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Form **990-EZ**

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 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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form. The opposition may be a form a convert the requirements.

OMB No 1545-1150

Department of the Treasury

Open to Public

inten	The organization may have to use a copy of this return to satisfy state reporting requirements	nts.	Inspection
	or the 2009 calendar year, or tax year beginning and ending		· · · · · · · · · · · · · · · · · · ·
	pplicable Tricase 1.	loyer i	identification number
	Address use IRS Line Itabel or Line III and II		
			133839
	Initial return type Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele	phone	number
	Termin- Specific 64-65 212TH STREET 7	<u> 18-</u>	<u>279-4356</u>
	Amended trons City or town, state or country, and ZIP + 4 F Gro	эр Ехе	mption
	Application OAKLAND GARDENS, NY 11364 Num	nber 🕨	<u> </u>
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting m	ethod:	X Cash Accrual
	Schedule A (Form 990 or 990-EZ). Other (specify)	
1.1	Vebsite: ► WWW.NDMFNY.COM H Check ►	区 if t	the organization is not
J 1	ax-exempt status (check only one) — 🗶 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 required to attach	Sched	dule B (Form 990, 990-EZ, or 990-PF)
K	theck In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more	han \$2	25,000. A Form 990-EZ or
	Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	
	irt I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Pa	rt I.)
	1 Contributions, gifts, grants, and similar amounts received	1	
	Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	1731.
	5a Gross amount from sale of assets other than inventory 5a 5a		
	b Less: cost or other basis and sales expenses 5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
ē	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐		
Ē	a Gross revenue (not including \$ of contributions		
Revenue	reported on line 1) 6a 78371.		
_	b Less: direct expenses other than fundraising expenses 6b 66180.		
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	12191.
	7a Gross sales of inventory, less returns and allowances 7a		
	b-less: cost of goods sold		
-	c Gross profit or (loss) fram sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe)	8	
	9 Total revenue. Add In 63 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	13922.
띪	10 Grants and similar arriouns paid (attach schedule) STMT 2	10	5000.
_	(1) Cale of the Wald to or for members	11	
Ses les	12 Salaries, other compensation, and employee benefits	12	
nse:	13 Professional fees and other payments to independent contractors	13	
Exper	14 Occupancy, rent, utilities, and maintenance	14	
≫ ŭ	15 Printing, publications, postage, and shipping	15	10799.
ે ર	16 Other expenses (describe ► SEE STATEMENT 1)	16	630.
Š	17 Total expenses. Add lines 10 through 16	17	16429.
_	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<2507.
1 S	19 Net assets or fund balances at beginning of year (from line 27, column (A))		
SSS	(must agree with end-of-year figure reported on prior year's return)	19	289775.
Net Assets	20 Other changes in net assets or fund balances (attach explanation)	20	
(ž	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	287268.
Net Assets	Int II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990		20,2001
, ,	(See the instructions for Part II.) (A) Beginning of year	<u> </u>	(B) End of year
20	Cash, savings, and investments 289775	. 22	287268.
22		23	201200.
23	Land and buildings Other coasts (december 1)	24	
24	Other assets (describe \(\sum_{\text{1}} \) Total assets \(\sum_{\text{289775}} \)		287268.
25			_
26	Total liabilities (describe ►) 0		297269
9321	Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 9 7 7 5	. 27	287268.
9321	2-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

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

	m 990-EZ (2009) NARGIS DUTT MEMORIAL FOUN			<u> 13-</u>	<u>-313</u>	3839 Page	2
P	art III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		1	Expenses	
Wh	at is the organization's primary exempt purpose? SEE STATEMENT	5	-		(Requir	ed for section 501(c)(3)	
	scribe what was achieved in carrying out the organization's exempt pur		ee manner descr	ıhe		1(c)(4) organizations and	
	escribe what was achieved in carrying out the organization's exempt purposes provided, the number of persons benefited, and other relevan			IDE	section for othe	1 4947(a)(1) trusts, option	ıai
				NT.	Tior oute	#5)	_
28	GRANTS TO INDO AMERICAN CANCER ASSO			<u> </u>	1 1		
	INVOLVED IN ADVANCING MEDICAL CARE	TO CANCER PAT	IENTS.				
	(Grants \$ 5000.) If this amount includes foreign g	rants, check here	▶		28a	0	
29	<u> </u>						_
					1 1		
							
					1		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	لــــــــــــــــــــــــــــــــــــــ	29a		_
30							
				_	1 1		
				_			
	(Constant)			$\overline{}$	20-		
	(Grants \$) If this amount includes foreign g	grants, check here	·	ليا	30a		_
31	Other program services (attach schedule)			_			
	(Grants \$) If this amount includes foreign g	rants, check here		<u></u>	31a		_
32	Total program service expenses (add lines 28a through 31a)		•		32		
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	a instructi	ons for Part IV)	
		<u> </u>		$\overline{}$	ontribution		_
		(b) Title and average hours	(c) Compensation		employe		
	(a) Name and address	per week devoted to	(If not paid, enter		efit plans		
		position	-0)	d	leferred	other allowance	S
				com	pensatio	วท	
	SEE STATEMENT 4	1		1			
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9321 02-0	/ <u>2</u> 8-10				Fc	orm 990-EZ (200	9)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part 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		Х
34	Were any changes made to the organizing or governing documents? 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, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 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/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		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]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	igsquare	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			1
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D.			
е	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	40e	L	_X_
41	List the states with which a copy of this return is filed. NY		256	
42 a	The organization's books are in care of ►NARGIS DUTT MEMORIAL FOUNDAT Telephone no. ► 718-27			
	Located at \triangleright 64-65 212TH STREET, OAKLAND GARDENS, NY ZIP+4 \triangleright 1	T 2 0	4	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X
	account)?	420	\vdash	
	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			
		42c		X
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	426		
40	If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43	.	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		1	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			<u> </u>
77	Form 990-EZ	44		х
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	<u> </u>		
	completed instead of Form 990-EZ	45		х
		Form 9	90-EZ	

46 Did t	ne organization engage i	n direct or indirect political campaign acti	vities on behalf of or in opposition to d	andidates for public	;		Yes	No
	? If "Yes," complete			•		46		
	· ·	n lobbying activities? If "Yes," complete	e Schedule C, Part II			47		X X X
48 Is the	organization a school a	s described in section 170(b)(1)(A)(ii)? If	f "Yes," complete Schedule E		<u> </u>	48		X
49a Did tl	ne organization make an	y transfers to an exempt non-charitable re	elated organization?		<u>,</u>	49a		X
	-	ization a section 527 organization?			Į	49b		
		ganization's five highest compensated emion from the organization. If there is none		, irusices and key ei	(d) Contribution			illole
	(a) Name and add	ress of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	to employee benefit plans & deferred compensation	(e	e) Expe ccount : er allow	and
								
51 Com	plete this table for the or nization. If there is none,	vees paid over \$100,000 ganization's five highest compensated incenter "None." NONE ress of each independent contractor paid		ved more than \$100. (b) Type of ser			rom the	
51 Comj	plete this table for the or nization. If there is none, (a) Name and add	ganization's five highest compensated inc enter "None." NONE	more than \$100,000					
51 Comj	number of other indepe	ganization's five highest compensated incenter "None." NONE ress of each independent contractor paid natent contractors each receiving over \$10 1. If he are that I have examined this return, inclusionation of preparer (other than officer) is based	more than \$100,000 00,000 uding accompanying schedules and statemer	(b) Type of ser	rvice (d	Com	npensat	
d Total Sign Here	number of other indeperation. If there is none, (a) Name and add number of other indeperations of perjurcerect, and complete D Signature of officer Preparer's signature	ganization's five highest compensated incenter "None." NONE ress of each independent contractor paid magnitude to the contractors each receiving over \$100 contractors of the contractor of the contractors of the contractors of the contractors of the contractors each receiving over \$100 contractors of the contracto	more than \$100,000 00,000 iding accompanying schedules and statemer on all information of which preparer has any	(b) Type of ser	y knowledge and be	ief, it is	true,	tion
d Total Sign	number of other indeperation. If there is none, (a) Name and add (a) Name and add Under penalties of perjuricorrect, and complete D Signature of officer Type or print name a Preparer's signature Firm's name (or yours if self-employed),	ganization's five highest compensated incenter "None." NONE ress of each independent contractor paid nitent contractors each receiving over \$1 () Lighthere that I have examined this return, included a second of oreparer (other than officer) is based and title	Date 03/20/10 ONY) CPA'S PLLC E 205	(b) Type of ser	y knowledge and be Date Date 26-37	Com lief, it is limber (5	true, ib	tion

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NARGIS DUTT MEMORIAL FOUNDATION

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

13-3133839 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 exempt 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). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b ___ Type II c ____ Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II. Type III. supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 NARGIS DUTT MEMORIAL FOUNDATION 13-3133839 Page 2 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 (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (b) 2006 (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 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 20067 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) 0. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 100.00 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 100.00 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 17a 10% -facts-and-circumstances test - 2009. 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

Schedule A (Form 990 or 990-EZ) 2009

b 10% -facts-and-circumstances test - 2008. 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

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

•				
Schedule	A JEam	000 0	000 E71	2000
oci iedule	ATFUILL	33U UI	330.671	2003

Page 3

Section A. Public Support Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and	(a) 2005	(b) 2006	(6) 2001		(e) 2009	(i) iotai
membership fees received. (Do not					+	
include any "unusual grants.")						
2 Gross receipts from admissions,		 			-	
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the					1	
organization's tax-exempt purpose		 			 	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		 			ļ	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	_ <u></u>					
5 The value of services or facilities		•				
furnished by a governmental unit to				•		
the organization without charge	_	<u> </u>]	
6 Total, Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			,			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				ļ	1	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	_					
Section B. Total Support		<u> </u>		<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(a) 2000	(5) 2000	(0) 200.	(4) 2000	(0,2000	17.1010.
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income					1	
(less section 511 taxes) from businesses						
acquired after June 30, 1975		ļ				
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on						
12 Other income. Do not include gain			-			
or loss from the sale of capital assets (Explain in Part IV)			j]		j
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	ne organization'	s first, second, thir	d. fourth, or fifth to	ax vear as a section	on 501(c)(3) organiz	ration.
check this box and stop here	io organization.	o mot, 0000m a , tim	G, 1001 III, 01 III II	200 y 0 a.	on oo ((a)(a) organiz	
Section C. Computation of Public	Support Pe	rcentage	<u> </u>			
15 Public support percentage for 2009 (lin			column (fl)		15	
16 Public support percentage from 2008 S			(7)	••••	16	
Section D. Computation of Invest			<u> </u>	 ·	1.0	
17 Investment income percentage for 200			ne 13. column (f))		17	
18 Investment income percentage from 20				•	18	
19a 33 1/3% support tests - 2009. If the o		·	on line 14, and line			17 is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2008. If the o	•					► ∟ and
	_					<u></u> [−
line 18 is not more than 33 1/3%, checl		•	•	so a publiciy supp	=	~ _
20 Private foundation. If the organization			40= -1 -1 **	bay		► 1

FORM 990-EZ OTHER EXPENSE	ES	STATEMENT	1
DESCRIPTION		AMOUNT	
MISCELLANEOUS EXPENSES FILLING FEE BANK CHARGES		1:	00. 10. 20.
TOTAL TO FORM 990-EZ, LINE 16		6	30.
FORM 990-EZ CASH GRANTS AND ALLO	CATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUN'	r
INDO AMERICAN CANCER ASSOCIATES P O BOX 572 BULESON, TX 76097	NONE	50	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		50	00.



FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	3
DIRECTLY OF	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL	[] YES [X]	NO
•	SANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. [] YES [X]	NO

FORM 990-EZ	PART IV - LIS	T OF OFF	ICERS, DIRECTORS,	Statement 4
	TRUSTEES	AND KEY	EMPLOYEES	

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYER BEN PLAN CONTRIB	
KAILASH C SHARMA 64-65 212TH STREET, BAYSIDE, NY 11364	PRESIDENT	0.		
SHER S MADRA, 107 LEONARD BLVD, NEW HYDE PARK, NY 11040	SECRETARY 0.00	0.	0.	0.
GURDIP S NARULA P.O.BOX 3731, NEW HYDE PARK, NY 11040	TREASURER 0.00	0.	0.	0.
ANDY MANSUKHANI, 16 FOXHURST COURT, MANHASSET HILLS, NY 11040	BOARD MEMBER 0.00	0.	0.	0.
ASHI CHABBRA, 86-34 SULTRO STREET, HOLLISWOOD, NY 11423	BOARD MEMBER 0.00	0.	0.	0.
DINU NANDA, 245 CRABAPPLE ROAD, MANHASSET HILLS, NY 11030	BOARD MEMBER 0.00	0.	0.	0.
INDER BINDRA 3 KAREN COURT, WESTBURY, NY 11590	BOARD MEMBER 0.00	0.	0.	0.
INDERPAL CHHABRA, 43 WHITTIER DRIVE, SEARINGTOWN, NY 11507	BOARD MEMBER 0.00	0.	0.	0.
JAGDISH GUPTA 15 HAMILTON DRIVE, ROSLYN, NY 11576	BOARD MEMBER 0.00	0.	0.	0.
JANKI RAO 3UNADILLA PLACE, GREENLAWN, NY 11740	BOARD MEMBER 0.00	0.	0.	0.
MEENA GUPTA 15 HAMILTON DRIVE, ROSLYN, NY 11576	BOARD MEMBER 0.00	0.	0.	0.
PETER BHEDDAH, 60 BEACON HILL ROAD, PORT WASHINGTON, NY 11050		0.	0.	0.
KANWAL CHERMA	0.00	0.	0.	0.
HUSSAIN BAQUERI, C/O SIR SPEEDY136 MANETTO HILL ROAD, PLAINVIEW, NY	BOARD MEMBER 0.00	0.	0.	0.

· NARGIS DUTT MEMORIAL FOUNDATION			13-31	.33839
SHAKIR MUKHI 48 RIDGE ROAD, SEARINGTOWN, NY 11507	BOARD MEMBER 0.00	0.	0.	0.
SHAMMI SINGH, 14 GRACE DRIVE, OLD WESTBURY, NY 11568	BOARD MEMBER 0.00	0.	0.	0.
SHUDH PRAKASH SINGH 3200 VETERANS HWY, BOHEMIA, NY 11716	0.00	0.	0.	0.
VIVIER BASSI, 225-15 105TH AVE, QUEENS VILLAGE, NY 11420	BOARD MEMBER 0.00	0.	0.	0.
RAHUL DEV SINGH	0.00	0.	0.	0.
VIDYA BHUSHAN SHARMA , 420 HENDRICHSON AVE, VALLEY STRRAM, NY	0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART	IV	0.	0.	0.

STATEMENT 5 990-EZ PG 2

TO IMPROVE & UPGRADE MEDICAL CARE AND TREATMENT; TO IMPROVE THE CARE & EDUCATION OF HANDICAPPED CHILDREN IN OR FROM THE INDIAN SUBCONTINENT; TO PROVIDE FINANCIAL SUPPORT FOR THE TRAINING & EDUCATION NECESSARY TO CARRY OUT THE OBJECTIVES