

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2004

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 2004 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

**C** Name of organization: **SIUT NORTH AMERICA, INC.**

Number and street (or P.O. box if mail is not delivered to street address): **7415 STAR BRIDGE**

City or town, state or country, and ZIP + 4: **HOUSTON, TX 77095**

**D** Employer identification number: **76-0656947**

**E** Telephone number: **713 6600786**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) trusts must attach a completed Schedule A (Form 990) with this return.

**TAXPAYER'S COPY**

**G** Website: **N/A**

**J** Organization type (check only one):  501(c)  (insert no.)  4947(a)(1) or  527

**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.

**H** and **I** are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

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

**I** Group Exemption Number: \_\_\_\_\_

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **66325.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

<b>1</b> Contributions, gifts, grants, and similar amounts received:					
<b>a</b>	Direct public support	<b>1a</b>		<b>66325.</b>	
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>66325.</b> noncash \$ _____)				<b>1d 66325.</b>
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2 66325.</b>
<b>3</b>	Membership dues and assessments				<b>3</b>
<b>4</b>	Interest on savings and temporary cash investments				<b>4</b>
<b>5</b>	Dividends and interest from securities				<b>5</b>
<b>6 a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>
<b>7</b>	Other investment income (describe: <b>INTEREST ON CD</b> )				<b>7</b>
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				<b>8d</b>
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>
<b>11</b>	Other revenue (from Part VII, line 103)				<b>11</b>
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12 66325.</b>
<b>13</b>	Program services (from line 44, column (B))				<b>13 113400.</b>
<b>14</b>	Management and general (from line 44, column (C))				<b>14 2751.</b>
<b>15</b>	Fundraising (from line 44, column (D))				<b>15</b>
<b>16</b>	Payments to affiliates (attach schedule)				<b>16</b>
<b>17</b>	Total expenses (add lines 13 and 14, column (A))				<b>17 116151.</b>
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18 -49826.</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19 80498.</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)				<b>20 0.</b>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				<b>21 30672.</b>

22	Grants and allocations (attach schedule) (cash \$ 113400 • noncash \$ )	22	113400.	113400.	STATEMENT 2	
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	0.	0.	0.	0.
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
a	GENERAL & ADMIN	43a	1151.		1151.	
b	ADVERTISEMENT	43b	0.			
c	FUND RASING EVENT	43c				
d	EXPENSES	43d	1600.		1600.	
e		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B) (D), carry these totals to lines 13-15.	44	116151.	113400.	2751.	0.

Joint Costs. Check  if you are following SOP 98-7.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  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**

What is the organization's primary exempt purpose? **SEE STATEMENT 1**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(b)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
 (Required for 501(c)(3) and (4) orgs., and 4947(b)(1) trusts; but optional for others.)

a	PROVIDED DIALYSTS MACHINES, LIVER TRASPLANT SUPORT MACHINES AND OTHER MEDIACL EQUIPMENT DEALING IN THE DISEASES OF KIDNY AND LIVER	(Grants and allocations \$ )	113400.
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)		113400.

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	
Assets	45 Cash - non-interest-bearing	80498.	30672.	
	46 Savings and temporary cash investments			
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts			
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees			
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use			
	53 Prepaid expenses and deferred charges			
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation			
	56 Investments - other			
	57 a Land, buildings, and equipment: basis			
	b Less: accumulated depreciation			
58 Other assets (describe)				
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		<b>80498.</b>	<b>30672.</b>	
Liabilities	60 Accounts payable and accrued expenses			
	61 Grants payable			
	62 Deferred revenue			
	63 Loans from officers, directors, trustees, and key employees			
	64 a Tax-exempt bond liabilities			
	b Mortgages and other notes payable			
65 Other liabilities (describe)				
<b>66 Total liabilities (add lines 60 through 65)</b>		<b>0.</b>	<b>0.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted			
	68 Temporarily restricted			
	69 Permanently restricted			
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	0.	0.	
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	0.	
	72 Retained earnings, endowment, accumulated income, or other funds	80498.	30672.	
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)</b>		<b>80498.</b>	<b>30672.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		<b>80498.</b>	<b>30672.</b>	

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.

Return

Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements **a** N/A

b Amounts included on line a but not on line 12, Form 990.

(1) Net unrealized gains on investments \$ \_\_\_\_\_

(2) Donated services and 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**

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) **B**

a Total expenses and losses per audited financial statements **a** N/A

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and 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**

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) **C**

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

(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. SYED ADIBUL HASAN RIZVI 8903 ATWELL DR HOUSTON TX 77096	VICE PRESIDENT	0.	0.	0.
DR. ANWAR NAQVI 8903 ATWELL DR HOUSTON TX 77096	DIRECTOR	0.	0.	0.
DR. FATIMA SAYEED 7415 STAR BRIDGE HOUSTON TX 77095	PRESIDENT & TREASURER	0.	0.	0.
DR. BARKAT CHARANIA 9888 BISSONNET ST HOUSTON TX 77036	DIRECTOR	0.	0.	0.
MR. ABDULLAH JAFARI 3611 CARNEGIE DR HOUSTON TX 77005	SECRETARY	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? If "Yes," attach schedule  Yes  No

77 Were any changes made in the organizing or governing documents previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 If "Yes," attach a conformed copy of the changes. 76 X  
 77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  
 b If "Yes," has it filed a tax return on Form 990-T for this year? 78a X  
 78b N/A  
 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?  
 If "Yes," attach a statement 79 X

80 a 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?  
 b If "Yes," enter the name of the organization 80a X

81 a Enter direct or indirect political expenditures. See line 81 instructions and check whether it is  exempt or  nonexempt.  
 b Did the organization file Form 1120-POL for this year? 81a 0

82 a 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?  
 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 in Part III.) 82a X  
 82b N/A

83 a Did the organization comply with the public inspection requirements for returns and exemption applications?  
 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83a X  
 83b X  
 84 a Did the organization solicit any contributions or gifts that were not tax deductible?  
 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84a X  
 84b N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A  
 b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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. N/A  
 85c N/A  
 85d N/A  
 85e N/A  
 85f N/A  
 85g N/A  
 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, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  
 If "Yes," complete Part IX

89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911  N/A ; section 4912  N/A ; section 4955  N/A  
 b 501(c)(3) and 501(c)(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 a statement explaining each transaction N/A  
 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 89b  
 d Enter: Amount of tax on line 89c, above, reimbursed by the organization  N/A

90 a List the states with which a copy of this return is filed  NONE  N/A  
 b Number of employees employed in the pay period that includes March 12, 2004

91 The books are in care of  ABDULLAH JAFARI Telephone no.  713 6600786  
 Located at  7415 STAR BRIDGE HOUSTON TX ZIP +4  77095

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

Form 990 (2004)

SIUT NORTH AMERICA, INC.

76-0656947

Page 6

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 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, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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 page 34 of the instructions.)

Table with 2 columns: 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 page 34 of the instructions.)

Table with 5 columns: (A) Name, address and EIN of corporation, partnership or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

Preparer's Signature: Fatima Sayeed MD, Date: 2/26/05, Type or print name and title: FATIMA SAYEED, PRESIDENT, Preparer's SSN or PTIN: 283-72-5007, EIN: 76-0656947, Phone no: 281-855-2820.

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

**2004**

Name of the organization

SIUT NORTH AMERICA, INC.

Employer identification number

76 0656947

**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
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 page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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 the total expenses paid or incurred in connection with the lobbying activities **\$** \_\_\_\_\_ **\$** \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)  
 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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

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? **2e**  X

3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) **3a**  X  
 b Do you have a section 403(b) annuity plan for your employees? **3b**  X

4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? **4a**  X  
 b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? **4b**  X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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.)
- 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 page 5 of 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 page 5 of the instructions.)



Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) 1999
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13000.	11885.	1570.	124115.	150570.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	80307.	153301.			233608.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1416.	359.	3378.		5153.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities 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	94723.	165545.	4948.	124115.	389331.
24 Line 23 minus line 17	14416.	12244.	4948.	124115.	155723.
25 Enter 1% of line 23	947.	1655.	49.	1241.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (a) for lines: 18 19 22 26b					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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: (2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add: Amounts from column (e) for lines: 15 16 17 21					27c 384178
d Add: Line 27a total and line 27b total					27d 0
e Public support (line 27c total minus line 27d total)					27e 384178
f Total support for section 509(a)(2) test: Enter amount on line 23, column (a)					27f 389331.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.6764
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.3236
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

NONE

Schedule A (Form 990 or 990-E)

(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.)		
34 a	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		

Schedule A (Form 990 or 990-EZ) 2004

Schedule A (Form 990 or 990-EZ) 2004 SIUT NORTH AMERICA, INC.

Part VI-A Lobbying Expenditures by Electing Public Charities (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures

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

Table with columns for line numbers (36-44), (a) Affiliated group totals, and (b) To be completed for ALL electing organizations. Includes rows for total lobbying expenditures, exempt purpose 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 on page 11 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2004, 2003, 2002, 2001, and Total. Rows include lobbying nontaxable amount, lobbying 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 11 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:

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

Table with columns for Yes, No, and Amount. Corresponds to items a-i in the list above.

Schedule A (Form 990 or 990-EZ) 2004 SIUT NORTH AMERICA, INC.

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Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of 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?

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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
			N/A

52 a 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)?

b If "Yes," complete the following schedule:

N/A

Yes No

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 1  
PART III

EXPLANATION

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

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 2

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
EQUIPMENT	SINDH INSTITUTE OF UROLOGY & TRANSP	KARACHI PAKISTAN	NONE	113400.
TOTAL, INCLUDED ON FORM 990, PART II, LINE 22				113400.