

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

# 2007

Open to Public Inspection

### A For the 2007 calendar year, or tax year beginning and ending

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

• 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**

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

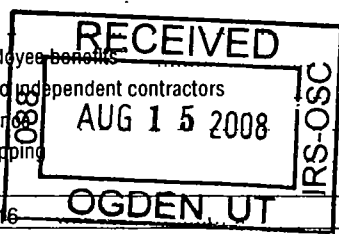
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**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 \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **29205.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

SCANNED Revenue 6 2008	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>21911.</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>2155.</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	<b>334.</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	<b>4035.</b>
	<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	<b>38.</b>
	<b>c</b> Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	<b>5c</b>	<b>3997.</b>
	<b>6</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> <b>STMT 2</b>		
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	<b>770.</b>
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>		
<b>c</b> Net income or (loss) from special events and activities Subtract line 6b from line 6a <b>SEE STATEMENT 4</b>	<b>6c</b>	<b>770.</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ _____ )	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>29167.</b>	
<b>10</b> Grants and similar amounts paid <b>STMT 5</b>	<b>10</b>	<b>34649.</b>	
<b>11</b> Benefits paid to or for members	<b>11</b>		
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>		
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>		
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>		
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>304.</b>	
<b>16</b> Other expenses (describe ▶ _____ ) <b>SEE STATEMENT 1</b>	<b>16</b>	<b>2335.</b>	
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>37288.</b>	
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 9	<b>18</b>	<b>-8121.</b>	
<b>19</b> 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)	<b>19</b>	<b>56498.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 3</b>	<b>20</b>	<b>308.</b>	
<b>21</b> Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	<b>48685.</b>	



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

(See page 60 of the instructions)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>56498.</b>	<b>48685.</b>
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ _____ )		
<b>25 Total assets</b>	<b>56498.</b>	<b>48685.</b>
<b>26 Total liabilities</b> (describe ▶ _____ )		
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>56498.</b>	<b>48685.</b>

723421  
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2007)

<b>Part III Statement of Program Service Accomplishments</b> (See page 60 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>SEE STATEMENT 6</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>NAYA HEALTH- IMPROVING MATERNAL AND CHILD HEALTH SERVICES THROUGH TRAINING OF NEPALI MEDICAL PERSONNEL. COMPLETE DETAILS ON THIS PROJECT #06NH001 AVAILABLE AT WWW.ANMF.NET</b> (Grants \$ <b>10000.</b> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a 10000.
29	<b>KARING FOR KIDS-SUPPORT FOR BASIC MEDICAL LABORATORY IN RASUWA DISTRICT MOTHER AND CHILD HEALTH CLINIC.COMPLETE DETAILS ON THIS PROJECT #07KFK001 AVAILABLE AT WWW.ANMF.NET</b> (Grants \$ <b>8073.</b> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29a 8073.
30	<b>HOSPICE NEPAL-PALLIATIVE CARE TRAINING AND EDUCATION IN NEPAL COMPLETE DETAILS ON THIS PROJECT# 06HN001 AVAILABLE AT WWW.ANMF.NET</b> (Grants \$ <b>7000.</b> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30a 7000.
31	Other program services (attach schedule) <b>SEE STATEMENT 8</b> (Grants \$ <b>9576.</b> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31a 11588.
32	<b>Total program service expenses.</b> Add lines 28a through 31a <input checked="" type="checkbox"/>	32 36661.

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated See page 61 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.

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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 <input checked="" type="checkbox"/>	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

	Yes	No
40b		X
40e		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)?

	Yes	No
42b		X
42c		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 RUPA HAMAL Date 8-12-08 Type or print name and title RUPA HAMAL TREASURER.

Paid Preparer's Use Only Preparer's signature Kevin M. Cannon Date 8/12/08 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

**2007**

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 1 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
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<p><b>1</b> 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)</p> <p>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.</p>	1		X
<p><b>2</b> 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.)</p> <p><b>a</b> Sale, exchange, or leasing of property?</p> <p><b>b</b> Lending of money or other extension of credit?</p> <p><b>c</b> Furnishing of goods, services, or facilities?</p> <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p><b>e</b> Transfer of any part of its income or assets?</p>	2a		X
	2b		X
	2c		X
	2d		X
	2e		X
<p><b>3 a</b> 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.)</p> <p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p> <p><b>c</b> 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</p> <p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3a		X
	3b		X
	3c		X
	3d		X
<p><b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p> <p><b>b</b> Did the organization make any taxable distributions under section 4966?</p> <p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p> <p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year</p> <p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p> <p><b>f</b> 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</p> <p><b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>	4a		X
	4b		
	4c		
		N/A	
		N/A	
		N/A	
			0.
			0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 ▶

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- 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 8 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> <span style="float: right;">▶</span>					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	19501.	49931.	13953.	19320.	102705.
<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	3735.	1825.	2985.	3640.	12185.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	981.	93.	206.	26.	1306.
<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	24217.	51849.	17144.	22986.	116196.
<b>24</b> Line 23 minus line 17	20482.	50024.	14159.	19346.	104011.
<b>25</b> Enter 1% of line 23	242.	518.	171.	230.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> N/A
<b>b</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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> N/A
<b>d</b> Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> N/A
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27</b> Organizations described on line 12: <b>a</b> 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: (2006) 7900. (2005) 7676. (2004) 6394. (2003) 4163.					
<b>b</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: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 12185. 20 _____ 21 _____					<b>27c</b> 114890.
<b>d</b> Add: Line 27a total 26133. and line 27b total 0.					<b>27d</b> 26133.
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 88757.
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27f</b> 116196.
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 76.3856%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 1.1240%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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	

Schedule A (Form 990 or 990-EZ) 2007



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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 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>41</b>	
<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) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
CONFERENCE PROGRAM EXPENSES	2012.
BANK, INVEST AND FILING FEES	323.
TOTAL TO FORM 990-EZ, LINE 16	2335.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
46 SHARES DEVON ENERGY	4035.	0.	38.	3997.
TO FORM 990-EZ, LINE 5	4035.	0.	38.	3997.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED INVESTMENT GAIN	308.
TOTAL TO FORM 990-EZ, LINE 20	308.

FORM 990-EZ SPECIAL FUNDRAISING EVENTS AND ACTIVITIES STATEMENT 4

DESCRIPTION OF FUNDRAISING EVENTS	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
NY BENEFIT EVENT	770.		770.		770.
TO FORM 990-EZ, LINE 6	770.		770.		770.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SNAKEBITE PROJECT PARASED, TRIBHUVAN UNIVERSITY TRIBHUVAN UNIVERSITY, BHARAPTUR CHITWAN, NEPAL	UNRELATED	3688.
SUPPORT FOR MEDICAL LAB IN CLINIC KARING FOR KIDS C/O SCOTT MACLENNAN, PO BOX 1170 SANDIA PARK, NM 87047	UNRELATED	8073.
PALLIATIVE CARE TRAINING AND EDUCATION HOSPICE NEPAL HOSPICE NEPAL, LAGANKHEL KATHMANDU, NEPAL	UNRELATED	7000.
MEDICAL EDUCATION UNIT ESTABLISHMENT PATAN HOSPITAL LALITPUR KATHMANDU, NEPAL	UNRELATED	2500.
PERINATAL AND PEDIATRIC CARE DELIVERY NYAYA HEALTH C/O DUNCAN SMITH-ROHRBERG, 135 COLLEGE ST., STE.323 NEW HAVEN, CT 06510	UNRELATED	10000.
PROJECT EVALUATION AND MONITORING AMERICA NEPAL CHIKITSA PRATISTHAN PO BOX 6338, JORPATI KATHMANDU, NEPAL	UNRELATED	3388.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		34649.

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S STATEMENT 6  
PRIMARY EXEMPT PURPOSE

EXPLANATION

IMPROVEMENT OF NEPALI HEALTHCARE-SEE ATTACHED STATEMENT

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

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 8

DESCRIPTION

GRANT

EXPENSES

ANNUAL CONFERENCE		2012.
SNAKEBITE PROJECT	3688.	3688.
AMERICA NEPAL CHIKITSA PRATISTHAN	3388.	3388.
PATAN HOSPITAL	2500.	2500.
TOTAL TO FORM 990-EZ, LINE 31	9576.	11588.



## The Purpose of America Nepal Medical Foundation

04-3392651

The 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.

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**2007 - 2008**

2007 990-EZ PAF-10  
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 C, D & E of Part IV is \$ -0-.