

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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# SCANNED MAY 2 4 2011

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)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No 1545-1150

		e 2010 calendar year, or tax year beginning		and end			
В	Check if applicab	C Name of organization			D	Employer	identification number
2	Addr	ess change				100	10000
	Name	change NARGIS DUTT MEMORIAL FOUNDATIO					133839
	Initial	Number and street (or P O box, if mail is not delivered to street addre	ess)	R	oom/suite   E	Telephone	
L	Term	nated 389 OLD COURTHOUSE ROAD				516-	455-3253
	Amer	City or town, state or country, and ZIP + 4			F	Group Exe	emption
	Applic	ation pending MANHASSET HILLS, NY 11040				Number	
G	Accour	iting Method X Cash Accrual Other (specify) ▶			Н	Check -	· X if the organization is <b>no</b> t
1	Websit	e: ► <u>WWW.NARGISDUTTNY.ORG</u>				required to	o attach Schedule B
J	Tax-ex	empt status (check only one) $ \times$ 501(c)(3) $\longrightarrow$ 501(c) ( ) $\triangleleft$ (insert	t no ) 🔲 49	947(a)(1) or	527	(Form 990	), 990-EZ, or 990-PF)
K	Check	If the organization is not a section 509(a)(3) supporting organization a	<b>nd</b> its gross re	eceipts are r	ormally <mark>not</mark> m	ore than \$	50,000 A Form 990-EZ or
	Form 9	90 return is not required though Form 990-N (e-postcard) may be required (see	instructions)	But if the or	ganization cho	oses to file	e a return, be sure to file a
	comple	te return					
L	Add Im	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200	0,000 or more	e, or if total a	issets (Part II,		
	line 25	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$	
P	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Bal	ances (s	ee the instruct	ions for Pa	rt I )
		Check if the organization used Schedule O to respond to any question in this	Part i				X
	1	Contributions, gifts, grants, and similar amounts received				1	
	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments				3	
	4	Investment income	SEE S	CHEDU	LE O	4	1042.
	5a	Gross amount from sale of assets other than inventory	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 lin	e 5a)			5c	
	6	Gaming and fundraising events					
۵	a	Gross income from gaming (attach Schedule G if greater than					
Revenue		\$15,000)	6a				
ě	Ь	Gross income from fundraising events (not including \$	of co	ntributions			
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of suc	ch				
		gross income and contributions exceeds \$15,000)	6b		11135	1.	
	C	Less direct expenses from gaming and fundraising events	6c		4828	7.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtract 1	ıne 6c)		6d	63064.
	7a	Gross sales of inventory, less returns and allowances	7a				
	b	Less cost of goods sold	7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe in Schedule O)				8	
	9_	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	64106.
	10	Grants and similar amounts paid (list in Schedule O)	SEE S	CHEDU	LE O	10	20001.
	11	Benefits paid to or for members				11	
S	12	Salaries, other compensation, and employee benefits				12	
Expenses	13	Professional fees and other payments to independent contractors				13	
Хре	14	Occupancy, rent, utilities, and maintenance				14	
ω̈́	15	Printing, publications, postage, and shipping				15	14885.
	16	Other expenses (describe in Schedule O)	SEE S	CHEDU	LE O .	16_	251.
	17	Total expenses. Add lines 10 through 16				▶ 17	35137.
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	28969.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		,	عادية	,	
Net Assets	1	(must agree with end-of-year figure reported on prior year's return)		٠.		19	287268.
<b>Vet</b>	20	Other changes in net assets or fund balances (explain in Schedule O)			٠٦.	20	0.
_	21	Net assets or fund balances at end of year Combine lines 18 through 20	^ ^ ^ <b>^</b>	1 L. 4 .		▶ 21	316237.
ΙH	Δ For	Panerwork Reduction Act Notice, see the senarate Instructions.	•	- 1717	. ب ا		Form <b>990-EZ</b> (2010)

032171 02-02-11

P	art.it	Balance Sheets. (see the instructions for Part II )					
		Check if the organization used Schedule O to respond to any question		-	,		
			( <i>f</i>	N) Beginning of year	1	(B) E	nd of year
22	Cash,	savings, and investments		287268.	. 22		316237.
23	Land a	and buildings			23		
24	Other	assets (describe in Schedule O)	. [		24		
25		assets		287268.	25		316237.
26	Total	liabilities (describe in Schedule O)		0.	26		0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		287268.	27		316237.
	art III	Statement of Program Service Accomplishmen	nts (see the instructions for	Part III )		Ex	openses
تستست		Check if the organization used Schedule O to respond to any question			X	(Required	for section
Wha	it is the o	organization's primary exempt purpose?SEE SCHEDULE C					and 501(c)(4) ons and section
		hat was achieved in carrying out the organization's exempt pur		ese manner describ	<u> </u>		) trusts, optional
		s provided, the number of persons benefited, and other relevan				for others	)
		TTS TO AMERICAN RED CROSS AN ORG					
20		ANCING MEDICAL CARE TO PATIENTS.			_		
		morno indicina cinta lo lililativa					
	(Cronto	\$ 20001.) If this amount includes foreign of	yrante chack here	<b>•</b>	$\overline{}$	28a	
29	(Grants	2001 • ) It this amount includes loreign (	grants, check here			204	
29			<del></del>			1 1	
					—	l	
	<del></del>				_	امما	
	(Grants	\$ ) If this amount includes foreign of	rants, cneck nere			29a	
30							
			<u></u>		_		
				·			
	(Grants	· · · · · · · · · · · · · · · · · · ·	grants, check here			30a	
31	•	program services (describe in Schedule O)		_ 1			
	(Grants		rants, check here	<b>•</b>	<u> </u>	31a	
32	Total p	program service expenses (add lines 28a through 31a)			<u> </u>	32	0.
P	art IV	List of Officers, Directors, Trustees, and Key E		ven if not compensated (s	ee the	instructions f	or Part IV)
		Check if the organization used Schedule O to respond to any question	in this Part IV	<del></del>			
			(b) Title and average hours		(d) C	ontributions employee	(e) Expense
		(a) Name and address	per week devoted to	(If not paid, enter	bene	efit plans &	account and
			position	-0)		eferred pensation	other allowances
IN	IDERJ	UIT SINGH BINDRA	CHAIRMAN				
		EN COURT, WESTBURY, NY 11590	0.00	0.		0.	0.
SH	ER S	MADRA, 107 LEONARD BLVD, NEW	SECRETARY				
HY	DE E	PARK, NY 11040	0.00	0.		0.	0.
GU	RDIE	S NARULA, 389 OLD COURT HOUSE	TREASURER				
RC	AD,	MANHASSET HILLS, NY 11040	0.00	0.		0.	0.
		BHEDDAH, 60 BEACON HILL ROAD,	VICE CHAIRMAN				
		VASHINGTON, NY 11050	0.00	0.		0.	0.
ŦŇ	DERF	PAL S CHHABRA, 43 WHITTIER	BOARD MEMBER				
		SEARINGTOWN, NY 11507	0.00	0.		0.	0.
		MANSUKHANI, 16 FOXHURST COURT,	BOARD MEMBER	<del>                                     </del>		•	<b>—</b>
W V	NHY	SSET HILLS, NY 11040	0.00	0.		0.	0.
		SH GUPTA	BOARD MEMBER			<u> </u>	
		MILTON DRIVE, ROSLYN, NY 11576	0.00	0.		0.	0.
		SINGH, 14 GRACE DRIVE, OLD	BOARD MEMBER	0.		<u> </u>	0.
			0.00	0.		0	_
WE	PIDL	JRY, NY 11568	0.00			0.	0.
		<del></del>	4				
			-				
							ļ
				1			
_	172 12-11						990-EZ (2010)

PB	Other Information (Note the statement requirements in the instructions for Part V)  Check if the organization used Schedule 0 to respond to any question in this Part V			X
	Check if the diganization used ochedule of to respond to any question in this 1 art v		Yes	_=
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			1
••	Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended		_	
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>			
	reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or			
	501(c)(6) organization 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/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			Ì
	complete applicable parts of Schedule N	36	, ,,,,,,	X
37a	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	ļ	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 tax year covered by this return?	38a	ļ	X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9  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 ► O . , section 4912 ► O .			
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?	404		Х
_	If "Yes," complete Schedule L, Part I	40b		<u> </u>
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
u	organization			1
۰	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
٠	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed NY		·	
	The organization's books are in care of ► NARGIS DUTT MEMORIAL FOUNDAT Telephone no ► 516455	325	3	
	Located at ▶ 389 OLD COURT HOUSE ROAD, MANHASSET HILLS, NY ZIP+4 ▶	104	0	
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		Yes	No
	account)?	42b	ļ	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / B		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
				T
	Data to the state of the state		res	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a	<u> </u>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		[	v
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?  If Even to line 44e, has the expansion filed a Form 720 to report these payments? If "No," provide an explanation	44c	<del> </del>	<del> </del> ^
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	440	<u> </u>	1
	III Ocirconic O		00-57	(2010)

Form 990	-EZ (2	010) NARGIS DUTT MEMO	DRIAL	FOUND	ATION			13-3133	<u>839</u>		Page 4
	-									Yes	No
<b>45</b> Is a	ny rela	ted organization a controlled entity of the orga	anization wi	thin the m	eaning of sect	ion 512(b)	(13)?		45		Х
a Did	the or	ganization receive any payment from or engage	ın any trans	saction with	a controlled enti	ty within th	e meaning of section	512(b)(13)?			
If "Y	es," Fo	rm 990 and Schedule R may need to be comp	leted instead	of Form 99	0-EZ				45a	ļ	X
<b>46</b> Did	the or	ganization engage, directly or indirectly, in polit	ical campaıg	in activities	on behalf of or ir	n opposition	i to candidates for pu	blic office?			
	77.11	mplete Schedule C, Part I							46_		<u> </u>
Part \		Section 501(c)(3) organizations				-				-	
		rganizations and section 4947(a)(1) nonexemp				ns 47 <b>-</b> 49b a	and 52, and complete	the tables for li	nes 50	and 51	_
		heck if the organization used Schedule O to re-	spond to any	/ question ir	this Part VI					V	
45 6.4		on the second of			il- O D4 II				47	Yes	No X
		ganization engage in lobbying activities? If "Ye				۰۱. ۳			47 48		X
	-	inization a school as described in section 170() ganization make any transfers to an exempt no				Jule E			49a		X
		is the related organization a section 527 organ		related Orga	illization,				49b		<del></del>
		this table for the organization's five highest cor		mnlovees (c	other than office	s directors	trustees and key en	nnlovees) who e		ceived	more
	•	,000 of compensation from the organization. If	-			0, 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
					(b) Title and aver	age hours	(c) Compensation	(d) Contribution	s (1	e) Expe	ense
		(a) Name and address of each employee paid	more		per week dev		, ,	to employee benefit plans &	a	ccount	and
		than \$100,000 NON]			position	1		deferred compensation	oth	er allow	<i>i</i> ances
		<u> </u>									
		. <u></u>									
						<del> </del>					
									-		
									-		
		this table for the organization's five highest coron if there is none, enter "None" NONI  (a) Name and address of each independent or	Ε				(b) Type of sen			npensal	
•	_										
			-								
		**									
						<u> </u>					
		ber of other independent contractors each rece	-				·				
		ganization complete Schedule A? Note: All sect	tion 501(c)(3	3) organizati	ions and 4947(a)	)(1) nonexe	mpt		ਹਾ.		¬
cna	U	trusts must attach a completed Schedule A der penalties of perjury, I declare that I have examined	this return, inc	luding accom	panying schedules	and statemen	ts, and to the best of my	knowledge and be	X Yı	true,	No
		rect, and complete Declaration of preparer (other than	officer) is base	ed on all inform	nation of which prej	oarer has any	knowledge				
Sign		Signature of officer						Date			
Here											
		Type or print name and title			-			<u> </u>			
		Print/Type preparer's name	Preparer's s	ignature		Date	Check X	If PTIN	-		
Paid							self- employ	yed			
Prepa	rer	AMAN BAGGA	AMAN B	BAGGA		04/26		P00			
Use O	nly	Firm's name ▶ S. GROVER & C			) CPA'S	PLLC	Firm's EIN	▶26-37	788	31	
		Firm's address ► 115 N BROAD			05		Phone no	516-8	01-	455	5
		HICKSVILLE,	NY 11	801		<del></del>					
May the I	RS <u>d</u> is	cuss this return with the preparer shown above	e? See instru	ıctıons	<del></del>			▶			No
032174 03-04-11									Form 9	390-EZ	(2010)

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

Department of the Treasury Internal Revenue Service **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.

2010
Open to Public Inspection

Name of the organization

Employer identification number

		NARGIS	DUTT MEMORIA	L FOU	NDATI	<u>ON</u>			13	<u>-3133</u>	<u>839</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	e this par	t.) See ins	tructions.				
The organ	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	юх.)					_
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed ın <b>se</b>	ction 170	(b)(1)(A)(i)	).				
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desci	ıbed ın <b>s</b> e	ection 170	(b)(1)(A)(ii	ii). Enter th	ne hospital	's nam	ıe,
	city, and stat	.e										
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or op	erated by	a governi	mental uni	t describe	d In		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗌	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın <b>sectio</b>	n 170(b)(	1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed i	n
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗔	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembershi	p fees, an	d gross re	ceipts	from
	activities rela	ited to its exempt fui	nctions - subject to certa	aın excepti	ons, and (2	2) no more	e than 33 1	1/3% of its	support f	rom gross	ınvest	ment
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	ınızatıon a	fter June 3	0, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10			perated exclusively to te									
11 📖	An organizat	ion organized and or	perated exclusively for the	he benefit	of, to perfo	rm the fu	nctions of,	or to carr	y out the p	ourposes o	of one	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> o	ction 509(	<b>a)(3).</b> Che	ck the box	that	
			organization and compl									
	a Type		- ,,		e III - Fund	-	•			Type III - 0		
e 📖	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than											
		•	gers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).									
f	If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				_
		rganization, check th										L.
9	•		organization accepted ar			-						T
	• •		irectly controls, either al	lone or tog	ether with	persons of	described	ın (ii) and (	III) below,		Yes	No
	-		upported organization?							11g(i)	├	
	•	•	n described in (i) above?		_					11g(ii)	1	
			person described in (i)							11g(iii)	<u>!</u>	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		T	(iii) Type of	k: 11 11		( ) 5	1.4 . 41	(vi) le	tho			
• •	of supported	(ii) EIN	organization		organization sted in your			organizatio	on in col	(vii) An		f
orga	anization		(described on lines 1-9		document?	organization in col (I) of your support?		(i) organiz U S	ed in the l	sup	port	
			above or IRC section (see instructions))	Yes		Yes	No	Yes	No			
		-	(acc mandanana)	163	110	163	140	103				
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032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	·					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					ļ	
	or expended on its behalf		1				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			İ			
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						0.
	ction B. Total Support		1		1	1	1
	indar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(a) 2000	(5) 2007	(6) 2000	(4) 2003	(0) 2010	(i) Total
_	Gross income from interest,						
8							
	dividends, payments received on						
	securities loans, rents, royalties						
^	and income from similar sources	<del>-</del> .		<del>-</del>			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	. <del>-</del>					
10	Other income. Do not include gain						
	or loss from the sale of capital		•				
	assets (Explain in Part IV.)				<del>                                      </del>	<del> </del>	0.
11		-4- /	<u> </u>	<u></u>	1	140	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	_	s tirst, second, th	ira, tourth, or titth t	ax year as a section	on 501(c)(3)	<b>▶</b> □
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage		····	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2010 (			solumn (fl)		14	.00 %
	Public support percentage from 2009		•	COMMIN (I))		15	100.00 %
	33 1/3% support test - 2010.If the o			n line 13 and line	14 is 33 1/3% or r		
108	stop here. The organization qualifies				14 15 55 175 70 01 1	nore, check this bo	M allu ►
			-		Una 15 ia 22 1/20	Carmora abaak ti	wa bay
ľ	33 1/3% support test - 2009. If the o				1 III 15 IS 33 1/37	o of more, check ti	IIS DOX ►X
47.	and stop here. The organization qual				- 12 16a ar 16b	and line 14 in 100/	
178	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac					art iv now the orga	nization
_	meets the "facts-and-circumstances"	_	•		_	47	
t	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						e
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	<u>n did not check a</u>	box on line 13, 10	oa, 16b, 17a, or 17			ns

# Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)

Section A. Public Support  all Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that a related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513  Tax revenues levied for the organization's tax-exempt purpose or expended on its behalf  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  Tax revenues levied for the organization without charge  Tax Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from disqualified persons but Amounts included on lines 1, 2, and 3 received from lines (1) and Gross income from interest, dividends, payments received on dividends, payments received on dividends, payments received on dividends and income from similar sources but flowed to the control the business taxable moome (lies section 1, 2, and 1) and 1,		
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Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more	15	9
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18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more		
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more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b 33 1/3% support tests - 2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more	18	9
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b 33 1/3% support tests - 2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more	3 1/3%, and lin	e 17 is not
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line 18 in not more than 33 1/304, shook this have and atom have. The average the supplies as a publish assent		
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly support	rted organizati	on ▶ <u> </u>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instru	ructions	▶

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

Employer identification number 13–3133839

NARGIS DUTT MEMORIAL FOUNDATION	13-3133839
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1042.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: CHARITABLE	
GRANTEE NAME: RED CROSS	
GRANTEE ADDRESS: 195 WILLIS AVENUE 195 WILLIS AVENUE, NY	11501
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH & CASH EQUIVALENTS	
DATE OF GIFT: 01/25/10	
AMOUNT GIVEN:	00001
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MISC EXPENSES	101.
FILING FEE	110.
BANK CHARGES	40.
TOTAL TO FORM 990-EZ, LINE 16	251.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO IMPROV	/E & UPGRADE
MEDICAL CARE AND TREATMENT; TO IMPROVE THE CARE & EDUCATE	ION OF
HANDICAPPED CHILDREN IN OR FROM THE INDIAN SUBCONTINENT;	TO PROVIDE
FINANCIAL SUPPORT FOR THE TRAINING & EDUCATION NECESSARY	TO CARRY OUT
THE OBJECTIVES	
LUA For Pananyark Reduction Act Nation and the Instructions for Form 900 or 900 E7	dulo O /Form 000 or 000 E7\ /0040\

### **SCHEDULE O** (Form, 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service Name of the organization

NARGIS DUTT MEMORIAL FOUNDATION

Inspection **Employer identification number** 13-3133839

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION RECEIVED, DURING THE YEAR, FUNDS, DIRECTLY OR INDIRECTLY,
TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

# Form CHAR500

### **Annual Filing for Charitable Organizations**

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section

120 Broadway

2010

Open to Public Inspection

This form used for (reptaces forms CHAR 497.

Article 7-A, EPTL and dual filers New York, NY 10271 http://www.charttesnys.com CHAR 010 and CHAR 006) 1. General information 01/01/2010 and ending (mm/dd/yyyy) 12/31/2010 a. For the fiscal year beginning (mm/dd/yyyy) d. Fed. employer ID no. (EIN) b. Check if applicable for NYS c. Name of organization NARGIS DUTT MEMORIAL FOUNDATION 13-3133839 X Address change Name change e. NY State registration no 03-24-92 Initial filing Final filing Number and street (or P O box if mail not delivered to street address) Room/suite f. Telephone number 389 OLD COURTHOUSE ROAD 718 279-4356 Amended filing g. Email City or town, state or country and ZIP + 4 MANHASSET HILLS, NY

We certify under penalties of perjury true, correct and complete in accord			st of our knowledge an	d belief, they ar
- Danidant or Authorized Officer	Thun Za.	INDER BINDRA	PRESIDENT	4/26/11
a. President or Authorized Officer	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treas.	- medyswy	WE GURDIA SINGHIN	ARULA TREASURE	
SEP CITICAL COMMISSION DICTIONS AT 17 COCK	Signature / /	Printed Name	litte	Dafe

3. Annual Report Exemption Information						
nnual report exemption (Article 7-A registrants and dual registrants)  If total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.						
<u>NOTE</u> : An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.						
report exemption (EPTL registrants and dual registrants)  If gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.						
7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual ns under both laws, simply complete part † (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above, <u>Do not</u> submit a fee, to not complete the following schedules and to not submit any attachments to this form.						

4. Article 7-A Schedules		
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:  a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?  * If "Yes", complete Schedule 4a.	Yes*	X No
b. Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.	Yes*	X No

5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:	. 10	
a. Article 7-A filing fee	\$10.	Submit anly one check or money order for the
b EPTL filing fee	\$ <u>100.</u>	total lee, payable to "NYS Department of Law"
c. Total fee	\$110.	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments 🖈 📦 🔳

<sup>068451</sup> 12-27-10 1019 CHAR500 - 2010