

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

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)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		AMERICA NEPAL MEDICAL FOUNDATION		04-3392651
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		C/O DONALD C. BLAIR MD, 5188 PECK HILL RD		650-851-4261
City or town, state or country, and ZIP + 4		F Group Exemption Number		
JAMESVILLE, NY 13078-9724				

• 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) ▶

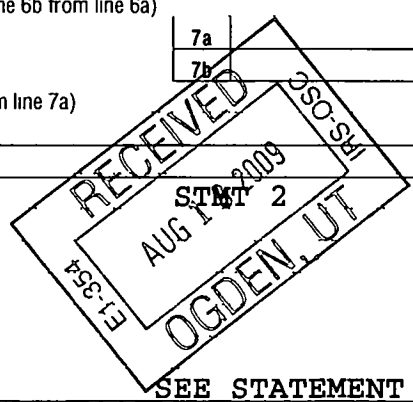
I Website: ▶ WWW.ANMF.NET **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 **K Check** if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **42782.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	Expenses	Net Assets	1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1			Contributions, gifts, grants, and similar amounts received															38673.											
2			Program service revenue including government fees and contracts															2525.											
3			Membership dues and assessments																										
4			Investment income															1584.											
5a			Gross amount from sale of assets other than inventory																										
5b			Less: cost or other basis and sales expenses																										
5c			Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																										
6			Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
6a			a Gross revenue (not including \$ _____ of contributions reported on line 1)																										
6b			b Less: direct expenses other than fundraising expenses																										
6c			c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																										
7a			Gross sales of inventory, less returns and allowances																										
7b			b Less: cost of goods sold																										
7c			c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																										
8			Other revenue (describe ▶ _____)																										
9			Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															42782.											
10			Grants and similar amounts paid (attach schedule)															52260.											
11			Benefits paid to or for members																										
12			Salaries, other compensation, and employee benefits																										
13			Professional fees and other payments to independent contractors																										
14			Occupancy, rent, utilities, and maintenance																										
15			Printing, publications, postage, and shipping																										
16			Other expenses (describe ▶ _____)																										
17			Total expenses. Add lines 10 through 16															55694.											
18			Excess or (deficit) for the year (Subtract line 17 from line 9)																										
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)																										
20			Other changes in net assets or fund balances (attach explanation)																										
21			Net assets or fund balances at end of year. Combine lines 18 through 20																										



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	48685.	35773.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	48685.	35773.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48685.	35773.

SCANNED SEP 08 2009

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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, 6a, and 7a (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 section 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?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		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," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 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	Section 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ NY		
42a	The books are in care of ▶ DR. RUPA HAMAL Telephone no. ▶ 614-478-3345 Located at ▶ 1003 REECE RIDGE DRIVE, GAHANNA, OH ZIP + 4 ▶ 43230		
b	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)?		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ _____		
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 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 49b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over \$100,000

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 furnished to him.
 Signature of officer: *Rupa Hamal*
 Type or print name and title: RUPA HAMAL

Paid Preparer's Use Only
 Preparer's signature: *Kieran M Cannon*
 Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER, NYBORG & CANNON
 20 E TIMONIUM RD STE 3
 TIMONIUM, MD. 21093-3459

May the IRS discuss this return with the preparer shown above? 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13953.	49931.	19501.	21911.	38673.	143969.
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	2985.	1825.	3735.	2155.	2525.	13225.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5	16938.	51756.	23236.	24066.	41198.	157194.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6394.	7676.	7900.	3723.	25385.	51078.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000				3073.		3073.
c Add lines 7a and 7b	6394.	7676.	7900.	6796.	25385.	54151.
8 Public support (Subtract line 7c from line 6)						103043.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	16938.	51756.	23236.	24066.	41198.	157194.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	206.	93.	981.	334.	1584.	3198.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	206.	93.	981.	334.	1584.	3198.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						160392.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	64.24 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	76.39 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.99 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.12 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CONFERENCE PROGRAM EXPENSES			3150.
BANK, INVEST AND FILING FEES			194.
TOTAL TO FORM 990-EZ, LINE 16			3344.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
SNAKEBITE PROJECT ASSOCIATION FOR NATURE CONSERVATION AND SOCIA BHARATAPUR-6, BAIDIKNAGAR CHITWAN PO BOX 5, NEPAL	UNRELATED	5406.	
SUPPORT FOR MEDICAL LAB IN SAMAJ SAHAKAR SMAMAJ SAHAKARI HOSPITAL BARDIBAS VDC-7 MAHOTTARI DISTRICT, NEPAL	UNRELATED	8883.	
PRIMARY EYE CARE LIONS CLUB OK KATHMANDU KIRTIPUR TYALAN-1 KIRTIPUR KATHMANDU, NEPAL	UNRELATED	6479.	
PEDIATRIC OPTHAMOLOGY MONITORING AND SER BP KOIRALA INSTITUTE OF HEALTH SCIENCES BP KOIRALA INSTITUTE, GHOPA DHARAN, NEPAL	UNRELATED	13470.	
PROJECT EVALUATION AND MONITORING AMERICA NEPAL CHIKITSA PRATISTHAN PO BOX 6338, JORPATI KATHMANDU, NEPAL	UNRELATED	4287.	
CARDIAC ELECTRO PHYSIOLOGY TRAINING SAHID GANGALAL NATIONAL HEART CENTRE BASBARI KATHMANDU, NEPAL	UNRELATED	10772.	

AMERICA NEPAL MEDICAL FOUNDATION

04-3392651

ENDEMIC PARASITE EPIDEMIOLOGY
PARASED-TRIBHUVAN UNIVERSITY
KITIPUR
KATHMANDU, NEPAL

UNRELATED

2963.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

52260.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

PROVISION OF PEDIATRIC OPHTHAMOLOGY SERVICES IN RURAL NEPAL BY ACQUISITION OF RELATED EQUIPMENT AND SUPPLIES. 350 CHILDREN SCREENED & 5 SUBSEQUENT SURGERIES. COMPLETE DETAILS ON THIS PROJECT #06BPK001 AND #07BPK002 AVAILABLE AT WWW.ANMF.NET

SPONSORSHIP FOR CARDIAC ELECTROPHYSIOLOGY TRAINING FOR SAHID GANGALAL NATIONAL HEART CENTRE. 400+ PROCEDURES IN TRAINING. COMPLETE DETAILS ON THIS PROJECT #06GHC001 AVAILABLE AT WWW.ANMF.NET

BASIC LABORATORY SUPPORT FOR SAMAJ SAHAKARI HOSPITAL THROUGH PROVISION OF
MULTIPLE ITEMS OF MEDICAL AND LAB EQUIPMENT AND INSTRUMENTS. COMPLETE
DETAILS ON THIS PROJECT #08SSH001 AVAILABLE AT WWW.ANMF.NET

IMPROVEMENT OF NEPALI HEALTHCARE BY PROMOTION OF THE ADVANCEMENT OF MEDICAL TRAINING AND PRACTICE IN NEPAL WITH PARTICULAR FOCUS ON IMPROVING THE QUALITY OF MEDICAL CARE, EDUCATION AND RESEARCH.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 8

DESCRIPTION	GRANTS	EXPENSES
2008 ANNUAL CONFERENCE-INFECTIOUS DISEASE IN NEPAL. SPEAKERS AND LOCAL CONDITION UPDATES.	0.	3150.
SNAKEBITE PROJECT AND BOOKLET-EDUCATIONAL MATERIAL DEVELOPMENT AND DISTRIBUTION FOR RECOGNITION,AVOIDANCE AND TREATMENT OF VENOMOUS SNKEBITE.COMplete DETAILS ON THESE PROJECTS #08ANC001 AND #07TU001 AVAILABLE AT WWW.ANMF.NET	5406.	5406.
AMERICA NEPAL CHIKITSA PRATISTHAN LOCAL ORGANIZATION ADMINISTRATION AND OVERSIGHT COSTS.PROJECT #07ANCP002	4287.	4287.
PROJECT TO PROVIDE FOR PRIMARY EYE CARE SERVICES FACILITIES FOR KITIPUR MUNICIPALITY PROJECT #07LCK001	6479.	6479.
EPIDEMIOLOGY STUDY OF ENDEMIC PARASITES OF GORKHA NEPAL PROJECT #08TU001	2963.	2963.
TOTAL TO FORM 990-EZ, LINE 31	19135.	22285.

**America Nepal Medical Foundation Board of Directors
2007 – 2008**

Federal ID Number 04-3392651

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Individuals listed may be contacted through the organization at its address. Individuals above average at least .5 hours per week in their positions. The reportable amount for each individual listed for columns B, C, D & E of Part IV is \$ -0-.