Form **991**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545**-**0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A	For th	e 2017 calendar year, or tax year beginning and	d ending					
В	Check if applicab	C Name of organization		D Employer identific	cation number			
		le:						
	Addre	SS AMERICA NEPAL MEDICAL FOUNDATION						
	Name	Doing business as		04-3	392651			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r			
	□Final return			413-	454-1678			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	85,562.			
	Amen return	ded WESTFIELD, MA 01085		H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: DINESTI HAINALI		for subordinates	?Yes X No			
pending SAME AS C ABOVE H(b) Are all subordinates included?								
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or 52	7 If "No," attach a	list. (see instructions)			
		te: ► WWW.ANMF.ORG		H(c) Group exemption				
<u>K</u>	Form o	forganization: X Corporation Trust Association Other	∟ Yea	r of formation: 1997 N	1 State of legal domicile: \mathbf{NY}			
P	art I	Summary						
ě	1	Briefly describe the organization's mission or most significant activities:	SUPPOR'	r THE NEPALI	PEOPLE'S			
& Governance		ONGOING EFFORTS TO ENHANCE THEIR HEALTH						
ern	2	Check this box if the organization discontinued its operations or disp	osed of mo	e than 25% of its net as				
Š	3			3	21			
<u>«</u>	4	Number of independent voting members of the governing body (Part VI , line 1b)			21			
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) $\ \dots$			0			
Activities	6	Total number of volunteers (estimate if necessary)		6	50			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		0.			
			<u> </u>	Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		139,017.	80,187.			
	9	Program service revenue (Part VIII, line 2g)		6,950.	5,375.			
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,386 .	-13,578.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		138,581.	71,984.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		211,990.	372,796.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		0.	0.			
en	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	0.			
ᅑ	_b	Total fundraising expenses (Part IX, column (D), line 25)		29,884.	15,298.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		241,874.	388,094.			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-103,293.	-316,110.			
70	19	Revenue less expenses, Subtract line 18 from line 12		eginning of Current Year				
Net Assets or Fund Balances	200	Total accests (Dort V. line 16)		625,925.	End of Year 309,815.			
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		023,323.	0.			
let/	22	Net assets or fund balances, Subtract line 21 from line 20	·····	625,925.	309,815.			
P	art II			023 / 323 (303,013.			
_		alties of perjury, I declare that I have examined this return, including accompanying schedu	es and stater	nents, and to the best of m	v knowledge and helief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of v			,,			
				1				
Sig	ın	Signature of officer		Date	_			
He		▶ DINESH MAINALI, TREASURER						
	-	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	MICHAEL J. OCAMPO, CPA MICHAEL J. OCAM	MPO, C	03/09/18 if self-employe	P00367194			
Pre	parer	Firm's name BGCKO, LLP		Firm's EIN ▶	53-0229586			
Use	Only	Firm's address 10025 GOVERNOR WARFIELD PKWY #1	108					
_		COLUMBIA, MD 21044-3308		Phone no .41	0-772-8090			
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

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. u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO IMPROVE THE QUALITY OF MEDICAL CARE, MEDICAL TRAINING, AND MEDICAL	
	PRACTICE IN NEPAL. TO BUILD NEPAL'S HEALTHCARE INFRASTRUCTURE. TO	
	PROVIDE MEDICAL RELIEF IN THE EVENT OF NATURAL DIASTER OR PUBLIC	
	HEALTH EMERGENCIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes If "Yes," describe these changes on Schedule O.	l No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	k
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 182,052. including grants of \$ 182,052.) (Revenue \$ ANMF SUPPORTED CONSTRUCTION OF THE EMERGENCY ROOM AND WARDS IN CHAUTARA, CONSTRUCTION OF NARCHYANG COMMUNITY CLINIC, CONSTRUCTION OF TARKANG COMMUNITY HEALTH CENTER, AND CONSTRUCTION OF TILGANGA EYE CENTER IN ROLPA. ANMF SUPPORTS HEALTH POST MAINTENANCE IN EARTHQUAKE DAMAGED AREAS.	<u>0.</u>
4b	(Code:)(Expenses \$ 133,400. including grants of \$ 133,400.) (Revenue \$	0.
4c	(Code:) (Expenses \$ 36,260. including grants of \$ 36,260.) (Revenue \$ ANMF SUPPORTED CONTINUING MEDICAL EDUCATION IN NEPAL, MEDICAL EDUCATION NEPAL INSTITUTIONS, AND OBSERVERSHIPS & TRAININGS IN THE USA FOR NEPALI PROFESSIONALS.	0 • 0 ION
4d	Other program services (Describe in Schedule O.)	
_	(Expenses \$ 34,363 • including grants of \$ 21,084 •) (Revenue \$ 0 •)	
4e	Total program service expenses ► 386,075.	

Form 990 (2017) AMERICA NEPA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
_				_

Form 990 (2017) AMERICA NEPAL MEDI Part IV Checklist of Required Schedules (continued)

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization 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	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٦,
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) AMERICA NEPAL MEDICAL FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►NY							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (ıvailab	l e					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records:							
	THE ORGANIZATION - 413-454-1678							
	27 GLORIA DRIVE, WESTFIELD, MA 01085							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization r	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportab l e	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	\vdash			<u> </u>		,	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-M I SC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,)	organization
	organizations	Individual trustee or director	nstitutional trustee		oyee	Highest compensated employee				and related
	below	vidua	itutio	Officer	Key employee	hest c	Former			organizations
	line)	<u>n</u>	Inst	₩O	Key	Hig	For			
(1) PRAKASH THAPALIYA, MD	1.00	٠,,							0	_
PAST CHAIR	6 00	Х						0.	0.	0.
(2) SUNIL SHARMA, MD, MPH	6.00	Ι,,						0.	0	_
BOARD MEMBER	7.00	Х						0.	0.	0.
(3) SANGITA BASNET, MD CHAIRPERSON	7.00	X		х				0.	0.	0.
(4) ROBERT GERZOFF	1.00	^		Δ				0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(5) DINESH MAINALI, MD	3.00							•	0.	<u> </u>
TREASURER	3.00	x		х				0.	0.	0.
(6) BIJAY ACHARYA, MD	8.00							•	•	
BOARD MEMBER		x						٥.	0.	0.
(7) GANESH CHAUDHARY, MD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CHANDRA CHAUTAUT, MD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MARVIN BRUSTIN, JD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ASHOK CHAUDHARY, MD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) BINOD DHUNGANA, MD	4.00								_	
BOARD MEMBER		Х						0.	0.	0.
(12) RICHARD KATZMAN, MD	1.00	١							•	
BOARD MEMBER	4 00	Х						0.	0.	0.
(13) BHUPESH KHADKA, MD	4.00	,,		,,					0	_
SECRETARY	1 00	Х		Х				0.	0.	0.
(14) DEENU MAHARJAN, MD	1.00	٠,,							0	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) SUSHIL R. PANDEY, MD BOARD MEMBER	1.00	X						0.	0.	0.
	1.00	^						0.	0.	0.
(16) BAROON RAI, MD BOARD MEMBER	1.00	x						0.	0.	0.
(17) SANTOSH SAPKOTA, MBBS, MHA	7.00			\vdash					0.	<u></u>
VICE CHAIRPERSON	— , • • • •	X		х				0.	0.	0.
	1		\vdash		Ц	_			<u> </u>	

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Page 8

Part VII Section A. Officers, Directors, Tr		pioy	/ees		<u>а ні</u> С)	igne	St (1	(E)	
(A)	(B)	Average				1		(D)	(E)			(F)	
Name and title	hours per	Position (do not check more than one box, unless person is both ar						Reportable compensation	Reportable compensation			stimate nount	
	week					or/trus		from	from related		اما	other	JI
	(list any	tor						the	organization		com	npensa	tion
	hours for	r direc				eq		organization	(W-2/1099-MI		1	rom the	
	related	trustee or director	ustee			ensat		(W-2/1099-MISC)				janizati	
	organizations	al trus	na tr		loyee	comp					1	d relat	
	below line)	Individual t	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	วทร
(18) JULIA SHEPARDSON	7.00	트	Ë	튱	, Ke	ぎょ	요						
CO-TREASURER	7.00	X		x				0.		0.			0.
(19) LIBBY WILSON, MD	1.00	^		^		1		•		<u> </u>			<u> </u>
BOARD MEMBER	1.00	X						0.		0.			0.
(20) PANKAJ TIMSINA, MD	1.00							1		•			<u> </u>
BOARD MEMBER		\mathbf{x}						0.		0.			0.
(21) SUBODH MALLIK, MD	1.00												
BOARD MEMBER		x						0.		0.			0.
		1											
		1											
1b Sub-total							▶	0.		0.			0.
c Total from continuation sheets to Part	VII, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.
2 Total number of individuals (including bu	t not l imited to th	nose	liste	ed al	bov	e) wl	ho r	received more than \$100	0,000 of reportab	le			^
compensation from the organization												l Vaa l	0
												Yes	No
3 Did the organization list any former office													Х
line 1a? If "Yes," complete Schedule J fo								h			3		
4 For any individual listed on line 1a, is the and related organizations greater than \$											4		Х
5 Did any person listed on line 1a receive of											4		
rendered to the organization? If "Yes," co	•				,		tia	ted organization or indiv	idual for services	•	5		Х
Section B. Independent Contractors	mpiete correca	00,	0, 0	4011	porc	3011							
Complete this table for your five highest	compensated in	dep	ende	ent c	ont	racto	ors :	that received more than	\$100,000 of cor	npens	sation ·	from	
the organization. Report compensation for	•												
(A)	-							(B)			((C)	
Name and busine	ss address	N	INC	Ξ				Description of s	services		Compe	nsatio	า
		-											
2 Total number of independent contractors \$100,000 of compensation from the organization	-	ot li	mite	d to		se li: 0	sted	d above) who received n	nore than				

Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) Total revenue Related or Unrelated exempt function husiness sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 25,360. 1b **b** Membership dues 31,280. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 23,547. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 80,187 h Total. Add lines 1a-1f Business Code 900099 5,375 5,375 2 a CONFERENCE FEES Program Service Revenue f All other program service revenue 5,375. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Rea (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses **c** Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 31,280. of contributions reported on line 1c). See 0 Part IV, line 18 a 13,578. **b** Less: direct expenses -13,578. -13,578c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

71,984.

5,375.

Total revenue. See instructions.

Form 990 (2017) AMERICA NEPAL Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	372,796.	372,796.		
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	372,7300	372,7304		
5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal			0.00	
С	Accounting	900.		900.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	307.		307.	
13 14	Office expenses Information technology	2,696.	2,696.	3071	
15	Royalties	_,	_, =, ==		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,673.	8,673.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	607		60.7	
23	Insurance	687.		687.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BANK SERVICE CHARGES	1,910.	1,910.		
b	FILING FEE	125.		125.	
С					
d					
е	· — — –	200 004	206 255	0 040	^
25	Total functional expenses. Add lines 1 through 24e	388,094.	386,075.	2,019.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	ii ioliowing 50P 98-2 (ASC 958-720)	I			

Form 990 (2017) Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	625,925.	1	309,815.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	9		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets	l _	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			309,815.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	0.
	26	Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and	. •	26	0.
w		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
če	27	Unrestricted net assets	625,925.	27	309,815.
<u>a</u>	28	Temporarily restricted net assets	•	28	303,0231
Ä	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
P.		and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances		33	309,815.
	34	Total liabilities and net assets/fund balances		34	309,815.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	7: 38: -31:	8,0 6,1	84. 94. 10. 25.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))						
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No		
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Ja	Act and OMB Circular A-133?	ngie Addit	За		х		
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						

Form **990** (2017)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICA NEPAL MEDICAL FOUNDATION

Employer identification number 04-3392651

Par	tΙ	Reason for Public (Charity Status (All organizations must co	omp l ete th	is part.) Se	ee instructions.				
The c	rgan	ization is not a private found A church, convention of ch		-	-		I)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
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,									
4 1		city, and state:	ation operated in co	njunction with a nospita	described	ı III Sectio	II I70(D)(I)(A)(III)₌ ⊑⊓ter	the nospital's name,			
5 [• • • • • • • • • • • • • • • • • • • •	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in			
5 1		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.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		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.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college			
		or university or a non-land-o	grant college of agric	ulture (see instructions).	. Enter the	name, city	, and state of the colleg	je or			
. [37	university:									
10	Δ	An organization that norma									
		activities related to its exen	-	· · · · · · · · · · · · · · · · · · ·				-			
		income and unrelated busin		(less section 511 tax) fr	om busine	esses acqu	ilred by the organization	after June 30, 1975.			
11		See section 509(a)(2). (Cor An organization organized a		ively to test for public sa	afety See	section 50	19(a)(4)				
12		An organization organized a			-			nurnoses of one or			
12 1		more publicly supported or	•	•	•						
		lines 12a through 12d that	=								
а		Type I. A supporting orga					_	/ aivina			
		the supported organization	•	•							
		organization. You must o			, ,			3			
b		Type II. A supporting org			tion with it	ts support	ed organization(s), by ha	ving			
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
С		☐ Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,			
	_	its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)			
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness			
		requirement (see instruct	•	•							
е		☐ Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or		nally integrated support	ing organiz	zation.					
		er the number of supported or vide the following information	-	od organization(s)							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other			
	·	organization		(described on lines 1-10 above (see instructions))	in vour governi Yes	No	support (see instructions)	support (see instructions)			
				above (see instructions))							
Total											

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	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						
	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)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	_					
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	_
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I	ine 6, co l umn (f) d	livided by l ine 11,	co l umn (f))		14	%
15	Public support percentage from 2016	Schedu l e A, Part	II, line 14			15	%
16a	33 1/3% support test - 2017. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	t - 2017. I f the org	janization did not	check a box on l in	e 13, 16a, or 16b,	and l ine 14 is 10%	or more,
	and if the organization meets the "fac					_	
	meets the "facts-and-circumstances" $$	test. The organiza	ation qua l ifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	t - 2016. I f the org	anization did not	check a box on l in	e 13, 16a, 16b, or	17a, and l ine 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	ıs

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	siow, picase comp	nete i art ii.j					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and	, ,		, ,	, ,	, ,		
	membership fees received. (Do not							
	include any "unusual grants.")	15,133.	16,527.	1504756.	108,419.	48,907.	1693742.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose				6,950.	5,375.	12,325.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to						46.054	
	or expended on its behalf	2,780.	4,451.	9,620.			16,851.	
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	17,913.	20,978.	1514376.	115,369.	54,282.	1722918.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
k	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the						0.	
	amount on line 13 for the year Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						1722918.	
	etion B. Total Support						17225101	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 6	17,913.	20,978.	1514376.	115,369.	54,282.	1722918.	
	Gross income from interest.					01,101		
	dividends, payments received on securities loans, rents, royalties, and income from similar sources							
k	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
(Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is							
12	regularly carried on Other income. Do not include gain							
12	or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	17,913.	20,978.	1514376.	115,369.	54,282.	1722918.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,	
							<u></u>	
Se	ction C. Computation of Publi	c Support Per	rcentage					
15	15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))							
16	Public support percentage from 2016					16	100.00 %	
Se	ction D. Computation of Inves	tment Income	e Percentage					
17	Investment income percentage for 20	17 (line 10c, colum	nn (f) divided by l ir	ne 13, co l umn (f))		17	.00 %	
18	Investment income percentage from 2					18	%	
19a	33 1/3 % support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and l ine		
L	more than 33 1/3%, check this box are 33 1/3% support tests - 2016. If the		-					
	line 18 is not more than 33 1/3%, che	-						
20	Private foundation. If the organization		_			=		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number

AMERICA	NEPAL M	EDICAL F	OUNDATIO	N	04-339265	1
Part I	General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "	es" on
-	Form 990, Part N	/, l ine 14b .				
				ds to substantiate the amount of its gra		
the grai	ntees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes No
2 For gra	ı ntmakers ₌ Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
United :	States.					
3 Activitie	es per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	,
(a) l	Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	`employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	agents, and independent contractors	gram services, investments, grants to		investments
			in the region	recipients located in the region)	of service(s) in the region	in the region
				GRANTS TO RECIPIENTS		
				LOCATED IN THE AFFECTED		
NEPAL		0	0	REGION		372,796.
3 a Sub-tot	al	0	0			372,796.
	om continuation					
	to Part I	0	0			0.
	(add l ines 3a					
and 3b)		0	0			372,796.

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			POST EARTHQUAKE							
			ASSISTANCE WITH							
			HEALTH POST							
		NEPAL	CONSTRUCTION AND	182,052.	BANK TRANSFER	0.				
			POST EARTHQUAKE							
			ASSISTANCE WITH							
			VARIOUS PROJECTS IN							
		NEPAL	NEPAL	133,400.	BANK TRANSFER	0.				
			POST EARTHQUAKE ASSISTANCE WITH							
		NEPAL	PROFESSIONAL TRAINING	36,260.	BANK TRANSFER	0.				
		NEPAL	POST FLOOD RELIEF	21,084.	BANK TRANSFER	0.				
2 Enter total number of	recipient organization	ne listed above that are	I recognized as charities by the	foreign country	recognized as tax-a	vemnt		<u> </u>		
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter										

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 AMERICA NEPAL MEDICAL FOUNDATION 04-3392651

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash assistance noncash assistance

Schedule F (Form 990) 2017 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of

investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
AMERICA NEPAL MEDICAL FOUNDATION HAS BEEN WORKING IN NEPAL SINCE 1996.
MANY ANMF MEMBERS ARE ORIGINALLY FROM NEPAL AND WENT TO MEDICAL SCHOOL
THERE BUT ARE NOW BASED IN NORTH AMERICA. THEY ARE FAMILIAR WITH THE
MEDICAL REALITIES IN THE COUNTRY. ANMF WORKS CLOSELY WITH A
NON-GOVERNMENTAL ORGANIZATION BASED IN NEPAL.
PART II, COLUMN (D):
REGION: NEPAL
(D) PURPOSE OF GRANT: POST EARTHQUAKE ASSISTANCE WITH HEALTH POST
CONSTRUCTION AND MAINTENANCE

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

AMERICA NEPAL MEDICAL FOUNDATION

Employer identification number 04-3392651

Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not			
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
otal			•						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration			

Schedule G (Form 990 or 990-EZ) 2017 AMERICA NEPAL MEDICAL FOUNDATION 04-3392651 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events KANSAS CHICAGO NONE (add col. (a) through EVENT - 2016 FUNDRAISER col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 31,280 0. 31,280. 31,280 0. 31,280. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs

Direct Expenses 4,459. 7,719. 12,178. 7 Food and beverages 1,080. 1,080. 8 Entertainment 320. 9 Other direct expenses 13,578. 10 Direct expense summary. Add lines 4 through 9 in column (d) -13,578 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 AMERICA NEPAL MEDICAL FOUNDATION 04	<u> 3392</u>	7 Q D T	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
40			100	
	Indicate the percentage of gaming activity conducted in:	1	ı	
	The organization's facility	13a		%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided P			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandataw diatributions			
	Mandatory distributions:			
а	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	Yes	∟ No
b	DEnter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9	9b, 10	 Эb, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	AMERICA	NEPAL	MEDICAL	FOUNDATION	04-3392651	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continu	ued)				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

Go to www.irs.gov/Form990 for the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICA NEPAL MEDICAL FOUNDATION

Employer identification number 04-3392651

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: ANMF ASSISTED WITH SUPPLIES AND SERVICES TO AID IN FLOOD RELIEF. ANMF ALSO PROVIDED PROFESSIONAL TRAINING FOR MEDICAL WORKERS AND ASSISTED IN MULTIPLE PROJECTS IN NEPAL TO IMPROVE PUBLIC HEALTH. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: DURING 2017 SOME REALLOCATION OF FUNDS OCCURRED. \$22,500 WAS REALLOCATED FROM AMPIPAL TO HEALTH POSTS BECAUSE THE AMPIPAL PROJECT WAS FUNDED BY ANOTHER ORGANIZATION. \$19,000 WAS REALLOCATED FROM LAMJUNG HOSPITAL TO HEALTH POST CONSTRUCTION BECAUSE THERE WAS NO RESPONSE FROM LAMJUNG HOSPITAL. IN 2017 \$20,000 ADDITIONAL FUNDS WERE DONATED TO TILGANGA HOSPITAL. 10,000 FROM A PREVIOUS CLASSIFICATION OF GENERAL USE WAS REALLOCATED TO EARTHOUAKE. THERE WAS ALSO A REALLOCATION OF \$15,000 FROM ANMF/NEPAL GENERAL CLASS TO EARTHOUAKE CLASS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ASSISTED ASK FOUNDATION WITH RANGELI FLOOD RELIEF, AND PROVIDED SANGSANGAI FLOOD RELIEF OF SUPPLIES AND SERVICES. EXPENSES \$ 34,363. INCLUDING GRANTS OF \$ 21,084. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: ANMF IS A MEMBERSHIP ORGANIZATION WITH ANNUAL MEMBERSHIPS AND LIFE MEMBERSHIPS.

Name of the organization Employer identification number AMERICA NEPAL MEDICAL FOUNDATION 04-3392651 IN ACCORDANCE WITH THE BY-LAWS, ANMF MEMBERS ELECT THE BOARD AT THE ANNUAL MEMBERS MEETING AND APPROVE CHANGES TO THE BY-LAWS. FORM 990, PART VI, SECTION A, LINE 7B: ELECTION OF THE BOARD IS A MEMBERSHIP DECISION. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS REVIEWS THE 990 BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS POLICY BY HOLDING QUARTERLY BOARD MEETINGS. EXECUTIVE COMMITTEE MEETS MORE FREQUENTLY TO POLL THE BOARD BY EMAIL IF NECESSARY. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HAS NO COMPENSATED STAFF. IF IT DID THE BOARD WOULD REVIEW AND APPROVE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.