

Form **990-EZ**

**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.

**2000**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

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

**A** For the 2000 calendar year, or tax year beginning January, 2000, and ending December, 2000

**B** Check if applicable:  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization: Hands to Clinical Labs of Third World Countries  
 Number and street (or P.O. box, if mail is not delivered to street address): 176 Broadway  
 City or town, state or country, and ZIP + 4: ROKERSON, NJ 07505

**D** Employer identification number: 25-2823667

**E** Telephone no.: (845) 724-3170

**F** Check  if application pending

**G** Accounting method:  Cash  Accrual  Other (specify) ▶ **H** Enter 4-digit group exemption no. (GEN) ▶

**I** Organization type (check only one) —  501(c) ( ) ◀ (insert no.)  527 or  4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**J** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**K** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 16,588.29

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 34.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21					
Revenue	1	Contributions, gifts, grants, and similar amounts received															116,343.50																
	2	Program service revenue including government fees and contracts																															
	3	Membership dues and assessments																															
	4	Investment income																244.79															
	5a	Gross amount from sale of assets other than inventory																															
	5b	Less: cost or other basis and sales expenses																															
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)																															
	6	Special events and activities (attach schedule):																															
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																															
	6b	Less: direct expenses other than fundraising expenses																															
6c	Net income or (loss) from special events and activities (line 6a less line 6b)																																
7a	Gross sales of inventory, less returns and allowances																																
7b	Less: cost of goods sold																																
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)																																
8	Other revenue (describe ▶ _____)																																
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																	116,588.29															
Expenses	10	Grants and similar amounts paid (attach schedule)																20,777.25															
	11	Benefits paid to or for members																															
	12	Salaries, other compensation, and employee benefits																															
	13	Professional fees and other payments to independent contractors																															
	14	Occupancy, rent, utilities, and maintenance																															
	15	Printing, publications, postage, and shipping																	478.72														
	16	Other expenses (describe ▶ <u>Annual Filing Registration Fee</u> )																	42.55														
17	Total expenses (add lines 10 through 16)																	21,298.52															
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)																															
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																															
	20	Other changes in net assets or fund balances (attach explanation)																															
	21	Net assets or fund balances at end of year (combine lines 18 through 20)																															

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 37.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	12,847.34	22 14,200.72
23 Land and buildings		23
24 Other assets (describe ▶ _____)	10,386.66	24 5,223.05
25 Total assets	23,234.00	25 19,423.77
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,234.00	27 19,423.77

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? _____		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	Technical literature sent at no cost to Kenya, Ghana, W. Africa, Central Africa and Mauritius benefitting students & faculty of medical centers (Grants \$ _____)	28a 514.00
29	Laboratory & medical equipment sent at no cost to Ethiopia, E. Africa, West-Central Africa benefitting poverty stricken communities (Grants \$ _____)	29a 6888.25
30	X-ray machine with accessories and medical equipment benefitting the poor community of Tanzania sent at no cost (Grants \$ _____)	30a 13375.00
31	Other program services (attach schedule) _____ (Grants \$ _____)	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a) _____	32 20177.25

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Dr. Neena Lyder 74 Gabriels Path, Poughkeepsie NY	National Coordinator 20 hrs/wk	0	0	0
Mrs. Vicenta Cabezas 17 Toga Ave, Lake Hopatcong NJ	Sec. Com. Treasurer 10 hrs/wk	0	0	0
Dr. Sharon Roberts 21 State Dr, Bohemia CA	Comm. Coordinator 5 hrs/wk	0	0	0
Mr. Yasin Zai 45 Spoke Dr, Dr. Stamford CT	Info Specialist 5 hrs/wk	0	0	0

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0		<input checked="" type="checkbox"/>
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<input checked="" type="checkbox"/>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ NJ		<input checked="" type="checkbox"/>
42	The books are in care of ▶ Dr. Neena Lyder Telephone no. ▶ (845) 794-3170 Located at ▶ 74 Gabriels Path, Poughkeepsie NY ZIP + 4 ▶ 12570		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input type="checkbox"/>

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction V, page 14.)

Signature of officer: Neena Lyder Date: \_\_\_\_\_  
Type or print name and title: Neena Lyder, Staff Coordinator

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Firm's name (or yours if self-employed) and address, and ZIP code: \_\_\_\_\_  
Check if self-employed:   
Preparer's SSN or PTIN: \_\_\_\_\_  
EIN: \_\_\_\_\_  
Phone no.: \_\_\_\_\_



**SCHEDULE A**  
**(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

**2000**

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

*Hands to Animal Labs of Third World Countries*

Employer identification number

*2212823017*

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
	<i>NONE</i>			

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
	<i>NONE</i>	

Total number of others receiving over \$50,000 for professional services ▶



Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3. Does the organization make grants for scholarships, fellowships, student loans, etc.? 4a. Do you have a section 403(b) annuity plan for your employees? b. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization 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)(i).
6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
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).
9 [ ] 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)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [x] 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.)
11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [ ] 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 acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (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)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Multiple empty rows for data entry.

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

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar 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.) . . . . .	10747	13144	13214	9113	46218
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 . . . . .					
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 . . . . .	241	285	295	325	1156
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. . . . .	14982	13429	13509	9448	43374
24 Line 23 minus line 17. . . . .	6982	13429	13509	9448	43374
25 Enter 1% of line 23 . . . . .	70	134	135	94	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. . . . . ▶					26a 867
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. . . . . ▶					26b 14321
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					26c 43374
d Add: Amounts from column (e) for lines: 18 1156 19 _____ 22 _____ 26b 14321 . . . . . ▶					26d 15477
e Public support (line 26c minus line 26d total) . . . . . ▶					26e 27897
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					26f 64 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____ b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ . . . . . ▶					27d _____
e Public support (line 27c total minus line 27d total). . . . . ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) . . . ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . . ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27h _____ %

28 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? . . . . .		
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? . . . . .		
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? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
	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:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .		
	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? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . 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 . . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Check here a [ ] if the organization belongs to an affiliated group.
Check here b [ ] if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and a caution note at the bottom.

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.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include lines 45-50 for lobbying nontaxable amount, ceiling amount, total lobbying expenditures, grassroots nontaxable amount, grassroots ceiling amount, and grassroots lobbying expenditures.

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:

Table with 3 columns: Yes, No, Amount. Rows list activities a-i: Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies/demonstrations, and Total lobbying expenditures.

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





**Hands to Clinical Labs of Third World Countries**

**22-2823667**

**Schedule A- PartIV-A Line 26B**

Year	Name Of	Contributed	Gifts
1999	Dr. Saroj Devi Sandberg & Dr. Seymour Sandberg	6,066.00	Laboratory, cardiac and pulmonary medical equipment
1998	Daniel Malcolm, M.D.	1,050.00 5,000.00	Microscope & centrifuge equipment X-Ray Machine with Accessories
	Mrs. Bland Jensen	1,254.00	Blood testing, various test tubes and laboratory equipment
1996	Kathleen Romain, M.D.	400.00	Air Conditioner
	Dr. Mahesh C. Goel	551.00	Laboratory accessories (Thermometers, test tubes, slides, gloves, syringes, and journals)

<b>TOTAL</b>	<b>\$14,321.00</b>
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1998  
1998  
1999  
2000

~~Dr. Arnold L. Abrams~~

~~1254  
6050  
6066~~

~~15240~~

~~LAB & MEDICAL EQUIPMENT  
(ie. X-ray unit, EKG, other  
equipment)~~

TOTAL 28610