

Return of Organization Exempt From Income Tax

1998

Department of the Treasury Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

This Form is Open to Public Inspection

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

A For the 1998 calendar year, OR tax year period beginning, 1998, and ending, 19

B Check if: [X] Change of address [] Initial return [] Final return [] Amended return (required also for State reporting) C Please use IRS label or print or type. See Specific Instructions. Cry - Child Relief & You, Inc. 24 Greenbrook Road Berkeley Heights, NJ 07922 D Employer identification number 22-3122761 E Telephone number (908) 322-3782 F Check [] If exemption application is pending

G Type of organization [X] Exempt under section 501(c) (3) (insert number) OR [] section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [] Yes [X] No I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) (b) If "Yes," enter the number of affiliates for which this return is filed: (c) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No J Accounting method: [X] Cash [] Accrual [] Other (specify)

K Check here [] 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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes a 'RECEIVED' stamp dated AUG 13 1999.

SCANNED AUG 26 1999

FORM 990

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 17.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att. sch.) See . Stm... 4 (cash \$ 273,213 non-cash \$)	273,213	273,213		
23	Specific assistance to individuals (att. sch.)				
24	Benefits paid to or for members (att. sch.)				
25	Compensation of officers, directors, etc.	5,698		5,698	
26	Other salaries and wages	2,744		2,744	
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes	6		6	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	2,508		2,508	
33	Supplies				
34	Telephone	246		246	
35	Postage and shipping	396		396	
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	1,615		1,615	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses (itemize): a Statement 5	20,443	9,173	11,270	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	306,869	282,386	24,483	0

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 20.)

What is the organization's primary exempt purpose? ▶ See Statement 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
a See Statement 7	
(Grants and allocations \$ 273,213)	282,386
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	
(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	282,386

Part IV Balance Sheets (See Specific Instructions on page 20.)

		(A)		(B)
		Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash – non-interest-bearing.....	103,055	45	70,321
	46 Savings and temporary cash investments.....	41,205	46	99,149
	47a Accounts receivable.....	47a		
	b Less: allowance for doubtful accounts.....	47b	47c	
	48a Pledges receivable.....	48a		
	b Less: allowance for doubtful accounts.....	48b	48c	
	49 Grants receivable.....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch).....		50	
	51a Other notes and loans receivable (attach schedule).....	51a		
	b Less: allowance for doubtful accounts.....	51b	51c	
	52 Inventories for sale or use.....	3,779	52	13,850
	53 Prepaid expenses and deferred charges.....		53	
	54 Investments – securities (attach schedule).....		54	11,984
	55a Investments – land, buildings, and equipment: basis.....	55a		
b Less: accumulated depreciation (attach schedule).....	55b	55c		
56 Investments – other (attach schedule).....		56		
57a Land, buildings, and equipment: basis.....	57a			
b Less: accumulated depreciation (attach schedule).....	57b	57c		
58 Other assets (describe ▶.....)		58		
59 Total assets (add lines 45 through 58) (must equal line 74).....	148,039	59	195,304	
LIABILITIES	60 Accounts payable and accrued expenses.....	8,016	60	
	61 Grants payable.....		61	
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....		64b	
	65 Other liabilities (describe ▶ See Statement 8.....)		65	348
66 Total liabilities (add lines 60 through 65).....	8,016	66	348	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....	140,023	67	138,951
	68 Temporarily restricted.....		68	56,005
	69 Permanently restricted.....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund.....		71	
	72 Retained earnings, endowment, accumulated income, or other funds.....		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21).....	140,023	73	194,956
	74 Total liabilities and net assets/fund balances (add lines 66 and 73).....	148,039	74	195,304

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 perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 22.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
a Total revenue, gains, and other support per audited financial statements ▶ a 361,802	a Total expenses and losses per audited financial statements ▶ a 306,869
b Amounts included on line a but not on line 12, Form 990:	b Amounts included on line a but not on line 17, Form 990:
(1) Net unrealized gains on investments \$	(1) Donated services and use of facilities.... \$
(2) Donated services and use of facilities .. \$	(2) Prior year adjustments reported on line 20, Form 990 \$
(3) Recoveries of prior year grants \$	(3) Losses reported on line 20, Form 990 \$
(4) Other (specify): _____ \$	(4) Other (specify): _____ \$
Add amounts on lines (1) through (4) ▶ b	Add amounts on lines (1) through (4) ▶ b
c Line a minus line b ▶ c 361,802	c Line a minus line b ▶ c 306,869
d Amounts included on line 12, Form 990 but not on line a:	d Amounts included on line 17, Form 990 but not on line a:
(1) Investment expenses not included on line 6b, Form 990 ... \$	(1) Investment expenses not included on line 6b, Form 990 \$
(2) Other (specify): _____ \$	(2) Other (specify): _____ \$
Add amounts on lines (1) and (2) ▶ d	Add amounts on lines (1) and (2) ▶ d
e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 361,802	e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 306,869

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see Specific Instructions on page 22.)

(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. Chaitanya Divgi Mem.Sloan Kettering , 1275 Yor New York, NY 10021	President 5	0	0	0
Mr. P.K. Vasudevan 48 Terrapin Lane Princeton, NJ 08619	Treas, Secy 10	5,698	0	0
Mrs. Seema Chetal VP Specialty Finance, Traveler New York, NY 10010	Trustee 5	0	0	0
Mr. Ron Victor 39B Reservoir Rd. Los Gatos, CA 95032	Trustee 5	0	0	0
Ms. Amita Kapur DDA Slum Wing, Kotta Mubarakpu New Delhi, INDIA	Trustee 5	0	0	0
Mr. Ratan Batiliboi 189 A Sane Gunj, Anand Estates Mumbai, INDIA	Trustee 5	0	0	0
Mr. Anand Bhatt Wadia Gandhi Assoc. Mumbai, INDIA	Trustee 5	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes," attach schedule - see Specific Instructions on page 22.

Part VI Other Information (See Specific Instructions on page 23.)

Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. 76 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a 78b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 79 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a 80b If "Yes," enter the name of the organization N/A and check whether it is exempt OR nonexempt. 81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 81a 0 81b Did the organization file Form 1120-POL for this year? 81b 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a 82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.) 82b N/A 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A 85 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members? 85a N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members 85c N/A d Section 162(e) lobbying and political expenditures 85d N/A e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e N/A f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g N/A h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A 86 501(c)(7) organizations. - Enter: a Initiation fees and capital contributions included on line 12. 86a N/A b Gross receipts, included on line 12, for public use of club facilities. 86b N/A 87 501(c)(12) organizations. - Enter: a Gross income from members or shareholders. 87a N/A b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX 88 89a 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 b 501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction 89b c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0 d Enter: Amount of tax in 89c, above, reimbursed by the organization. 0 90a List the states with which a copy of this return is filed New Jersey b Number of employees employed in the pay period that includes March 12, 1998 (See instructions.) 90b 0 91 The books are in care of Mrs. Meera Rao Telephone no. (908) 322-3782 Located at 24 Greenbrook Rd., Berk Hgts, NJ ZIP +4 07922 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 27.)

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies . . .					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments			14	1,946	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events			2	73,237	
102 Gross profit or (loss) from sales of inventory			5	9,082	
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).				84,265	
105 Total (add line 104, columns (B), (D), and (E)).					84,265

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 28.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on line 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			
	%			

return, including accompanying schedules and statements, and to the best of my knowledge and belief, the information of preparer (other than officer) is based on all information of which preparer

12/20/99

**SCHEDULE A
(Form 990)**

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

OMB No. 1545-0047

Supplementary Information

See separate instructions.

1998

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

Cry - Child Relief & You, Inc.

Employer identification number

22-3122761

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions on page 1. 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
None				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions on page 1. 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 ▶	0	

Part III Statements About Activities

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ► \$ _____			
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Form 990, Part V.	2d	X	
e Transfer of any part of its income or assets?	2e		X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X	
4a Do you have a section 403(b) annuity plan for your employees?	4a		X
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. (See instructions on page 2.)			

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)

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 4.)
- 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** 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 instructions on page 4.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

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) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	154,121	166,136	168,855	21,127	510,239
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 (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	1,234	1,234			2,468
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 sch. Do not include gain or (loss) from sale of capital assets. See Stm.	12,061	10,831	15,477	11,131	49,500
23 Total of lines 15 through 22	167,416	178,201	184,332	32,258	562,207
24 Line 23 minus line 17	167,416	178,201	184,332	32,258	562,207
25 Enter 1% of line 23	1,674	1,782	1,843	323	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 N/A ▶ 26a					
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. ▶ 26b					
c Total support for section 509(a)(1) test: Enter line 24, column (e). ▶ 26c					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶ 26d					
e Public support (line 26c minus line 26d total) ▶ 26e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f					%
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 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: (1997) _____ (1996) _____ (1995) _____ (1994) _____					
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 all these differences (the excess amounts) for each year: (1997) _____ (1996) _____ (1995) _____ (1994) _____					
c Add: Amounts from column (e) for lines: 15 _____ 510,239 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c					510,239
d Add: Line 27a total and line 27b total ▶ 27d					
e Public support (line 27c total minus line 27d total) ▶ 27e					510,239
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f					562,207
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g					90.76%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶ 27h					0.44%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, 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 instructions on page 4.)

Part V Private School Questionnaire (See instructions on page 4.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		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.		

Client 3660

Cry - Child Relief & You, Inc.

22-3122761

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events:

A) Special Events and Programs

B)

C)

Other:

Special Events	A	B	C	Other	Total
Gross Receipts	\$ 100,519			0	100,519
Less: Contributions	0			0	0
Gross Revenue	100,519			0	100,519
Less: Direct Expenses	27,282			0	27,282
Net Income (Loss)	\$ 73,237			0	73,237

Statement 3
Form 990, Part I, Line 10
Gross Profit (Loss) from Sales of Inventory

Items Sold	Amount
Sales of Greeting Cards & T-shirts	\$ 25,124
Gross sales	\$ 25,124
Less returns & allowances	0
Net sales	\$ 25,124
Less: Cost of goods sold	16,042
Gross profit from sales of inventory	\$ 9,082

Client 3660

Cry - Child Relief & You, Inc.

22-3122761

Statement 4
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations:

Class of Activity:	Grant	
Donee's Name:	Cry - Child Relief & You	
Donee's Address:	DDA Slum Wing Barat Ghar Bapu Park, New Delhi,	
Relationship of Donee:	Independent Organization	
Amount Given:		256,713
Class of Activity:	Grant	
Donee's Name:	Atlanta Day Shelter for W	
Donee's Address:	1039 Marietta St. NW Atlanta, GA 30318	
Relationship of Donee:	Independent Organization	
Amount Given:		4,500
Class of Activity:	Grant	
Donee's Name:	Homefront	
Donee's Address:	2265 Brunswick Pike Lawrenceville, NJ 08649	
Relationship of Donee:	Independent Org.	
Amount Given:		4,000
Class of Activity:	Grant	
Donee's Name:	Mulhill Child & Fam. Deve	
Donee's Address:	101-A Oakland Street Trenton, NJ 08618	
Relationship of Donee:	Independent Org.	
Amount Given:		4,000
Class of Activity:	Grant	
Donee's Name:	Reading & Recreation Prog	
Donee's Address:	27 Old Mill Road Pennington, NJ 08534	
Relationship of Donee:	Independent Org.	
Amount Given:		4,000

Total Cash Grants and Allocations \$ 273,213

Total Grants and Allocations \$ 273,213

Client 3660

Cry - Child Relief & You, Inc.

22-3122761

Statement 5
Form 990, Part II, Line 43
Other Expenses

Other Expenses	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Cryterion Publishing	\$ 7,948	7,948		
Dues and Subscriptions	100		100	
Insurance	2,044		2,044	
Licences and Permits	1,575		1,575	
Logo Expenses	1,225	1,225		
Office Expenses	4,466		4,466	
Taxes	150		150	
Temporary Help	2,935		2,935	
Total	<u>\$ 20,443</u>	<u>9,173</u>	<u>11,270</u>	<u>0</u>

Statement 6
Form 990, Part III
Organization's Primary Exempt Purpose

Supporting Programs to help poor and needy children

Statement 7
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Supporting small, struggling and medium sized projects in India and the United States that work toward child welfare programs that focus on education, training, illiteracy, ill health, oppression of communities and most importantly of women.	\$ 273,213	282,386
	<u>\$ 273,213</u>	<u>282,386</u>

Client 3660

Cry - Child Relief & You, Inc.

22-3122761

Statement 8
Form 990, Part IV, Line 65
Other Liabilities

	Ending

Payroll Taxes Withheld	\$ 348
Total	<u>\$ 348</u>

Statement 9
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
-----	-----	-----	-----	-----	-----
Net Special Event Reve \$	10,536	10,831	15,477	7,881	44,725
Net Sales of Inventory	1,525	0	0	3,250	4,775
	<u>\$ 12,061</u>	<u>10,831</u>	<u>15,477</u>	<u>11,131</u>	<u>49,500</u>

Certain Excise, Income, Information, and Other Returns

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions.

Name
CRY-CHILD RELIEF AND YOU, INC.

Number, Street, and Room or Suite Number (or P.O. box number, if mail is not delivered to street address)
48 TERRAPIN LANE

City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions.
MERCERVILLE, NJ 08619

Employer Identification Number
22-3122761

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until Aug 16, 1999, to file (check only one):

- | | | | |
|--|---|--|------------------------------------|
| <input type="checkbox"/> Form 706-GS(D) | <input type="checkbox"/> Form 990-T (Sec 401 (a) or 408(a) trust) | <input type="checkbox"/> Form 1120-ND (Sec 4951 taxes) | <input type="checkbox"/> Form 8612 |
| <input type="checkbox"/> Form 706-GS(T) | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 3520-A | <input type="checkbox"/> Form 8613 |
| <input checked="" type="checkbox"/> Form 990 or 990-EZ | <input type="checkbox"/> Form 1041 (estate) (see instructions) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8725 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8804 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1042 | <input type="checkbox"/> Form 6069 | <input type="checkbox"/> Form 8831 |

If the organization does not have an office or place of business in the United States, check this box

2a For calendar year 1998, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension _____

5a If this form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: 

Date: 5/15/99

File Original and one Copy. The IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant - To be completed by the IRS

- We Have approved your application. Please attach this form to your return.
- We Have Not approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to your return.
- We Have Not approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

Director

By: _____

Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Name
P.K. VASUDEVAN, CPA

Number, Street, and Room or Suite Number (or P.O. box number, if mail is not delivered to street address)
48 Terrapin Lane

City, Town or Post Office, State, and ZIP Code. For a Foreign Address, See Instructions.
Mercerville, NJ 08619

BAA For Paperwork Reduction Act Notice, see separate instructions.

FIF2001 11/18/98

Form 2758 (Rev 6-98)