

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2006

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations, and controlling organization as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: AMERICA NEPAL MEDICAL FOUNDATION. D Employer identification number: 04-3392651. E Telephone number: 650-851-4261. F Group Exemption Number.

G Accounting method: [X] Cash [ ] Accrual Other (specify). H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.ANMF.NET

J Organization type (check only one): [X] 501(c) ( 3 ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [X] 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 \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 24217.

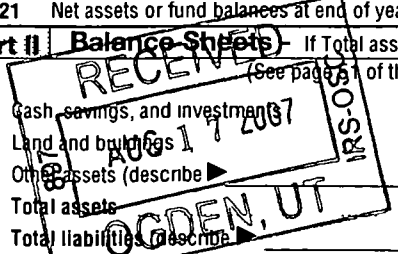
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 24217. Expenses total: 12370. Net Assets total: 56498.

Part II Balance Sheets (See page 23 of the instructions)

Table with 7 rows for Balance Sheets. (A) Beginning of year, (B) End of year. Total assets: 44365. Total liabilities: 286. Net assets: 56498.

SCANNED AUG 31 2007



Part III Statement of Program Service Accomplishments (See page 51 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? <b>IMPROVEMENT OF NEPALI HEALTHCARE</b>		
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	<b>BHAKTAPUR CANCER HOSPITAL PROJECT- SEE ATTACHMENT</b>	
	(Grants \$ <b>7400 .</b> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a <b>7400 .</b>
29	<b>SNAKEBITE PROJECT-SEE ATTACHMENT</b>	
	(Grants \$ <b>400 .</b> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a <b>400 .</b>
30		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) <b>SEE STATEMENT 6</b>	
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <b>3996 .</b>
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32 <b>11796 .</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 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 LIST	0.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V)		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	33	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	34	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?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	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?	37b	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?	38a	X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A
39	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

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

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

Table with columns Yes, No and rows 40b, 40e. 40b: Yes, No (X). 40e: Yes, No (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?

41 List the states with which a copy of this return is filed NY

42a The books are in care of DONALD C. BLAIR MD. Telephone no 650-851-4261 Located at 5188 PECK HILL RD., JAMESVILLE, NY ZIP + 4 13078-9724

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)?

Table with columns Yes, No and rows 42b, 42c. 42b: Yes, No (X). 42c: Yes, No (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.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

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 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

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: Donald C. Blair, Date: 13 August 2007, Type or print name and title: Donald C. Blair, President

Paid Preparer's Use Only Preparer's signature: Susan H. Cannon, Date: 8/1/07, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP + 4: BERGER, NYBORG & CANNON PA, 20 E TIMONIUM RD STE 301, TIMONIUM, MD. 21093-3459, EIN, Phone no: 410-561-5005

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization: **AMERICA NEPAL MEDICAL FOUNDATION** Employer identification number: **04 3392651**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(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 \$50,000	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III Statements About Activities** (See page 2 of the instructions )

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a	X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	X
	b Did the organization make any taxable distributions under section 4966?	4b	X
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	X
	d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		0.
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	49931.	13953.	19320.	12841.	96045.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1825.	2985.	3640.	1743.	10193.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	93.	206.	26.	15.	340.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	51849.	17144.	22986.	14599.	106578.
<b>24</b> Line 23 minus line 17	50024.	14159.	19346.	12856.	96385.
<b>25</b> Enter 1% of line 23	518.	171.	230.	146.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2005) 7676.	(2004) 6394.	(2003) 4163.	(2002) 5004.	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2005) 0.	(2004) 0.	(2003) 0.	(2002) 0.	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 19 _____ 20 _____ 21 _____	17 10193.	15 96045.	16 _____	19 _____	20 _____
d Add Line 27a total _____ and line 27b total _____	23237.		0.		
e Public support (line 27c total minus line 27d total)					27e 83001.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f 106578.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 77.8782%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .3190%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
_____			
_____			
_____			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
_____			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for all electing organizations	
		N/A		
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>			
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>			
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>			
<b>39</b> Other exempt purpose expenditures	<b>39</b>			
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>			
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -				
Not over \$500,000 20% of the amount on line 40	}			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000				
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		<b>41</b>		
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000 \$1,000,000				
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>			
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>			
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>			

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.			Amount
	Yes	No	
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a** Transfers from the reporting organization to a noncharitable exempt organization of
  - (i) Cash
  - (ii) Other assets
- b** Other transactions
  - (i) Sales or exchanges of assets with a noncharitable exempt organization
  - (ii) Purchases of assets from a noncharitable exempt organization
  - (iii) Rental of facilities, equipment, or other assets
  - (iv) Reimbursement arrangements
  - (v) Loans or loan guarantees
  - (vi) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CONFERENCE PROGRAM EXPENSES			3996.
BANK, INVEST AND FILING FEES			176.
TOTAL TO FORM 990-EZ, LINE 16			4172.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED INVESTMENT GAIN			286.
TOTAL TO FORM 990-EZ, LINE 20			286.

FORM 990-EZ	SPECIAL FUNDRAISING EVENTS AND ACTIVITIES				STATEMENT	3
DESCRIPTION OF FUNDRAISING EVENTS	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
CHICAGO GALA BENEFIT(CULTURAL FASHION AND DANCE EVENT)	1185.	1185.		0.		
TO FORM 990-EZ, LINE 6	1185.	1185.				

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
BHAKTAPUR CANCER HOSPITAL PROJECT BHAKTAPUR CANCER HOSPITAL PO BOX 6 DHOODPATI WARD NO. 17 BHAKTAPUR, NEPAL	UNRELATED	4250.
SNAKEBITE PROJECT DEB PRASAD PANDEY BHARATPUR-10 CHITWAN, NEPAL	UNRELATED	400.
BHAKTAPUR CANCER HOSPITAL PROJECT BHAKTAPUR CANCER HOSPITAL PO BOX 6 DHOODPATI WARD NO. 17 BHAKTAPUR, NEPAL	UNRELATED	3150.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>7800.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

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

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 6

DESCRIPTION

GRANT

EXPENSES

ANNUAL CONFERENCE

3996.

TOTAL TO FORM 990-EZ, LINE 31

3996.

AMERICA NEPAL MEDICAL FOUNDATION 04-3394657  
2006 FUNDED PROJECTS

2006 FORM 990 EZ PART III LINES 28 + 29

PROJECT CONTACTS	DESCRIPTION	AMOUNT FUNDED
<p>Deb Prasad Pandey c/o Ass. Prof. Dr. Ranjana Gupta President, Parasitological Research &amp; Socio- Environmental Development, Nepal, Central Department of Zoology, Tribhuvan University Kirtipur, Kathmandu, Nepal Project Location: Bharatpur Hospital Bharatpur -10 Chirwan, Nepal</p>	<p>Snakebite is a major but neglected public health problem in southern Nepal. Insufficient studies have been conducted to date concerning snakebite management in Nepalese hospitals. There is a need to provide accurate records of mortality and morbidity in venomous snakebite in relation to types of snake, time taken to arrive at hospital, and practice of treating before arrival in the hospital. Bharatpur Hospital will, with the support of the America Nepal Medical Foundation, undertake a field study to develop the information needed to improve the management of snakebites. This study will be conducted by Dr. Deb Prasad Pandey.</p>	<p>Targeted Donation  \$ 400.</p>
<p>Bhaktapur Cancer Hospital PO Box 6 Dhoodhpati ward no. 17 Bhaktapur, Nepal</p>	<p>Bhaktapur Cancer Hospital, established in 1999, is the only cancer hospital within Kathmandu Valley. The Hospital is non-profit making institute and is in desperate need of a new building. The UK Friends of Bhaktapur Cancer Hospital initiated a project of Memorial Building with contributions of Rs.100,000 from each of 200 Nepalese living in UK, US and Nepal to be donated in the names of their beloved dead. The details of individual donation will be permanently displayed in the Hall of Memory.</p>	<p>Targeted Donations  \$ 7,400.</p>

FOR MORE INFORMATION SEE THE WEBSITE: [www.anmf.net](http://www.anmf.net)



## **The Purpose of America Nepal Medical Foundation**

**T**he mission of ANMF is to promote the advancement of medical training and practice in Nepal.

It is the firm belief of the foundation that as with the problems in any other field, the primary responsibility of resolving Nepal's health problems lies with the Nepali people including medical professionals. There can be no substitute for their own commitment and action in Nepal. However, as a U.S. based nonprofit organization, the foundation is committed to supporting the Nepali people's ongoing efforts to enhance their health status. ANMF will focus on improving the quality of medical care, medical education and medical research in Nepal.

The foundation's objectives are to:

- ◆ Promote the advancement of medical training and practice in Nepal;
- ◆ Promote and facilitate continuing medical education in Nepal through various symposia, seminars and workshops in collaboration with local organizations;
- ◆ Strengthen research capability of Nepali health professionals by fostering collaboration with North American research institutions;
- ◆ Facilitate academic visits to Nepal by North America based experts in medicine;
- ◆ Explore, arrange and sponsor qualified Nepali medical professionals for short-term training in US and Canadian medical institutions;
- ◆ Provide educational resource materials such as journals, reference texts, and audio-visual and computer based learning materials;
- ◆ Collect and deliver appropriate medical equipment to needy programs in Nepal;
- ◆ Foster access to current world medical literature for Nepali health professionals through the use of the Internet and web;
- ◆ Foster cooperation between ANMF and other organizations providing medical assistance in Nepal;
- ◆ Support construction of facilities to promote the advancement of medical training and practice in Nepal.



**America Nepal Medical Foundation Board of Directors  
2006 – 2007**

Federal ID Number 04-3392651

2006 990-EZ PART IV

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**Libby Wilson, MD, California**

Individuals listed may be contacted through the organization at its address.  
Individuals listed 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-.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>AMERICA NEPAL MEDICAL FOUNDATION</b>	Employer identification number <b>04-3392651</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O DONALD C. BLAIR MD, 5188 PECK HILL RD.</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>JAMESVILLE, NY 13078-9724</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **DONALD C. BLAIR MD.**  
Telephone No. ▶ **650-851-4261** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2006** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.