
a	to file Form 8282? If "Yos," indicate the number of Forms 8282 filed during the year 7d	7c		21
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the amount of reserves on hand	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	ı		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

	Chock if Schodulo O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	wilh	any other						
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5	X	X			
6									
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?								
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:						
a	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		200				
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	100		401					
				10b	X				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y beloi	e illing the form?	11a	Λ				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	X				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Λ	_			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		12c	X				
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	\vdash			
14				14	X	\vdash			
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			14	21				
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		церепцепц						
a	The organization's CEO, Executive Director, or top management official			15a	X				
				15b	X				
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		***************************************	.00					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
. 54	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			100					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.			2000					
	Own website Another's website X Upon request Other (explain	on So	chedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			l financ	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records						
	THE ORGANIZATION - 9043159584								
	120 PALENCIA VILLAGE DR., UNIT 105, BOX #103, S. AU	JGUS	TINE, FL	320	95				
132006	12-09-21			Form	990	(2021)			

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Companies Comp	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per	more son i	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
ROJECT COMMITTEE CHAIR		(list any hours for related organizations below	Individual frustee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	compensation from the organization and related
C20 BHUPESH KHADKA, MD		1.00								•	
RESIDENT	Accommon sound to consider an exercision content and the resident of the consideration and the content and the	00.00	X		X				0.	0.	0.
SINOD KHADKA, MD	•	20.00	١,,								_
VICE PRESIDENT		10.00	X	H	X		-	<u> </u>	0.	0.	0.
(4) KALPANA SHRESTHA		10.00	₩.		v					0	0
TREASURER		10 00	^	\vdash	Δ	_		┢	0.	0.	0.
SAMESH CHAUDHARY	The state of the s	10.00	v		v				0		0
MEMBER	Security Control Contr	1 00	122		22	_		\vdash	0.	0.	
Column	The state of the s	1.00	x						0.	٥.	0.
MEMBER	STORED HAR STORE DE PRODUCTION CONTRACTOR CO	0.50	 			\vdash				•	•
Color		0100	x		x				0.	0.	0.
X X 0 0 0 0 0 0 0 0	(7) BISHNU SAPKOTA	1.00									
(8) CHANDRA PRAKASH CHATAUT, MD	GENERAL SECRETARY		X		Х				0.	0.	0.
MEMBER	(8) CHANDRA PRAKASH CHATAUT, MD	0.50									
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MEMBER	(9) DINESH SUBEDI, MD	1.00									
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(17) BINOD DHUNGANA, MD 1.00		1.00	x						0.	0.	0.
		1.00	 	Н		\vdash		Т		•	•
			X						0.	0.	0.

132007 12-09-21 Form **990** (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Namo and titlo	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s both	n an	(D) Roportablo compensation from	(E) Roportablo compensatio from related		an	(F) timato nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated ernployee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensat om the anizati d relate anizatio	e on ed
(18) RAJU CENTURY, MD MEMBER	1.00	Х						0.		0.			0.
(19) DIXA DHITAL, MD MEMBER	0.50	x						0.		0.			0.
(20) SANDESH PANDIT, MD SECRETARY	14.00	X						0.		0.			0.
(21) SHAMBHU ARYAL	0.50							0.		0.			
MEMBER (22) JIVAN LAMICHHANE	1.50	X											0.
MEMBER		X						0.		0.			0.
				Н									
		_				_							
								0		0			
1b Subtotal c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)	nt limited to th						o re	0.	000 of reportable	0.			0.
compensation from the organization			11010	<u> </u>		,, ,,		, and the than \$100,				V	0
3 Did the organization list any former officer,	director, trust	ee, k	көу е	empl	oye	e, or	hig	hest compensated emp	oyee on			Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from t			3		X
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual			4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com							elate	ed organization or individ	lual for services		5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest countries or the organization. Report compensation for the organization.		151							100	ensa	tion fro	m	
(A) Name and business			ONE					(B) Description of s		С	ompe) nsatior	1
							\dashv						
2 Total number of independent contractors (ir \$100,000 of compensation from the organize		ot lir	nited	d to t	thos		ted	above) who received mo	ore than				

Form **990** (2021)

			Check if Schedule O contains a response or note to any lin	e in this Part VIII			
			check in contours a contains a respense of frete to any in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded
				The second and second second second	function revenue	business revenue	from tax under
							sections 512 - 514
ts	1 :	a	Federated campaigns 1a				
an		b	Membership dues 15,975.				
S C			Fundraising events 1c	1			
fts,				1			
Contributions, Gifts, Grants and Other Similar Amounts	'						
JS,			Government grants (contributions) 1e				
tion	1	f	All other contributions, gifts, grants, and				
bu			similar amounts not included above 1f 211,607.				
FO		q	Noncash contributions included in lines 1a-1f 1g \$				
Sor		_	Total. Add lines 1a-1f	227,582.			
0 10			Business Code				
			Busiliess Code				
ce	2	a					
e Zi	- 1	b					
am Ser	,	C					
am eve		d					
Be		е					
Program Service Revenue			All other program service revenue				
			W NO				
		g	Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and				
			other similar amounts)				
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
			(i) Real (ii) Personal				
	6	_					
	6						
			Less: rental expenses 6b				
			Rental income or (loss) 6c				
	1	d	Net rental income or (loss)				
	7	a	Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory 7a				
		h	Less: cost or other basis	1			
Φ			and sales expenses				
nu							
her Revenue							
B	l .		Net gain or (loss)				
Jer	8	a	Gross income from fundraising events (not				
₹			including \$ of				
			contributions reported on line 1c). See				
			Part IV, line 18 8a 296,649.				
				1			
	l .			206 640			206 640
			Net income or (loss) from fundraising events	296,649.			296,649.
	9	a	Gross income from gaming activities. See				
			Part IV, line 19 9a				
	1	b	Less: direct expenses 9b				
			Not income or (loss) from gaming activities				
			Gross sales of inventory, less returns				
	10	a					
			and allowances 10a				
		b	Less: cost of goods sold10b				
		С	Net income or (loss) from sales of inventory				
			Business Code				
snc	11 :	а					
nec		b					
Ilai							
Miscellaneous Revenue	l '	C	All able an account				
Σ	1		All other revenue				
		е	Total. Add lines 11a-11d	F04 654	_	_	206 515
	12		Total revenue. See instructions	524,231.	0.	0.	296,649.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schodulo O contains a response or note to any line in this Part IX **(D)** Fundraising expenses (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): Management a Legal 1,150. 1,150. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 709. 709. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 481,358. 481,358. PROJECT EXPENSES BANK SERVICE CHARGES 2,470. 2,470 75. 75. FILING FEES 50. 50. WEBSITE EXPENSES 12. 12. е All other expenses 485,824. 4,466. 0. 481,358. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

12		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		173,962.	1	212,368.
	2	Savings and temporary cash investments			2	,
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		,	4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes		5		
	6	Loans and other receivables from other disqualif				
	"	under section 4958(f)(1)), and persons described	· · · · · · · · · · · · · · · · · · ·		6	
	_		the first seek the second seek		7	
Assets	7	Notes and loans receivable, net			-	
Ass	8	Inventories for sale or use			8	
	9		I		9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D			40	
	27720	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		172 060	15	212 260
	16	Total assets. Add linos 1 through 15 (must oqua		173,962.	16	212,368.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
Se	22	Loans and other payables to any current or form	101 0 10 1 10 10 10 10 10 10 10 10 10 10			
Liabilities		trustee, key employee, creator or founder, substa				
iab		controlled entity or family member of any of thes			22	
_	23	Secured mortgages and notes payable to unrela-			23	
	24	Unsecured notes and loans payable to unrelated	NAME OF THE PROPERTY OF THE PR		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
"		Organizations that follow FASB ASC 958, chee	ck here ▶ X			
Se		and complete lines 27, 28, 32, and 33.		450.000		
lan	27			173,962.	27	212,368.
Ba	28	Net assets with donor restrictions			28	
pun		Organizations that do not follow FASB ASC 95	58, check here 🕨 🔙			
Net Assets or Fund Balances		and complete lines 29 through 33.				
SO	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmont fund		30	
As	31	Retained earnings, endowment, accumulated inc			31	
Net	32	Total net assets or fund balances		173,962.	32	212,368.
	33	Total liabilities and net assets/fund balances		173,962.	33	212,368.

Form **990** (2021)

Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments	
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses	
9 Other changes in net assets or fund balances (explain on Schedule O) 9	24.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	50
column (B)) 10 212, 36 Part XII Financial Statements and Reporting	00.
Check if Schedule O contains a response or note to any line in this Part XII	
	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Х
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	X
If "Yos," chock a box bolow to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	v
Act and OMB Circular A-133? In 16 IIV and II did the averagination and area the required and it are quited. If the averagination did not undergothe required and its production of the control of the co	<u>X</u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits. explain why on Schedule O and describe any steps taken to undergo such audits	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

132012 12-09-21

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

QUZ I

Name of the organization

Inspection
Employer identification number

				MEDICAL FOUNI				0	4-3392651
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The 1 2 3 4	organ	ization is not a private found. A church, convention of chit A school described in secti A hospital or a cooperative A medical research organizative, and state:	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Form anization described in se	in sectio 1 990).) ection 17 0	on 170(b)(1	i).)(iii). Enter	the hospital's name,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6 7 8 9		section 170(b)(1)(A)(iv). (OA federal, state, or local government An organization that normal section 170(b)(1)(A)(vi). (OA community trust described An agricultural research orgon university or a non-land-government of the section 170(b)(1)(A)(vi).	vernment or governm Ily receives a substar omplete Part II.) ed in section 170(b)(ganization described	ntial part of its support fr (1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i	om a gove t II.) i x) operate	ernmental ed in conju	unit or from th	land-grant	college
		university:							
10	X	An organization that normal activities related to its exemincome and unrelated busin See section 509(a)(2). (Cor	npt functions, subject ness taxable income	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
11		An organization organized a		velv to test for public saf	etv. See	section 50)9(a)(4).		
12 a b		An organization organized a more publicly supported organizes 12a through 12d that of the supported organization organization. You must control or management of organization(s). You must control or management of organization(s). You must control or management of organization(s). You must	ganizations described describes the type of anization operated, so on(s) the power to reg complete Part IV, Se anization supervised f the supporting orga	d in section 509(a)(1) of supporting organization upervised, or controlled ligularly appoint or elect a actions A and B. or controlled in connect anization vested in the same	r section some and complete support of the support	509(a)(2). plete lines ported organic the direct	See section 5 12e, 12f, and anization(s), ty tors or trusted and organization	509(a)(3). (3). (4) 12g. (5) pically by es of the sun(s), by have	Check the box on giving upporting ving
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
d e		its supported organization Type III non-functionally that is not functionally int requirement (see instructi Check this box if the organ functionally integrated, or	rintegrated. A supp egrated. The organiz ions). You must con anization received a v	orting organization operation generally must sation generally must sationplete Part IV, Sections written determination from	ated in cor sfy a distri A and D, m the IRS	nnection with the control of the con	vith its suppor quirement and V.	an attentiv	
f	Ente	er the number of supported o	organizations						
g		vide the following informatior ii) Name of supported organization	about the supporte	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document?	(v) Amount of support (see in		(vi) Amount of other support (see instructions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support				_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Publi					T	
	Public support percentage for 2021 (I		5	20 C		14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies					'	
b	33 1/3% support test - 2020. If the						
47	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			5 Sec. 10.			
	meets the facts-and-circumstances te					17a and line 15 is	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the						
19	organization meets the facts-and-circular Private foundation. If the organization						
10	rivate louituation. It the organization	ni ulu not check a	DOX OIT HITE TO, TO	a, 100, 17a, 01 17k	, oneon this box a	and see mounding	/T

Schedule A (Form 990) 2021 AMERICA NEPAL MEDICAL FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	blow, please comp	ioto Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	()	,	(-/	, ,	\-,'	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	48,907.	66,175.	167,378.	234,018.	524,231.	1040709.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,375.	22,000.	43,100.	0.	0.	70,475.
3	Gross receipts from activities that	,	•	,			
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	54,282.	88,175.	210,478.	234,018.	524,231.	1111184.
	Amounts included on lines 1, 2, and	31/2020	00/1/30	210/1/01	231,010	321/231	
	3 received from disqualified persons						0.
r	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1111184.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	54,282.	88,175.	210,478.	234,018.	524,231.	1111184.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	54,282.	88,175.	210,478.	234,018.	524,231.	1111184.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here		***************************************				
Sec	ction C. Computation of Publi						
15	Public support percentage for 2021 (li	ne 8, column (f), di	vided by line 13, o	column (f))		15	100.00 %
16	Public support percentage from 2020		_			16	100.00 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20				Handy appropriate parameters and resolutions and produced	17	.00 %
18	Investment income percentage from 2					18	%
198	33 1/3 % support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box an	-					<u>X</u>
k	33 1/3% support tests - 2020. If the	-					
00	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organizatio	n ala not check a l	oox on line 14, 19a	a, or 19b, check th	is pox and see inst	ructions	

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

ΔM	ERICA NEPAL M	EDICAL FO	OUNDATTO	J		04-339265	51
	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	zation answered "	Yes" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2	For grantmakers Door	ribe in Dort V the	organization's r	procedures for monitoring the use of its	grants and att	or accietance cuts	side the
2	United States.	inde in Part V trie	Organizations	procedures for monitoring the use of its	grants and ou	iei assistarice outs	side trie
3		ne following Part	I, line 3 table ca	ın be duplicated if additional space is n	eeded.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activ	vity listed in (d)	(f) Total
		offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	describe	gram service, specific type (s) in the region	expenditures for and investments in the region
			1	GRANTS TO RECIPIENTS			
				LOCATED IN THE AFFECTED			
NEPA	АL	0	0	REGION			0.
							
							1
							
_	0.14-4-1	0	0				0
	Subtotal Total from continuation		0				0.
D	sheets to Part I	0	0				0.
C	Totals (add lines 3a		200				
	and 3h)	0	0				0.

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

04-3392651 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ANMF NEPAL OVERSIGHT					
		l	EXPENDITURES.	10,000.		0.		
		NEPAL	CORONAVIRUS RELIEF	415,312.		0.		
		l	COMMUNITY MENTAL HEALTH CTR	20,000.		0.		
2 Enter total number of	recipient organization	ı ns listed above that are r	recognized as charities by the f	oreign country,	recognized as a tax			1

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided a section 501(c)/2) organization by the IRS or for which the grantee or counced has provided as the IRS or for

3 Enter total number of other organizations or entities

AMERICA NEPAL MEDICAL FOUNDATION Schedule F (Form 990) 2021

04-3392651 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of cash disbursement (g) Description of (f) Amount of (b) Region (a) Type of grant or assistance recipients cash grant noncash noncash assistance assistance

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

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions.						
			(a) Fvent #1	(b) Fvent #2	(c) Other events NONE	(d) Total events (add col. (a) through		
			COVID 19 (event type)	(ovent type)	(total number)	col. (c))		
Revenue			(event type)	(event type)	(total number)	+		
	1	Gross receipts	296,649.			296,649.		
	2	Less: Contributions						
_	3	Gross income (line 1 minus line 2)	296,649.			296,649.		
	4	Cash prizes						
Ŋ	5	Noncash prizes				 		
esued	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>			
D	11				>	296,649.		
Pá	ırt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, o	r reported more than			
		\$13,000 0H FORM 990-EZ, IIIIe 0a.		(b) Pull tabs/instant		(d) Total gaming (add		
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct [4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	% Yes % No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>			
	_							
a	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No		
	_							
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No		
	-							
1320	32 10)-21-21			Sche	edule G (Form 990) 2021		

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICA NEPAL MEDICAL FOUNDATION

Employer identification number 04 - 3392651

FORM 990, PART VI, SECTION A, LINE 6: ANMF IS A MEMBERSHIP ORGANIZATION WITH ANNUAL MEMBERSHIPS AND LIFE MEMBERSHIPS. FORM 990, PART VI, SECTION A, LINE 7A: IN ACCORDANCE WITH THE BY-LAWS, ANMF MEMBERS ELECT THE BOARD AT THE ANNUAL MEMBERS MEETING AND APPROVE CHANGES TO THE BY-LAWS. FORM 990, PART VI, SECTION A, LINE 7B: ELECTION OF THE BOARD IS A MEMBERSHIP DECISION. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS POLICY BY HOLDING QUARTERLY BOARD MEETINGS. THE EXECUTIVE COMMITTEE MEETS MORE FREQUENTLY TO POLL THE BOARD BY EMAIL IF NECESSARY. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS NO COMPENSATED STAFF. IF IT DID THE BOARD WOULD REVIEW AND APPROVE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 20:	21				Page 2
Name of the organization	AMERICA NEP	AL MEDICAL	FOUNDATION		Employer identification number 04-3392651
FORM 990, PAR	T VI, SECTION	N C, LINE 1	9:		
THE ORGANIZAT	ION MAKES ITS	S GOVERNING	DOCUMENTS,	CONFLICT C	F INTEREST POLICY
AND FINANICAL	STATEMENTS A	AVAILABLE T	O THE PUBLI	C UPON REQU	EST.