Department of the Freasury

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)

	evenue Service	The organization may have to	Use 3 cook of this setup to	Jirj		Open to Public
A Forth	he 2004 calendar	year, or tax year beginning			Juirements.	Inspection
6 Check	cit la	Varne of organization	<u>anu</u>	ending	<u> </u>	
Applic:	use IRS				D Employer ide	ntification number
jcha	dness label or SI	UT NORTH AMERICA, IN	٦		ł	
L Toha	inge See	lumber and street (or P.O. box if mail is not a	lalurated to atmost address a		76-065	<u> 6947 </u>
Initi	1	15 STAR BRIDGE	renvered to street address)	Room/sui	ite E Telephone nu	mber
Fine	"	it			_ <u>_713_66</u>	
wep.	endeu HO	USTON, TX 77095	MIN Diam.	ž	F Accounting method.	X Cash Accrus
Vpp	ding - Section	only of town, state or country, and ZIP + 4 US'TON, TX 77095 on 501(c)(3) organizations and 4947(a)(1) attach a completed Schedule A (Form 3)	The tribuch rightie trusts		Other (specify)	
A5-	must	attach a completed Schedule A (Fold 900)	A Line 19202	Handlare not ap	oplicable to section	n 527 organizations.
G Wehsi	ne; 📂 w 🖊 🗛	1 [7]		H(a) is this a grou	pireturn for affiliates:	? Yes X N
J Organ	Ization type (check	only one) X 501(c) (X) (insert no	4947(a)(1) or 52	H(D) If Yes," enter	number of affiliates l	
·· unuun		ne organization's dross moninte are normali.	coult amount the control of the cont	(If "No " attact	s included? N/	A Yes No
				_i_H(d) Is this a senar	rate return Mad by an	.101
in tha	mail, it should file	a return without financial data. Some states	received a complete return		ув <u>тей рузідго</u> вр тыіі	ng? Yes X No
				Li Group Exemp	tion Number 🔤	
L Gross	recaints: Add lines	6b, 8b, 9b, and 10b to line 12 🕨	66325.	M Check	」 if the organization	is not required to attach
Part I	<u> Revenue,</u>	Expenses, and Changes in Ne	t Assets or Fund Bale	Scil. R (Form)	990, 990-EZ, or 990	<u>P</u> F).
1	www.enoninous	gints, grants, and similar amounts received:		ances		
	a Ditect briplic a	upport	1 40	1 60	35- Parisi	
	- morrade poblic	SUDDOM	,	+	325.	
	and a strictle of Ci	introutions (grants)	<u>1</u> b	·		
ļ	/	2 14 (01000) 0 (C35D 2	f) (/ ') none and a file			
2	Program sarvid	ce revenue including government tees and or	Phonon Manage Day 1991 Sign and		· · · · · · · · · · · · · · · · · · ·	<u>66325.</u>
3	and an arrang of	oca and assessments	ministes (main rait vii, mie 93)		2	
4	micrest on sav	mgs and temporary cash investments			3	
5	Dividends and	interest from securities			4	
6 :	a Gross rents		1 6-	1	5	
ļ	b (Less: rental exp	Densés	<u>6a</u>			
	e inecrewing IIICOL	ne or (loss) (subtract line 65 from line 6a)		L		
<u>م</u> ا	Other Investme	nt income (describe 🛌 INTEREST)	ON CD		<u>6c</u>	
Revenue	a Gross amount i	COSO malao est anno est	(A) Securities	I	7	
يَّمَ	than inventory			(<u>B</u>)Other		
_ 0	Diless: cost or at	her basis and sales expenses	8b		— 4°	
C		ittach schedule) (1 . 1	 		
ď	i waa dain or (los	s) (combine line 8c, columns (A) and (B))		· · · · · · · · · · · · · · · · · · ·		
9	Obeciai evauta i	ind activities (attach schedule). It any amoun	t is from naming check here.		8d	
a	a commodelling	nor mentiting 2	Of Courtebustions			
-	raported on line	13)			100 W.C.	
b	- and carp	Grises unier man jungraising expenses				
C	THE WOOME OF LE	uss) from special events (subtract line 95 fz/	un lina Gal		## ## · ·	
10 a	01032 29162 01 11	iventory, lass returns and allowances	[- 0 - 1		90	
b	2035, COST 01 QO	agz 2010	705			
C	arnes bront of (1055) 110M Sales of inventory (atrach cohodus	of (multiples of the end of the control of the cont			
11	Other revenue (f	rom Part VII, line 103)	e) (strotract into 100 from line 1	(a)	10c	
12	Total revenue (aud lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, ap.			. 11	
13	Program service	ad <u>d lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and</u> s (from line 44, column (8)) d general (from line 44, column (6))		<u> </u>	<u>12</u>	66325.
14 15 16	Management and	general (from line 44, column (C))			13	113400.
ig 15	Fundraising (free	d general (from line 44, column (C))	···		14	2751.
ធី 16						
17	Total expenses	iates (attach schedule) (add lines 16 and 44 column (a))			16	
ي 18 س	Excess or (defici	t) for the year (subtract line 17 from line 12)	- and the second of the second seco	<u> </u>	17	116151.
19 20	Net assets or fun	d balances at beginning of year (from tine 73	Column (A))		18	-49826.
	_	The second of the conditions the constraint of the contract of	1007		19	80498.
1 21	Net assets or fun	d halances at end of year (combine lines 18	19 and 201			
		and the state of t	· - mai (1))		21	30672

OCT. 17 '2005 18:18 713-532-0644	paseraj	, A. V. R. H.	services I	#3336 and general	P. 002
22 Grants and allocations (attach schedule)					
(cash \$ 113400 - noncash \$	22	113400.	113400.	STATEMENT 2	
23 Specific assistance to individuals (attach schedule)	23				ente de la companya d La companya de la co La companya de la co
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	0.	0 -	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34			·	
35 Postage and shipping	35			<u>-</u>	
36 Occupancy	36				
37 Equipment rental and maintenance	37			<u> </u>	
38 Printing and publications	38				
39 Travel	39				,
40 Conferences, conventions, and meetings	40				
41 Interest 42 Depreciation, depletion, etc. (attach schedule)	42				
42 Other expenses not covered above (itemize):	42				
a GENERAL & ADMIN	43a	1151.		1151.	
DADVERTISEMENT	430	0.1			·
FUND RASING EVENT	43c				
d EXPENSES	430	1600.		1600.	" '
#	43e				
Total functional expenses (add fines 22 through 43). 44 Organizations completing columns (R) (D), carry these totals to lines 13 (b).	44	116151.	113400.	2751.	0.
Are any joint costs from a combined educational campa: If "Yes," enter (i) the aggregate amount of these joint co- (iii) the amount allocated to Management and general \$ Part III Statement of Program Servi What is the organization's primary exempt purpose? All organizations must describe their exempt purpose achievement	ce Ad	; and (complishments E STATEMENT	(ii) the amount allocated to iv) the amount allocated to the number of clients served, p	Program services \$ o Fundraising \$ ublications issued, etc. Discuss	Program Service Expenses (Heauting to: 901/6/8) and
achievements that are not measurable. (Section 201(c)(3) and (4) of allocations to others:)					(4) orgs., and 4947(s)(1) trusts; but optional for others.)
a PROVIDED DIALYSTS MACH: AND OTHER MEDIACL EQUIPMENT AND LIVER				ES OF KIDNY	
			Grants and allocations \$		113400.
			Grants and allocations \$		
· c					
					┪.
					1
			Grants and allocations \$		
d					
					1
					1 .
			Grants and allocations \$		"
e Other program services (attach schedule)		·	Grants and allocations \$)	
f Total of Program Service Expenses (should equal	line 44	, celumn (B), Program ser	vices)		113400.
423011 01-13-05					Form 990 (2004

	shou	ere required, attached schedules and amounts within the description column uld be for end-of-year amounts only.	(A) Beginning of year	(B) End of year
	45	Cash - non-interest-hearing		
	46	Savings and temporary cash invostments	80498. 45	30 <u>67</u> 2
	47 a	Accounts receivable 47a		
	ь	Less: allowance for doubtful accounts 478		
		471		_
	48 a	PIR(IDES (ACAIVANIA	医软骨	
	b	Less: allowance for doubtful accounts 48a 48b		
	49	Grants receivable	48c	
	50	Grants receivable Receivables from officers, directors, trustoes,	<u> </u>	
<u>v</u>		and key employees	50	
Assets	51 a	Constitutes and reams receivable	—· ——· <u>50</u>	
Ą	Ь	Less: allowance for doubtful accounts 51h		
	52	Inventories for sale or use		
	53	Prepaid expenses and deferred charges		
	54	Investments - securities	53 -	<u> </u>
	55 a	investments - land, buildings, and		
		equipment: basis55a		
			\$ 10 m	
	þ	Less: accumulated depreciation	₩ <u>. 2</u> 27	
	56	Investments - other	55c -	
	57 a	Land, buildings, and equipment: basis 57a		
	b	Less: accumulated depreciation 57h	- T	
	58	Other assets (describe		
	59	Total assets (add lines 45 through 58) (must equal line 74)	80498. 59	20670
		Accounts bayable stid accitied expenses		30672.
	יטן	Grants payable		
y;	62	Deterrition revenue	51 -	
Liabilities	00	evans from officers, directors, trustees, and key employees		
abi	64 S	Tax-exempt bond liabilities		
Ξ.	. b	Mortgages and other notes payable		
	65	Other flabilities (describe		- <u> </u>
	<u>56</u>	Total Habilities (add lines 60 through 65)	0 - 66	
j	Organi	zations that follow SFAS 117, check here	O66	<u> </u>
SS.		69 and lines 73 and 74.		
Š		Unrestricted	67	
<u>a</u>		Temporarily restricted		
<u> </u>	69 (Permanently restricted	59	
Net Assets or Fund Balances	organiz 7	zations that do not follow SFAS 117, check here X and complete lines 70 through 74.		
S		Capital stock, trust principal, or ourselt trade		
Sel	71 F	Paid-in or capital surplus, or land, building, and acquirement food		0.
a l	72 F	Retained earnings, endowment, accumulated income, or other finds		
ē	73 T	otal net assets or lund halances (add lines 67 through 69 or lines 70 through 72;	80498.	30672.
	C	commit (A) must equal line 19, column (B) must equal line 24)	00465	
	74 T	ntal liabilities and net assets / lund balances (add lines 66 and 73)	80498. 73	<u>30672.</u>
For	n 990 is	available for public inspection and, for some people, senses as the prices	80498- 74	30672.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public and fully describes, in Part III, the organization's programs and accomplishments.

	T.17'2005 18:19 713-532-064	Tantana and A	Y.V.R.H.	netur	ciai Statement n	#3336 P.00 s with Expe r	ises per
a	Tutal revenue, gains, and other support per audited financial statements	a N/A		Total expenses and audited financial st.	losses per	- 199 to 199	
b A	Amounts included on line a but not on		20000000000000000000000000000000000000	⊢ Amou≱ts included	on line a but not on	a	_ N/A
Ī	ine 12, Form 990.			line 17, Form 990:	2 221 110(01)		
(1) (Net unrealized gains		(Donated services and use of facilities 	•		
0	on investments \$,				
(2). [Donated services			2) Prior year adjustme			
	and use of facilities \$		was a second of the	reported on line 20			
(3) F	Recoveries of prior			Form 990	s	<u> </u>	
	year grants \$		() Common description () () () () () () () () () (Losses reported on			
	Other (specify):			kne 20. Form 990	\$		
() ~	e			 Other (specify): 			
	Mid amounts on line (4) V		A Charles of the Control of the Cont		\$		
	Add amounts on lines (1) through (4)	<u>b</u>		Add amounts on lin	es (1) through (4)	▶ h	Title and the control of the same
	ine a minus tine b	С	c	Line a minus line b	_ , ,	▶ []	
d A	Amounts included on line 12, Form 190 but not on line a:		d	Amounts included o	In line 17. Form		
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	990 but not on line	а		
	rvestment expenses	A SECTION OF THE PROPERTY OF T	in the district of the control of th) Invostment expense	18		
	et included on			not included on	-		
	ne 6b, Form 990 \$		and the second s	line 6b, Form 990	5		
(2) (Other (specify):	The state of the s	15) Other (specify).			
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	eld amounts on lines (1) and (2)	đ		Add amounts on tine	_ ' — — —		
e F	otal revenue per line 12, Form 990	-	<u>"</u>			🟲 .d	
(I	ine c plus line d)	B	[6	Total expenses per l (line c plus line d)		.	
Part	V List of Officers, Directors,	rustees, and	Key Emp	lovoon /List sasts	no nuno it unh nuno.	. <u> </u>	
			(B)	Fille and average hours our week devoted to	(C) Company tipe	Isated.)	·· ·
	(A) Name and address		`-'	er week devoted to	(If not paid, enter	cimployee bonefit	(E) Exper
or -	SYED ADIBUL HASAN RT2		i	position	-0}	plans A deferred compensation	other allows
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			PRI	SIDENT & T	REASURER		- '
<u> </u>	STAR BRIDGE				İ		
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	BARKAT CHARANIA		DII	RECTOR			
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*****	any officer, director, trustee, or key employee re-	Hive and tooute	noncette:: = t				
DKG 8	and an analytic street, or new endighted the	erve addirečare comb	pensation of n	iore than \$100,000 fro	in your organization a	ud all relates	
orga Orga	Anizations, of which more than \$10,000 was oro-	gitled by the related a	remandantina a	14 "Van " + 14 + + 1		7 ")	
	anizations, of which more than \$10,000 was pro-	ided by the related o	rganizations?	If "Yes," attach schedu	le ► Yes 🔀	<u> </u>	

0	CT.17'2005 18:19 713-532-0644 A.V.R.H. #3336 P.	005		
77	CT.17'2005 18:19 713-532-0644 A.V.R.H. Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a detailed description of each activity If "Yes," attach a context of each activity	76	T	X
	If "Yes," attach a conformed copy of the changes	77	 	Х
78	a Did the organization have unrelated business gross income of \$1,000 or more during the ear covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year?			<u> </u>
	b. If "Yes," has it filed a tax return on Form 990-T for this year?	. 78a		х
79		78b	Γ.	+"
	If "Yes," attach a statement	79	-	$\top_{\mathbf{X}}$
80	a. Is the organization related (other than by association with a chalculate annual to the contract of the cont		eri :	
	governing bodies, trustees, officers, etc., to any other exampt or nonexampt organization? b If "Yes," enter the name of the organization			1
	b If "Yes," enter the name of the organization	80a		Х
		- E		Ţ.
81	a Enter direct or indirect political expenditures. See line 81 instructions	ı le le le		
			13 ·	"
82	Bid the organization needed services or the use of materials, equipment, or facilities at no charge or at substantially less than	. 816		X
	and the discontinuous and the discontinuous and the state of the state			
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an	82a		Х
	expense in Part II. (See instructions in Part III.)			
83	a Did the organization comply with the public inspection requirements to set the organization comply with the public inspection requirements to set the organization comply with the public inspection requirements to set the organization comply with the public inspection requirements to set the organization comply with the public inspection requirements to set the organization comply with the public inspection requirements to set the organization comply with the public inspection requirements to set the organization comply with the public inspection requirements to set the organization comply with the public inspection requirements.			
		83a		X
84	a Did the organization solicit any contributions or gifts that were not tax deductible?	83h		X
	" 1 165, and the organization include with every solicitation an express of the most that are a life in the organization include with every solicitation and express of the most that are a life in the organization include with every solicitation and express of the most than the organization include with every solicitation and express of the most than the organization and the organization include with every solicitation and express of the most than the organization and the organization are a life in the organization and the organizati	84a		X
	1000 1 100000 100000			150
85	307 (c)(4), (3), Or (b) Organizations, a Were substantially all dues noodeductible by the substantial due subs	<u>84</u> b	!	
		85a		
		85ь		
	and similar amounts from members			
	(-7.440) mg (mg goldical (stubility)) res	\dashv		
1	- 1.3310 gate (10 total document of Section 60.33(A\/1\/Δ\) (lives notions			5.00
g			: [
h		85g		
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues		- †	_
86	allocable to nondeductible lobbying and political expenditures for the following tax year? Solicity organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A	85h		
b				- 1
87	507(C)(12) organizations. Enter: a Gross income trom mamphore as chambels.			. "
Ь	and a modern strong other sources. (Do not not amounts due or paid to other sources			
	against arithmits due or received (100) them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a term of the year, did the organization own a 50% or greater interest in a term of the year, did the organization own a 50% or greater interest in a term of the year, did the organization own a 50% or greater interest in a term of the year, did the organization own a 50% or greater interest in the year.		_ ^	
			1	
89 a	The state of the s		ļ	
OB g		88	 	X
b	section 4911 N/A section 4912 N/A section 4915 N/A section 4955 N/A		9 44	
•			1	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each to excess benefit transaction from a prior year?			
C	If "Yes," attach a statement explaining each transaction Enter: Amount of tax imposed on the organization managers or disqualitied persons during the year under	896	ļ	
	sections 4912, 4955, and 4958		- '	
d	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization	N,	/ A	
90 a	List the states with which a copy of this return is filled. NONE	N/	$^{\prime}$ A $^{-}$	
b	Number of employees employed in the pay period that includes March 12, 2004 The books are in care of ABDULLAH JAFART			_
91	The books are in care of ABDULLAH JAFARI			_ <u>o</u> _
	<u> </u>	<u> </u>		
	Located at > 7415 STAR BRIDGE HOUSTON TX	700-		
00				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in fieu of Form 1041- Check here			ı
42304) 01-13-0	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	-	I
01-13 0		Form 99	0.7200	041

Part MI Analysis of Income-Producing Analysis of Income Producing Analysis	Activities (See	NCL. page 33 of the insta	netions \		76-0656947 P
	Unrelated bu	skijess income	Exclusive	d by section 512, 513, or s	
inclicated.	(A)	(B)	(C)	(D)	514 - (E)
93 Program service revenue	Business code	Amount	Exato :	Amount	Related or exempt
a			c <u>soci</u> é		function income
b	i — : :		· ·		
£	├		·		
d		···································	+ +	· — — —	
e	· ·				
f Medicare/Medicald payments			-+ -+-	· — —	
If Fees and contracts from government agencies					
4 - Wembership dues and assessments	— — j			<u></u>	
5 Interest on savings and temporary cash investments	<u> </u>			·	
o relivinends and interest from securities			·		
7 Net rental income or (loss) from real estate:	4.60 x 44.65 4.75 4.75	··	+	The state of the s	
a debt-financed property		9 <u></u>	ļ		
b not debt-financed property	- ·		i		
Net rental income or (loss) from personal property				· — — —	
Other investment income			ļ. <u>-</u>		
Gain or (loss) from sales of assets			· · _		
other than inventory			}		
Net income or (loss) from special events	- · · · · · · · · · · · · · · · · · · ·				
Gross profit or (loss) from sales of inventory			├		T — — — —
Other revenue:	·		<u> </u>		
				. —	
<u> </u>					
					l l
·	-· · ···				
Subtotal (add columns (B), (D), and (E))					
Subtotal (add columns (B), (D), and (E)) Total (add line 104, columns (B), (D), and (E))		0.			
Total (add line 104, columns (B), (D), and (E))	t op lyn 12. Post i			····	
Total (add line 104, columns (B), (D), and (E)) Line 105 plus line 1d, Part I, should equal the amount art VIII Relationship of Activities to the A	ccompliebma			···· · · · · · · · · · · · · ·	0
Total (add line 104, columns (B), (D), and (E)) E. Line 105 plus line 1d, Part I, should equal the amount art VIII Relationship of Activities to the Added to t	<u>ccomplishme</u>		Purpos	···· · · · · · · · · · · · · ·	0
Total (add line 104, columns (B), (D), and (E)) E. Line 105 plus line 1d, Part I, should equal the amount art VIII Relationship of Activities to the Added to t	<u>ccomplishme</u>		Purpos	···· · · · · · · · · · · · · ·	0
Total (add line 104, columns (8), (D), and (E))	<u>ccomplishme</u>		Purpos	···· · · · · · · · · · · · · ·	0
Total (add line 104, columns (B), (D), and (E)) Line 105 plus line 1d, Part I, should equal the amount of VIII Relationship of Activities to the Ada No. Explain how each activity for which income is considered.	<u>ccomplishme</u>		Purpos	···· · · · · · · · · · · · · ·	0
Total (add line 104, columns (8), (D), and (E)) Line 105 plus line 1d, Part I, should equal the amount rt VIII Relationship of Activities to the Add No. Explain how each activity for which income is sound.	<u>ccomplishme</u>		Purpos	···· · · · · · · · · · · · · ·	0
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Total (add line 104, columns (B), (D), and (E)) Line 105 plus line 1d, Part I, should equal the amount of title Relationship of Activities to the Ade No. Explain how each activity for which income is reported exampt purposes (other than by providing funds for second title).	ccomplishme d in column (E) of P auch purposes).	nt of Exempt		ses (See page 34 of to the accomplishment)	he instructions.) It of the organization's
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532-0644

Supplementary Information-(See separate instructions.)

Must be completed by the above organizations and attached to their Form 990 or 99

Department of Internal Revent Name of tile	≀e Servico	- IVIUS I DE	e campleted by the	anove organi	zations and attached	to their	rust Structions.) Form 990 or 990-	Ċ7	2004
Part I	SIC	JT NORTH	AMEDICA	TNIC	•		-	Employer ide	entification number
ere entre 160	(See page 1 of the i	on of the Five	e Highest Paid	d Employ	ees Other Than	n Offi	cers. Directo	VS and T	<u> </u>
	(a) Name and add	restrictions. List ea	ach one. If there are	none, enter "N					
	шоге	than \$50,000			(b) Title and average per week devoted position	hours to	(c) Compensation		ns to (e) Expen red account and
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	CT.17'2005 18:20 713-532-0644 A.V.R.H. #3336	P.008		
pub Iobi	ing the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence plic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the bying activities \$	1		х
Org	ine I of Part VI-B.) janizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking s," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors.			
tru: per att	stees, directors, officers, creators, key employees, or members of their families, or with any faxable organization with which any such rson is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," rach a detailed statement explaining the transactions.)		Annual Communication of the Co	X
a Sal	le, exchange, or leasing of property?	2a		
b Le	nding of money or other extension of credit?	<u>2b</u>		X
ç Fu	rnishing of goods, services, or facilities?	. 2c		Х
d Pa	ryment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	. 2 <u>a</u>		X
e Tr	ansfer of any part of its income or assets?	_2e		Х
3 a Do yo b Do	o you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how ou determine that recipients qualify to receive payments.) o you have a section 403(b) annuity plan for your employees?	3a3h		×
4 a D	id you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?			_}
h D	o you provide credit counseling, debt management, credit repair, or debt negotiation services?	46		X
Par	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The o	rganization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(t)			
6	A school. Section 170(b)(1)(Λ)(ii). (Also complete Part V.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	A Federal, state, or local government or governmental unit, Section 170(b)(1)(A)(v).			
Q	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state			
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A): (Also complete the Support Schedule in Part IV-A.)	(IV}.		
11a	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
116	A companity trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
110	A community that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			

116 [X]	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqui by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	red
13	An organization that is not controlled by any disqualified persons (other than toundation managers) and supports organizations (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a) Provide the following information about the supported organizations (See page 5 of the instructions.)	described in:
	(a) Name(s) of supported organization(s)	(b) Line number from above
	·	
	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)	
423111 12-03-04	Schedule A	(Form 990 or 990-EZ) 2004

lend	T.17'2005 18:21 713-5 ar year (or hiscal year	32-0644 (a) 2003 <u> </u>	A.V.R.H. (b) 2002	(U) ZUU!	#3336	P.009
<u> 14 in 1</u> 5	ing in) Gifts, grants, and contributions	13000.	11885	1570.	124115	<u> </u>
16	grants. See line 28.) Membership tees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	80307.	<u>153301.</u>			233608.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1416.	359.	3378	•	5153-
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities turnished to the organization by a governmental unit without charge. Do not include the value of service or facilities generally furnished to the public without charge.	s				
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		$\frac{1}{165545}$	$ \frac{1}{4948}$	B. 124 <u>11</u> 5	
23	Total of lines 15 through 22	$\frac{94723}{14416}$	·	494	8 1 <u>24115</u>	
2		0.47	$\frac{1}{1} - \frac{1}{1655}$	4	9 - 1241	
2 2		s 10 or 11: a Enter 2%	of amount in column (e).	line 24 than a n	The second secon	
_	b Prepare a list for your records to	show the name of and am	onnt contributed by cach	eeded the amount show	wn in tine 26a	
	unit or publicly supported organi	zation) whose total gills to	r 2000 (monga roos y		21	$\frac{60}{N/A}$ $\frac{N/A}{N/A}$ $\frac{N}{N}$
	- viscous and the continue 509/a)/	1) test: Enter line 24, colu-	min (e)		12.7	
	d Add: Amounts from column (e) t	orlines: 18		9		66 <u>N/A</u>
		22				$\frac{16e}{N/A}$ $\frac{N/A}{N/A}$ %
	e Public support (line 26c minus i f <u>Public support percentage (line</u>	ine 26d total)	thy line 26c (denominal	(or))	<u> </u>	.01
	f Public support percentage (limited or limited) Organizations described on limited or l	B 12: a For amounts include	ted in lines 15, 16, and 1	7 that were received fro	on a "disqualified person,"	prepare a list for your return. Enter the sum of
,		id fotal amounts received.	in each your name and			
	augh accounts for each year		•		0 . (2000)
	(2003)	O = (2002)	n each person (other than	i "disqualitied persons")	, prepare a list for your rec	cords to show the name of.
	b For any amount included in line and amount received for each \	year, that was more than the	e larger of (1) the amo	unt on line 25 for the ye	ar or (2) \$5,000. (Include	in the list organizations in the amount received and
	and amount received for each to described in lines 5 through 11	, as well as individuals.) D	o not file this list with yo	our return. After compu	ding the amerence between this part	
	described in lines 5 through 11 the larger amount described in	(1) or (2), enter the sum	i (ilose dinoronno (ilose)	(2001)	O . (2000	o) ^O .
	(2003)	(2002)	1505	<u> </u>		204179
	e Add: Amounts from column (e	23360 <u>8.</u>	30	23		27d —
		΄ Λ	and line 275 (003)			27e 384178
	e Public support (line 27c total t	minus tine 27d total)	and an income to	271	<u>389331.</u>	
	f Total support for section 509(a)(2) test: Enter amount o	11 III 16 7.3, COMMIN (17 11.	(denominator))	· · · · · · · · · · · · · · · · · · ·	$\frac{279}{270}$ $\frac{98.6764}{1.3236}$
	n i i i – – et norteantac	to Nine 27e inumerais	I) Olvidon by	1		orepare a list for your records
	h Investment income percentage 28 Unusual Grants: For an orgate show, for each year, the name your return. Do not include the	nization described in the da	ite and amount of the gra) any enusual grants de not, and a brief descripti	iring 2000 through 2003. I ion of the nature of the gra	nt. On not file this list with Schedule A (Form 990 or 990 b.d.)
	your return. Do not include the	or grants or one 10.	TAKENTA II.	<u> </u>		
		V666947	2004.03000	SIUT MORTH	AMERICA, INC	A VIVING A STATE OF THE STATE O
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29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	2000		
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	ejoje i sako se es e	
	If "Yes," please describe; if "No," please explain, (If you need more space, attach a separate statement.)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	CLOCK TOP	1
		1		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	PS :: 22.03	Andread de la companya de Angle de la companya de la companya de la companya de la companya de la companya de la companya de la companya	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a		
Ċ	Copies of all catalogues, brophysics accomposite and other intention assistance are awarded on a racially nondiscriminatory basis?	_32b_		
·	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d		32c		
u	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)	2433		
		14-38-3		
		3.327		
33	Does the organization discriminate by race in any way with respect to:	130300		2000
а	Shidents' rights or privileges?	33a		
b	Admissions policies?	33b		
£	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
ŧ	Use of facilities?	331		
ä	Athletic programs?	33n		
h	Other extracurricular activities?	33h	}	
	If you answered "Yes" to any of the above, please explain, (If you need more space, attach a separate statement.)	3311		
		1		
		17 1000		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		1.112.13.1	250000
ь	Has the organization's right to such aid ever heen revoked or suspended?	34a		
_	If you answered "Yes" to either 34a or b, please explain using an attached statement.	345		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50.			
-	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			
	,	26		

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying	Expenditures by E	lecting Public Chariti	😂 See badd 9 of ti	10 BESTERODO A		NT / r
	and our pay an engine orga	anization that filed Form 5768)		io matrochons)		N/I
Check - a if the organi	za <u>tion b</u> elongs to an affili <u>ate</u>	d group. <u>C</u> hec <u>k</u>	b if you chac	ked "a" and "limited cont	tr <u>ol" p</u> rovi <u>sion</u> s	apply.
L	imits on Lobbying	Expenditures	ŀ	(a)	ļ	(11)
	erm "expenditures" (means an			Affiliated group totals		mpleted for) Organizați
26 Total Laboura				N/A	_	
36 Total lobbying expenditures 37 Total lobbying expenditures	to influence public opinion ((grassroots lobbying)	36			
or Total innoying expanditures	to influence a legislative bod	ly (direct lobbying)	37			
38 Total lobbying expenditures	(add lines 36 and 37)		38			
Other exempt purpose exper	iditures		39			
40 Total exempt purpose expen	ditures (add lines 38 and 39	8)	40			_
11 Lobbying nontaxable amoun			and the second s			
If the amount on line 40 is -	THE HADAY	ing nontaxable amount is -				
Not over \$500,000		motor (on fine 40				
Over \$500,000 but not over \$1,00		n. 169s of the excess over \$600,000				
Over \$1,000,000 but not over \$1,0		s 10% of the excess over \$1,000,000	> 41			
Over \$1,500,000 but not over \$17	#25,000 plu	4.6% of the excess over \$1,500,000			T	
Over \$17,000,000			月窓野科			
 Grass roots nontaxable amou Subtract line 42 from line 36 	int (anter 25% of line 41)		42			
	. Enter -0- if line 42 is more (than line 36	43		 -	
4 Subtract line 41 from line 38	Enter -0- if line 41 is more t	than line 38	44			
Caution: If there is an area						
Gautun. II ünere is an ame	ount on either line 43 or li	ine 44, you must file Form 4:	20. [9:32]			
	(Some organizations that ma below. See the ma		not have to complete 0 on page 11 of the in tures During 4-Year	all of the five columns istructions.)	·	
afendar year (or	(Some organizations that ma	ade a section 501(h) election do structions for lines 45 through 9 Lobbying Expend (h)	not have to complete 0 on page 11 of the li tures During 4-Year (c)	all of the five columns istructions.) Averaging Period (a)	. <u></u>	(e)
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Schedul Part	VII Information Regard	TUT NORTH AME:	RICA, INC.		76-0656947 Page 6
	Exempt Organizati	ions (See page 11 of the ins	tructions)	d Relationships With I	Noncharitable
51 0	lid the reporting organization direct	ly or indirectly engage in any o	f the following with any other	er organization described in pacti	
	anter or the opes (other filati section	on 501(c)(3) organizations) or	in section 527, relation to b	olitical organizations?	ÇIII
d	ransiers from the reporting organiz	ation to a noncharitable exemp	t organization of:	•	Yes No
	(i) Cash ii) Other assets				51a(i) X
	ther transactions:				a(ii) X
	 Sales or exchanges of assets with 	th a gapabasitable as seen			
. (ii) Purchases of assets from a non	ur a nonchantable exempt orga chartable exempt areas in time	inization		<u>b(i)</u> X
(i	ii) Rental of facilities, equipment, o	chamanic exempt erganization			<u>b(ii)</u> X
(i	v) Reimbursement arrangements	· ottor 8330(3			b(iii) X
(<u>b(iv)</u> X
(1	ri) Performance of services or men	nbership or fundraising solicita	tions		b(v) X
r S	haring of facilities, equipment, maili	ing lists, other assets, or paid e	emplovees		h(vi) X
d Jf	the answer to any of the above is "Y	Yes," complete the following sc	hedule, Column (b) should	always show the fair market value	
(3)	oppost aurist hassets, of survices Bible	n by the reporting organization	\in If the organization received	d less than tair market value in an	IV
''	ansaction or sharing arrangement,	show in column (d) <u>the val</u> ue c	of the goods, other assets, o	r services received	N/A
(a) Line no.	(b) Amount involved	Nossee of section is the in-			(d)
	National all volved	Name of noncharitable ex	tempt organization	Description of transfers, trans	actions, and sharing arrangements
				 	
-					
					
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	 				·
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			· <u>- —</u> · —	··· ·· · · · · · · · · · · · · · · · ·	
52 a 1s	the organization directly or indirect	lly affiliated with, or related to	one or more tax exempt ord	i	01/2) */41
. 4	wie (omer man section 20140)(9)) (or in section 527?		envisorous described th Section 2:	ui(c) or the ► L Yes
. b <u>. I1</u> .	"Yes," complete the following sched	lule: N/A			F 1 168 EX NO
	(a)	ution	(6)		(c)
· · · · · · · · · · · · · · · · · · ·	Name of organiza	1001	Type of organization	Description	of relationship
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23151 1-24-04					
,			10	Schei	dule A (Form 990 or 990 EZ) 2004

A.V.R.H.

#3336 P.015

	"	76-0656947
FORM 990	STATEMENT OF ORGANIZATIONIC DETAILS.	- · · · · · · · · ·-
	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 1

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TO PROVIDE RESEARCH EDUCATIONAL MATERIALS & EQUIPMENT TO DOCTORS, NON PROFIT HOSPITALS & NON PROFIT INSTITUTIONS DEALING IN KIDNEY DISEASES, DIALYSIS ETC

			BODIO MIC			
FORM 990	CASH GRANTS AND ALLOCATIONS	ST	STATEMENT 2			
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≅QUIPMENT	SINDH INSTITUTE OF KARACHI PAKISTAN UROLOGY & TRANSP	NONE	113400.			
FOTAL, INCLUDED	ON FORM 990, PART II, LINE 22		113400			