

Return of Organization Exempt From Income Tax

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

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.

Form header section A-F: For the 2000 calendar year, or tax year period beginning 2000, and ending 20. Includes fields for Name of organization (CRY-CHILD RELIEF & YOU, INC.), Employer identification number (22-3122761), and Telephone number ((908) 464-9191).

G Organization type (check only one) [X] 501(c)(3) [] 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 Accounting method: [] Cash [X] 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 the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to sec. 527 orgs.

H(a) Is this a group return for affiliates? [] Yes [X] No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? [] Yes [] No (if "No," attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

I Enter 4-digit group exemption no. (GEN)

L Check this box if organization is not required to attach Schedule B (Form 990 or 990-EZ) [X]

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

Main table with 21 rows. Columns include line number, description, sub-column (a, b, c), and total amount. Revenue total (line 12) is 1,233,298. Expenses total (line 17) is 804,526. Net assets at end of year (line 21) is 643,199.

REVENUE

EXPENSES

ASSETS

SCANNED JUN 20 2001

For Paperwork Reduction Act Notice, see the separate instructions.

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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.)

Do not include amounts reported on line 8b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 677,095. noncash \$)	677,095.	677,095.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	0.	0.	0.	0.
26	Other salaries and wages	41,220.		41,220.	
27	Pension plan contributions				
28	Other employee benefits	3,312.		3,312.	
29	Payroll taxes	3,153.		3,153.	
30	Professional fundraising fees				
31	Accounting fees	13,378.		13,378.	
32	Legal fees				
33	Supplies	2,067.		2,067.	
34	Telephone	2,776.		2,776.	
35	Postage and shipping	3,458.	1,124.	2,334.	
36	Occupancy	736.		736.	
37	Equipment rental and maintenance				
38	Printing and publications	13,502.	13,502.		
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses (itemize): a See Attached	43,829.	24,799.	8,996.	10,034.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	804,526.	716,520.	77,972.	10,034.

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) 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.)

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)
a Supporting small medium sized projects in India and the United States that work towards child welfare programs that focus on education, training, illiteracy, ill health, oppression of children (Grants and allocations \$ 677,095.)	716,520.
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)	716,520.

Part IV Balance Sheets (See Specific Instructions.)

		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
A S S E T S	45 Cash -- non-interest-bearing			10,565.	45	23,638.	
	46 Savings and temporary cash investments			267,984.	46	431,086.	
	47a Accounts receivable	47a	58,390.				
	b Less: allowance for doubtful accounts	47b			47c	58,390.	
	48a Pledges receivable	48a					
	b Less: allowance for doubtful accounts	48b		12,500.	48c		
	49 Grants receivable				49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50		
	51a Other notes and loans receivable (attach schedule)	51a					
	b Less: allowance for doubtful accounts	51b			51c		
	52 Inventories for sale or use			14,368.	52	31,159.	
	53 Prepaid expenses and deferred charges				53		
	54 Investments -- securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		149,560.	54	123,260.
	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 <input type="checkbox"/> See Statement Attached)				2,250.	58	4,566.	
59 Total assets (add lines 45 through 58) (must equal line 74)				457,227.	59	672,099.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses			5,160.	60	28,900.	
	61 Grants payable			209,320.	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 <input type="checkbox"/>)				65		
	66 Total liabilities (add lines 60 through 65)				214,480.	66	28,900.
N E T A S S E T A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67 Unrestricted			242,747.	67	643,199.	
	68 Temporarily restricted				68		
	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)				242,747.	73	643,199.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)				457,227.	74	672,099.

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.)

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 1,233,298.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments	\$
(2) Donated services & use of facilities	\$
(3) Recoveries of prior year grants	\$
(4) Other (specify):	
_____ \$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 1,233,298.
d Amounts included on line 12, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990	\$
(2) Other (specify):	
_____ \$	
Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 1,233,298.

a Total expenses and losses per audited financial statements	a 804,526
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services & use of facilities	\$
(2) Prior year adjustments reported on line 20, Form 990	\$
(3) Losses reported on line 20, Form 990	\$
(4) Other (specify):	
_____ \$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 804,526.
d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990	\$
(2) Other (specify):	
_____ \$	
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e 804,526.

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

(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 comp.	(E) Expense account and other allowances
SEE Attachment		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.

Part VI Other Information (See Specific Instructions.)		N/A	Yes	No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X
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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	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		X
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		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b	Did the organization file Form 1120-POL for this year?	81b	N/A	
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		X
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 expense in Part II. (See instructions for reporting in Part III.)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	N/A	
b	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		X
b	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? 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.	85b		X
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
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) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>			
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction.	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed <input type="checkbox"/> New Jersey			
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	90b		2
91	The books are in care of <input type="checkbox"/> Organization Telephone no. <input type="checkbox"/> (908) 464-9191 Located at <input type="checkbox"/> 24 Greenbrook Rd., Berk. Hghts. NJ ZIP code <input type="checkbox"/> 07922			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <input type="checkbox"/>	92		

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

	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	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from govt. agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments			14	9,056.	
96 Dividends & 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 or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			2	339,700.	
102 Gross profit/(loss) from sales of inventory			5	9,349.	
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				358,105.	
105 Total (add line 104, columns (B), (D), and (E))					358,105.

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.)

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).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please 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: Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.)

13/14/01 Date MEERA RAO Type or print name and title. PROGRAM DIRECTOR

Date Check if self- Preparer's SSN or PTIN

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

OMB No. 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **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 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 empl. benefit plans & deferred compensation	(e) Expense account and other 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 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 ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

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? If "Yes," enter 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.	1		X
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)?	2d		X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e		X
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 the instructions.)			

Part IV **Reason for Non-Private Foundation Status** (See 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 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 the instructions.)

(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 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.)	710,192.	277,537.	154,121.	166,136.	1,307,986.
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	2,341.	1,946.	1,234.	1,234.	6,755.
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	19,434.	82,319.	12,061.	10,831.	124,645.
23 Total of lines 15 through 22	731,967.	361,802.	167,416.	178,201.	1,439,386.
24 Line 23 minus line 17	731,967.	361,802.	167,416.	178,201.	1,439,386.
25 Enter 1% of line 23	7,320.	3,618.	1,674.	1,782.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					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 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
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			26d
	22	26b			
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 (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			27c
	17	20			
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 the instructions.)					

Part V Private School Questionnaire (See 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:		
a 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	
c 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:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
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.)		

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	
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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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 columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations. Rows 36-44 detailing lobbying expenditures and nontaxable amounts.

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.)

Lobbying Expenditures During 4-Year Averaging Period Table with columns (a) 2000, (b) 1999, (c) 1998, (d) 1997, and (e) Total. Rows 45-50 detailing lobbying nontaxable amounts, ceilings, and expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See the instructions.)

Table for reporting lobbying activity with columns Yes, No, and Amount. Rows a-i detailing various activities like volunteers, paid staff, media advertisements, mailings, publications, grants, and direct contact.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Schedule table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, & sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Form 990 - Exempt Organization Tax Return
 Line 9a - Special Fundraising Events and Activities

Description of Event	Gross Rec.	Contrib.	Exp.
DHARMA 2000	230,100.	0.	57,656.
WALK 2000	180,568.	0.	57,528.
MUSIC CONCERT	104,709.	0.	60,493.
TOTAL	515,377.	0.	175,677.

Form 990 - Exempt Organization Tax Return
 Part II - Line 22 - Grants and Allocations - Cash

Class of Activity	Name and Address	Amount	Relationship
GRANT	Cry-Child Relief & You New Delhi, India	618,315.	Ind. Org.
Streetcats Found.	Oakland, CA	5,800.	Ind. Org.
Jeffries St. Learn.	Dallas, Texas	5,000.	Ind. Org.
Millhill Child & FD	Trenton New Jersey	5,000.	Ind. Org.
Cabrini Connections		8,680.	Ind. Org.
The New Children's		16,000.	Ind. Org.
San Jose Neighbors		5,000.	Ind. org.
Enterprise Academy		3,000.	Ind. Org.
Others		10,300.	Ind. Org.
TOTAL		677,095.	

Continued on Page 2

Form 990 - Exempt Organization Tax Return
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt. & General	(D) Fund-raising
Advertising	3,062.	1,531.	0.	1,531.
Internet Services	496.	0.	496.	0.
Web Hosting	1,700.	850.	0.	850.
Program Expenses-Other	19,983.	13,322.	0.	6,661.
Bank Service Charges	4,636.	0.	4,636.	0.
Dues & Subscriptions	100.	0.	100.	0.
Insurance	5,544.	2,772.	2,772.	0.
License & Permits	4,340.	4,340.	0.	0.
Miscellaneous Expense	3,968.	1,984.	992.	992.
TOTAL	43,829.	24,799.	8,996.	10,034.

Form 990 - Part IV - Balance Sheets
 Line 58 - Other Assets

Description	Amount
Prepaid Insurance	4,146.
Security Deposit	420.
TOTAL	4,566.

Form 990 - Schedule A - Supplementary Information
Part IV - Line 22 - Other Income

Description	1999	1998	1997	1996
NET SPECIAL EVENTS	5,877.	0.	0.	0.
NET INVENTORY SALES	13,557.	0.	0.	0.
TOTAL	19,434.	0.	0.	0.

Notes
Company: CRY-CHILD RELIEF & YOU, INC.

2000
EIN: 22-3122761

Note # 1 - FORM 990-LINE 20

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

UNREALIZED LOSS ON INVESTMENTS	\$ 26,300
PRIOR PERIOD ADJUSTMENTS	2,020
	<u>\$ 28,320</u>

Form 990 Part V**List of Officers, Directors, Trustees and Key Employees**

Name and Address	Title&	Avg hrs/wk	Comp	EmployeeBen	Pln Cont.	ExpenseAcct/other
Dr. Chaitanya Divgi Mem. Sloan Kettering 1275 York Ave New York, NY 10021	President		0	0		0
Ms. Seema Chetal Juniper Corp 39939 Stevenson Cle# 2052 Fremont, CA 95438	Treasurer		0	0		0
Mr. Ronald Victor 2680 N I St Ste 130 San Jose CA 95134	Secretary		0	0		0
Mr. Sabeer Bhatia 41688 Christy St Fremont CA 94538	Trustee		0	0		0
Ms. Amita Kapur President,CRY India New Delhi, India	Trustee		0	0		0
Mr. Gerson DaCunha Media Specialist, Mumbai, India	Trustee		0	0		0
Mr. Nandan Maluste Financial Planner, Mumbai, India	Trustee		0	0		0
Ms. Pervin Varma CEO CRY India, Mumbai, India	Trustee		0	0		0