Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

For organizations with gross receipts less than \$100,000 and total assets less

than \$250,000 at the end of the year ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2000 and ending

OMB No 1545-1150

2000

Open to Public Inspection

A F	or the 2000 c	lendar yea	r, or tax year beginning		, 2000), and ending	3		, 20
B 0	Check if applicable	Please	C Name of organization				D Employ	yer ident	ification number
	Change of address	use iRS tabel or		RGE FOUND	64T10N			038	39 <i>906</i>
	Change of name	print or	Number and street (or PO box		elivered to street	address) Roo	п/suite E Teleph	one no	
	Initial return	type See	P.O. BOX 4	068			()	<u> </u>
	Final retum	Specific Instruc-	City of town, state of country a	ind ZIP + 4		loca	F Check	▶ □ :	f application pending
	Amended return	tions	GARDEN CITY		11531-	4060			
	Accounting me		ash 🗌 Accrual 🗌 Other (speci	ífy) ▶	<u> </u>	Enter 4-digit	group exemption	no (GEI	<u>N)</u> ▶
			only one)— 🇹 501(c) () ◀ (ins			947(a)(1)			
			zations and 4947(a)(1) nonexen						
J	Check ► 📉 if to	ne organizat ived a Form	ion's gross receipts are normally 990 Package in the mail, it should	not more that file a return wi	n \$25 000 The thout financial d	organization lata Some st	need not file a r ates require a cor	eturn wi nplete re	th the IRS, but if the sturn
			line 9 to determine gross receipts,					▶ \$	<u></u>
			ation is not required to attach Sche						▶ 🗆
Pa	art I Reve	nue, Exp	enses, and Changes in N	et Assets o	or Fund Bal	ances (Se	e Specific Inst	truction	ns on page 34)
			ts, grants, and similar amounts					1	3,015
			revenue including governme		contracts			2	
	_		es and assessments					3	
		ment incor						4	<u>50</u>
	5a Gross	amount fr	om sale of assets other than	inventory		5a	0		
	b Less	cost or oth	ner basis and sales expenses	i		5b	0		
•	c Gain	or (loss) fro	m sale of assets other than i	nventory (line	e 5a less line	5b) (attach	schedule)	5c	
Ž			ind activities (attach schedule						
Revenue	a Gross	revenue (r	not including \$	of co	ontributions	ا ـما	1007		
ď	1	ed on line				6a 6b	18,824		
			enses other than fundraising		- 0- 1 1	<u> </u>	<i>8</i> ,568	6c	10,256
	1		oss) from special events and		e ba iess iine	7a	0		1900
	1		nventory, less returns and allo	wances		7b			
	1	cost of go		luno 7a loca l	ino 7b)			7c	0
83	1		loss) from sales of inventory (describe ►	illie 7a less i		-	1	8	0
20			add lines 1, 2, 3, 4, 5c, 6c, 7d	c, and 8)	RECE	AED	•	9	/3,32/
0 2003	i i		lar amounts paid (attach sche	1			- 1	10	
ധ			or for members			n 2000	<u>الإ</u>	11	0
Æ	1	•	compensation, and employee	benefits 8	APR 8	W 8003 1	?1	12	
4	1		s and other payments to inde		itractors		1	13	
Ğ	14 Occu	oancy, rent	t, utilities, and maintenance	1	OGDE	N, UI	لـ	14	1,339
岁			tions, postage, and shipping	L_				15	983
Z			(describe >)	16	9,696
8	1		(add lines 10 through 16)					17	12,018
Net Assect ANNE Bentaler	I	•	it) for the year (line 9 less line					18	1,303
155			und balances at beginning of re reported on prior year's re		line 27, colur	nn (A)) (mu:	st agree with	19	5,021
et /		, .	in net assets or fund balance	•	olanation)			20	0
ž			ind balances at end of year (c			20)	▶	21	6,324
P	art II Bala	nce Shee	ts—If Total assets on line 25	, column (B)	are \$250,000) or more, fi	le Form 990 ins	stead of	Form 990-EZ
			(See Specific Instructions on	page 37)			(A) Beginning of y	, , , , ,	(B) End of year
22	2 Cash, savi	ngs, and ir	nvestments			ļ	5,64.		/,303
23		-]	· <u>· · · · · · · · · · · · · · · · · · </u>		515
24	Other asse	ts (describ	e ▶		•)	681	24	<u>535</u>
25		_				}	6,32. 4		<i>1,83</i> 8
26	Total liabil	ties (desci	nbe ► palances (line 27 of column (D) must see	o with line 21	,, , }	<u> </u>	26 27	<u>0</u> 1,838
27 For			ct Notice, see page 1 of the se				<u> </u>	[27]	Form 990-EZ (2000

Form 9	90-EZ (2000)					 -Page 2 .
Par	Statement of Program Service Accom	iplishments (See Specific	Instructions on	page 38)		Expenses
What	is the organization's primary exempt purpose? _					iired for 501(c)(3) (4) organizations
Desc	the what was achieved in carrying out the organize the services provided, the number of persons be	ation's exempt purposes. In	a clear and cond	cise manner, program title	and 4	4947(a)(1) trusts,
	4EDICAL MUSION. The forwarding &	 	re and oruno			
	deviduals and families in Les Caye					
	M seemt and allocation.	ري هي هي المرابعة الم 1)	Grants \$,	(+(2-)	28a	8,660
29 4				nildren		<u> </u>
4		solvo/ materia	77	Cays,	29a	891
30 _						
_			Grants \$		30a	
_	her program services (attach schedule)		Grante \$	}	312	
	tal program service expenses (add lines 28a th			<u> </u>	32	<u>9,551</u>
Par	List of Officers, Directors, Trustees, and Key			(D) Contributio		
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	employee benefit deterred compen	plans &	(E) Expense account and other allowances
	osy C Joseph	PRESIDENT	-0-	-	-	
		Vice President	-&-	-0		
	GERRE-KICHARO TADON 14-53 262 PL ROULLY, NY 11422	TREASURER	_&			_ 📤
	Lizabeth L Joseph.	SECRE GARY	4	-0		-
Par	V Other Information (See Specific Instru	uctions on page 38 and	General Instruct	tion V on pa	ige 14) Yes No
	Did the organization engage in any activity not previously re					<u> </u>
	Were any changes made to the organizing or governing docum	-			-	es
35	of the organization had income from business activities reported on Form 990-T, attach a statement explaining	es, such as those reported or	lines 2, 6, and 7 (a	among others,	_	V/////////////////////////////////////
	Did the organization have unrelated business gross incon	• •	~		uıremer	ıts?
	f "Yes," has it filed a tax return on Form 990-T f		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Was there a liquidation, dissolution, termination, or	-	the year? (If "Yes	s," attach a st	atemen	it)
	Enter amount of political expenditures, direct or in-	•	·	37a		///////////////////////////////////
b	Did the organization file Form 1120-POL for this	year?				
	Did the organization borrow from, or make any lo such loans made in a prior year and still unpaid a	ans to, any officer, director			were a	any ////////////////////////////////////
b	f "Yes," attach the schedule specified in the line 38			38Ь		
	501(c)(7) organizations Enter a Initiation fees and		I =	39a		
ь	Gross receipts, included on line 9, for public use	of club facilities	[3	39b		
40a	501(c)(3) organizations Enter Amount of tax imposed of section 4911			>_		
	501(c)(3) and (4) organizations Did the organization engocome aware of an excess benefit transaction from a	age in any section 4958 exces	s benefit transaction		ear or di	id it
	Amount of tax imposed on organization managers or dis	-	•	, and 4958 ▶		
	Enter Amount of tax on line 40c, above, reimburs		2 22 22 22 20	.		
	List the states with which a copy of this return is file	-				
	The books are in care of ▶		Telep	hone no 🕨	(_ {	- -
	Located at ▶			ZIP + 4 ▶		
		990-EZ in fleu of corued during the		ck here ► ► 43		
		eturn, including accomp parer (other than officer		statements, and	to the b	est of my knowledge has any knowledge
		04/07/07	Timor	den -	12	<u> </u>

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number CHEKGE TOUNDATION CHASKADV Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions List each one If there are none, enter "None") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours mployee benefit plans & (c) Compensation account and other than \$50,000 per week devoted to position deferred compensation allowances NONE. Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services

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	Yes	No	,
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2b			
20		/	
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2d		<u> </u>	
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e gen	eral p	ublic	
e tha	n 33½	gross %% of quired	
		ations (See	
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abov	_		

An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

	3018 A (1 0111 350 01 550 CE) 2000					
Pai	Note You may use the worksheet in					
Cale	ndar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,190	~			2.790
16	Membership fees received			-		
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	14,290			_	14,290
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	40				40
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 furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge		_			
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	17,120				17,120
24	Line 23 minus line 17	2,830	-		_	2,830
25	Enter 1% of line 23	28			 	
26	Organizations described on lines 10 or 11	a Enter 2% of	amount in colu	mn (e) line 24	▶ 26	57
b	Attach a list (which is not open to public insper person (other than a governmental unit or public 1999 exceeded the amount shown in line 26a	ction) showing the cly supported orga Enter the sum of	e name of and a anization) whose all these exces	amount contributed e total gifts for 199	6 through ▶ 26	
C	Total support for section 509(a)(1) test Enter I	/^		_	► 26	ic
d	Add Amounts from column (e) for lines 18		19	<u> </u>		
_	22		26b	<u>0</u>	► 26	
	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numer	 _			► 26 ► 26	98 59%
27	Organizations described on line 12 a F person," attach a list (which is not open to pu each "disqualified person" Enter the sum of s	ublic inspection) to	show the nam			
Ь	(1999) (1998) For any amount included in line 17 that was received for each year, that was more than to organizations described in lines 5 through 11, and the larger amount described in (1) or (2),	he larger of (1) the as well as individe	ne amount on I luals) After cor	ine 25 for the year inputing the differe	ir or (2) \$ 5 000 ence between ti	Include in the list) ne amount received
	(1999) (1998)	-	(1997)		(1996)	
С	Add Amounts from column (e) for lines 15				▶ 27	·c
d	Add Line 27a total	and line 27b tota			▶ 27	
e	Public support (line 27c total minus line 27d to				▶ 27	'e
f	Total support for section 509(a)(2) test. Enter a	•	, column (e)	► <u> 27f </u>		
g	Public support percentage (line 27e (numer			ninator))	▶ 27	g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

Part V Private School Questionnaire (See page 5 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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 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		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	- 	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		_
h	Other extracurncular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		_
b	Has the organization's right to such aid ever been revoked or suspended?	34b	mm	,,,,,,,,
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	1111111	

39

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41

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43

44

40 Total exempt purpose expenditures (add lines 38 and 39)
41 Lobbying nontaxable amount. Enter the amount from the following table—

If the amount on line 40 is—
Not over \$500,000

Over \$500,000 but not over \$1,000,000

Over \$1,000,000 but not over \$1,500,000

Over \$1,500,000 but not over \$17,000,000

S225,000 plus 15% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

S225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000 \$1,000,000
Grassroots nontaxable amount (enter 25% of line 41)

Other exempt purpose expenditures

3 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36

44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

		Lob	bying Expenditu	ıres Durıng 4-Ye	ar Averaging Pen	rod Dor			
_	Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total			
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47_	Total lobbying expenditures								
48	Grassroots nontaxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures	1							

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Volunteers

39

42

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

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

Amount

Yes

Sche	dule A	(Form 990 or 990-EZ)	2000				• `,	ag6 ~6
Pai	<u>t</u> VI			e page 9 of the instruction	ons and Relationships With	Noncharital	ole >	_
51			•		e following with any other organiz tion 527, relating to political organ		d in si	ection
а	Tran	nsfers from the repo	orting organization	to a noncharitable exempt org	janization of		Yes	No
	(ı)	Cash				51a(ı)	<u> </u>	<u> </u>
	(11)	Other assets				a(u)_		<u> </u>
þ		er transactions				- (A)	<u>'</u>	
		-		nonchantable exempt organiz	ation	b(i) b(ii)	<u> </u>	
	٠.			table exempt organization		b(m)	 	
		Rental of facilities, Reimbursement ar	- •	ier assets		b(iv)		1
	-	Loans or loan gua	-			b(v)	-	7
	-			ship of fundraising enhantations	•	b(vi)		1
С				sts, other assets, or paid emp		3		<u></u>
	goo tran	ds, other assets, or s saction or sharing ar	services given by th	e reporting organization. If the column (d) the value of the good	Column (b) should always show the organization received less than fair mods, other assets, or services received	narket value in a		e
(. Line	a) ano	(b) Amount involved	Name of none	(c) charitable exempt organization	(d) Description of transfers, transaction	s and sharrog am	angeme	ents
-								
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	des	cribed in section 50	31(c) of the Code (other than section 501(c)(3)) or	one or more tax-exempt organiza	tions	; [] No
b	∦f "\	res," complete the	following schedule					
		(a)		(b)	(c)			

(a)	(b)	(c)
Name of organization	Type of organization	Description of relationship
·		
	 	
		
		
<u></u> !		