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Form 990-PF

Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 **2010**

Internal Revenue Service For calendar year 2010, or tax year beginning and ending Final return Initial return of a former public charity G Check all that apply Initial return Amended return Address change Name change A Employer identification number Name of foundation 23-2629257 THE KRISHNARPAN FOUNDATION Room/suite Number and street (or P.O. box number if mail is not delivered to street address B Telephone number 218-288-1200 966 HUNT DRIVE City or town, state, and ZIP code C if exemption application is pending, check here 19067-4244 D 1. Foreign organizations, check here YARDLEY, PA Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated X Cash under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method Accrual Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 90825 . (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here ▶\$ (d) Disbursements Part I Analysis of Revenue and Expenses (c) Adjusted net (a) Revenue and (b) Net investment for charitable purposes (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 11984. Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B 2 Interest on savings and temporary cash investments 4831 4831.Statement 4831 Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications Gross sales less returns and allowances 2011 b Less Cost of goods sold c Gross profit or (loss) SS Other income 11 SCANNED DEC 0 16815. 4831 4831. Total. Add lines_1 through 11 Ō. 0 0. 0. Compensation of Other employees alarles and wages Pension plans, employee benefits 15 Operating and Administrative Expenses 16a Legal fees b Accounting fee c Other professional fees 17 Interest 0. Stmt 2 88 0 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0. 0 0 Stmt 3 418. Other expenses 24 Total operating and administrative 0 0 506 expenses. Add lines 13 through 23 13621 13621. 25 Contributions, gifts, grants paid Total expenses and disbursements. 13621. 0 0 14127 Add lines 24 and 25 27 Subtract line 26 from line 12 2688. 2 Excess of revenue over expenses and disbursements 4831 b Net investment income (if negative, enter -0-) 4831 c Adjusted net income (if negative, enter -0-)

KRISHN03

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	EIIO OI	
		Column Should be for end-on-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	21600.	9832.	9832.
	2	Savings and temporary cash investments			······································
	3	Accounts receivable		1	
		Less: allowance for doubtful accounts			·····
	4	Pledges receivable ►			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U S and state government obligations			
	[Investments - corporate stock			
	i	· · · · · · · · · · · · · · · · · · ·			
	l	Investments - corporate bonds		***************************************	
	''	Investments - land, buildings, and equipment basis		1	
		Less accumulated depreciation	+		
	l	Investments - mortgage loans Investments - other Stmt 5	62423.	80993.	80993.
	13		02423.	00993	00993.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
			04000	00005	00005
	16	Total assets (to be completed by all filers)	84023.	90825.	90825.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ës	24	Unrestricted			
a	25	Temporarily restricted			
Bal	26	Permanently restricted			
ᅙ	-"	Foundations that do not follow SFAS 117, check here	· · · · · · · · · · · · · · · · · · ·		
or Fund Balances		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
Net Assets	1	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
SS	28	- ·	84023.	90825.	
et A	29	Retained earnings, accumulated income, endowment, or other funds	84023.	90825.	
ž	30	Total net assets or fund balances	04023.	30023.	
	l		94022	90825.	
_	31	Total liabilities and net assets/fund balances	84023.	90023.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	טט		84023.
_	•	st agree with end-of-year figure reported on prior year's return)		1	2688.
2		r amount from Part I, line 27a	Coo C+-	tomont 1	4114.
3		r increases not included in line 2 (itemize)	see Sta	tement 4 3	
4		lines 1, 2, and 3		4	90825.
5		reases not included in line 2 (itemize)		5	0.0025
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	90825.
					Form 990-PF (2010)

2-story brick wa	Capital Gains and Losses for Tax on Investment Income (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) NONE				P	low acquired - Purchase - Donation		acquired lay, yr)	(d) Date sold (mo , day, yr)
10	NIE				_				
	NE				┢				
<u>C</u>	-				1-				
<u>d</u>							 		
(e) Gross sales price	(f) C	Depreciation allowed (or allowable)	1	t or other basis xpense of sale				Gain or (loss s (f) minus (
a			ļ						
<u>b</u>	-		 						
d			 		1				
u									
Complete only for assets shown	ng gain in (column (h) and owned by	the foundation	on 12/31/69		•	(I) Gains (Col (h) gain	minus
	1	i) Adjusted basis		cess of col (I)		C	ol (k), but	not less that	n - 0-) or
(I) F M V as of 12/31/69	'	as of 12/31/69	over	col (j), if any			Losses	(from col (n))
a									
b									
C									
d]				
e	<u> </u>		<u> </u>			.,			
Capital gain net income or (net c	apital loss)	If gain, also ente	er in Part I, line)- in Part I, line	7 7	}	2			
Net short-term capital gain or (lo	ss) as defi	-			ι, Ι				
If gain, also enter in Part I, line 8					 				
If (loss), enter -0- in Part i, line 8					لب	3			
Part V Qualification L For optional use by domestic privat		ection 4940(e) fo			_		ncome		
section 4940(d)(2) applies, leave to			mount of any ve	aar in the hace ne	riod2				Yes X N
ras the foundation hable for the set races, the foundation does not qua					1100				,,,,
Enter the appropriate amount in					es				-
(a) Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying di		Net value of no	(c) oncha	ritable-use asse			(d) oution ratio vided by col (c))
2009			8740.			7555			.11568
2008			6066.			2042			.29703
2007			15845.			1383			1.14528
2006			7569.			7556			.10016
2005			7054.			6907	1.	T	.10212
Total of line 1, column (d)							2		1.76029
Average distribution ratio for the the foundation has been in existe			on line 2 by 5,	or by the number	r of ye	ars	3		.35205
Enter the net value of noncharita	ble-use as:	sets for 2010 from Part X	, line 5				4		86113
Multiply line 4 by line 3							5_		30317
Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		4.8
' Add lines 5 and 6							7_		30365
B Enter qualifying distributions fro	m Part XII,	line 4					8		13621
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, ch	eck the box in Part VI, lin	e 1b, and comp	olete that part usin	ng a 1	% tax rate			_

023531

of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

N/A

3b

4a

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X

All other program-related investments. See instructions

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Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations mi	ust complete this part. Fo	reign foun	dations, see ii	nstructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	, etc , purposes	Ī		
а	Average monthly fair market value of securities			1a	87424.
b	Average of monthly cash balances			1b	
C	Fair market value of all other assets			10	
d	Total (add lines 1a, b, and c)			1d	87424.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets		L	2	0.
3	Subtract line 2 from line 1d			3	87424.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)		4	1311.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on			5	86113.
6	Minimum investment return. Enter 5% of line 5		[6	4306.
P	pistributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here X and do not complete this part)	d (j)(5) private operating four	ndations and	d certain	
1	Minimum investment return from Part X, line 6			1	
2a	Tax on investment income for 2010 from Part VI, line 5	2a			
b	Income tax for 2010 (This does not include the tax from Part VI)	2b			
	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments Subtract line 2c from line 1			3	
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part 3	(III, line 1		7	
P	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	oses			10601
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	13621.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc , purposes	ļ	2	
3	Amounts set aside for specific charitable projects that satisfy the.				
а	Suitability test (prior IRS approval required)		ļ	3a	
b	Cash distribution test (attach the required schedule)]	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, an	d Part XIII, line 4		4	13621.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	tment			
	income Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	13621.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years will	nen calculating whether the f	oundation o	ualifies for the s	ection

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (s	see instructions)	N/A		
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	00.000			
line 7				
2 Undistributed income, if any, as of the end of 2010		······································	<u> </u>	
a Enter amount for 2009 only				
b Total for prior years				
b rotarior prior years				
3 Excess distributions carryover, if any, to 2010			ilitation to tellar control (1901) to the control	Hildren Children (C) William Co. Co. (Milliam Ive.)
a From 2005				
b From 2006	1			
c From 2007	1			
d From 2008	1			
e From 2009	1			
	1			
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from				
Part XII, line 4 > \$	1			
a Applied to 2009, but not more than line 2a		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount		_	<u> </u>	
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007	1			
c Excess from 2008	1			
d Excess from 2009	1			
e Excess from 2010	1			
	I		· · · · · · · · · · · · · · · · · · ·	5 000 DE (0040)

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here 🕨 🗓 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part AV Supplementary information				1
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient		
a Paid during the year	or substantial contributor	recipient		
See Statement 7				
Total	_		▶ 3a	13621
b Approved for future payment				
None				
Total			▶ 3b	0

023611 12-07-10

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated	business income		led by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	Anount	
<u> </u>	_				
b	_				
<u> </u>			+		
<u> </u>			+		
e	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			03		4831.
5 Net rental income or (loss) from real estate					
a Debt-financed property					<u> </u>
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b	1 1		_ _		
C	_				
d	_				
e				<u></u>	
12 Subtotal Add columns (b), (d), and (e)		<u>C</u>).	0.	4831.
13 Total. Add line 12, columns (b), (d), and (e)				13	4831.
(See worksheet in line 13 instructions to verify calculations)			<u> </u>	

Line No.	Expla	ın belov	w how ea	ch activ	rity for which	ch income is	reported in	column	(e) of Part	XVI-A contributed impo	ortantly to the acco	mplishment of	
lacktriangle	the fo	undatio	n's exen	npt purj	poses (othe	er than by p	roviding fun	ds for s	ich purpose	es)			
4	WILL	ASS	SIST	то	HELP	INDIV	/IDUAI	S &	OTHE	R ENTITIES	EIGHTER	DOMESTIC	OR
	FORE	IGN	FOR	EDU	JCATIO	ONAL,	HEALT	HCA	RE AN	D RELIGIOUS	S PURPOS	ES.	
8	WILL	ASS	SIST	то	HELP	INDIV	/IDUAL	S &	OTHE	R ENTITIES	EIGHTER	DOMESTIC	OR
	FORE:	IGN	FOR	EDU	JCATI(ONAL,	HEALT	HCA	RE AN	D RELIGIOUS	S PURPOS	ES.	
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023621 12-07-10

Part	XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	hips With No	ncharitable	Э	
1 Did	Ithe or			of the following	ng with any other organizati	on described in sect	ion 501(c) of		Yes	No
		- •			27, relating to political organ		3011 301(0) 01	İ		
		from the reporting found	-					ļ		
	Cash	month the reporting reality	anon to a nononanta	ono oxompt of	gamzation of			1a(1)	·	X
		assets						1a(2)	† — —	X
		sactions								
_		of assets to a noncharita	ible exempt organiza	tion				16(1)		X
٠.		nases of assets from a no	. •					1b(2)		X
. ,		I of facilities, equipment,	•					1b(3)		Х
		bursement arrangements						1b(4)		X
		s or loan guarantees						1b(5)		X
		rmance of services or me	embership or fundral	sing solicitatio	ons			1b(6)		X
		f facilities, equipment, ma						10		X
d Ifti	he ansv	ver to any of the above is	"Yes," complete the	following sche	edule Column (b) should al	ways show the fair i	market value of the	goods, other ass	sets,	
or:	service	s given by the reporting f	oundation. If the four	ndation receiv	ed less than fair market val	ue in any transaction	n or sharing arrang	ement, show in		
) the value of the goods,								
(a) Line n	0	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	n of transfers, transact	ons, and sharing ar	rangeme	ents
	_ _			N/A						
	_									
										
			<u> </u>							
	-									
	+		 			-				
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		·	ļ <u></u>							
			<u></u>				··	 -		
		•	•		or more tax-exempt organ	izations described		<u> </u>	TV.	7.
		501(c) of the Code (othe)(3)) or in sect	tion 527?			Yes	LĀ	No
<u>D II " </u>	Yes, c	omplete the following sch (a) Name of org			(b) Type of organization	1	(c) Description of r	elationehin		
		N/A	Junization		(b) Typo of organization		(c) Description of t	Clationship		
					i				-	
_					ing accompanying schedules ar ased on all information of which			ge and belief, it is tr	ue, corre	ect,
Sign	J	complete Declaration of prepa	irer (other than taxpayer	or ilductary) is b	ased an all information of which	preparer has any know	-			
Here			$\mathcal{M}_{\mathcal{V}}$	سرر	······································	4 · 11	Dec 19	<u>~~</u>		
		Signature of officer or tru		<u> </u>	Date		Title Title	DTIN		
		Print/Type preparer's na	ine.	Preparer's s	ignature •	Date	Check if self- employed	PTIN		
Paid		RAKESH PAT	EL CPA	I DW		11/11/11	Sen- employed			
Prepa	arer	Firm's name DIL		E COMP	ANY, LLP	1 1 1 1 1 1 1 1 1 1 1	Firm's EIN			
Use (Tallia sidine 🗲 DIII		- John			I IIII S EIN			
1	3	Firm's address ▶ 20	42 MORRIS	AVE.			 		-	
		l .	ION, NJ 0				Phone no 9	08-688-	423	4
								Form 990		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

THE KRISHNARPAN FOUNDATION

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

23-2629257 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

THE KRISHNARPAN FOUNDATION

23-2629257

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MUKUND SHETH 966 HUNT DR. YARDLEY, PA 19067	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 MUKUND SHETH 966 HUNT DR. YARDLEY, PA 19067 (b) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.

of Part II

Name of organization

Employer identification number

THE KRISHNARPAN FOUNDATION

23-2629257

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		<u> </u>	
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received

chedule B (Form !	990, 990-EZ, or 990-PF) (2010)		_	Page of of Part III
ame of organi				Employer identification number
·				22 2620257
	SHNARPAN FOUNDATION Exclusively religious, charitable, etc., indiv	vidual contributions to section	on 501(c)(7) (8) or (10)	23-2629257
Part III	more than \$1,000 for the year. Complete co	olumns (a) through (e) and the	following line entry. For	organizations completing
	Part III, enter the total of exclusively religious \$1,000 or less for the year. (Enter this inform	 charitable, etc., contributions 	s of	
(a) No.	\$1,000 or less for the year. (Enter this inform	nation once. See instructions.)	<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
raiti				
-				
L				
		(e) Transfer of gift	t	
<u> </u>	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee
-			· · · · · · · · · · · · · · · · · · ·	
-				
-				
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
_				
i _				
		(e) Transfer of gif	τ	
	Transferee's name, address, and	71D ± 4	Relationship of tr	ansferor to transferee
-	Transieree s name, adaress, and			
-				
7.3.50				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
-				
		(e) Transfer of gif	it	
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee
-				
-				
-				
(a) No. from Part I	(h) D	(-)	(A D -	cription of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	
_				
-				
-				
-		(e) Transfer of gif		
		(e) Transier of gir	•	
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee
_				
_				
		<u> </u>		D (F 000 COO FT
22454 12 22 10			Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)

Form 990-PF Dividence	ls and	Inter	est from	Secur	ities	State	ment	1
Source		Gross	Amount		tal Gains vidends		mn (A ount)
MORGANSTANLEY	•		4831.		0.		48	31.
Total to Fm 990-PF, Part I,	GANSTANLEY al to Fm 990-PF, Part I, ln 4 m 990-PF Cription ES Form 990-PF, Pg 1, ln 18 m 990-PF Cription Experiment INTEREST Form 990-PF, Pg 1, ln 23 m 990-PF Other Increases in No		4831.		0.		48	31.
Form 990-PF		Tax	es			State	ment	2
Description	Expe	a) nses Books	(b) Net Inv ment In		(c) Adjusted Net Incom		(d) arita urpos	
TAXES		88.		0.		0.	0. 0	
To Form 990-PF, Pg 1, ln 18		88.		0.		0.		0.
Form 990-PF	0	ther E	xpenses			State	ment	3
Description	Expe	a) nses Books	(b) Net Inv ment In	est-	(c) Adjusted Net Incom		(d) arita urpos	
INVETMENT INTEREST		418.		0.		0.		0.
To Form 990-PF, Pg 1, ln 23		418.		0.		0.		0.
Form 990-PF Other Increases	s in N	et Ass	ets or F	und Ba	alances	State	ment	4
Description						An	ount	
CHANGE IN INVESTMENTS VALUE (APPRIC	IATION)				41	14.
Total to Form 990-PF Part I	rr. li	ne 3					41	14.

Form 990-PF	Other Investments		Statement	5
Description	Valuation Method	Book Value	Fair Marke Value	t
SMITH BARNEY	COST	80993.	809	93.
Total to Form 990-PF, Part	II, line 13	80993.	809	93.
Form 990-PF List	of Substantial Contri Part VII-A, Line 10	butors.	Statement	6
Name of Contributor	Address			
MUKUND SHETH	966 HUNT DRI YARDLEY, PA	· · ·		

	and Contributions During the Year	Statement 7			
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount		
EKAL VIDHTALAYA FOUNDATION 4023 WESTHOLLOW PKY HOUSTON, TX 77082	GENERAL SUPPORT	TAX EXEPMT	3650.		
SHARE & CARE FOUNDATION	GENERAL SUPPORT	ТАХ ЕХЕРМТ	400.		
AMERICAN RED CROSS	GENERAL SUPPORT	TAX EXEPMT	1001.		
YARDLEY MAKEFIELD FIRE	GENERAL SUPPORT	ТАХ ЕХЕРМТ	152.		
AMERICAN LUNG ASSOCIATION	GENERAL SUPPORT	ТАХ ЕХЕРМТ	500.		
POLICE CHIEF ASSOCIATION	GENERAL SUPPORT	ТАХ ЕХЕРМТ	51.		
BUCKS COUNTY FOUNDATION	GENERAL SUPPORT	ТАХ ЕХЕРМТ	250.		
SAMARPAN	GENERAL SUPPORT	ТАХ ЕХЕРМТ	152.		

THE KRISHNARPAN FOUNDATION		23-	-2629257
SHRI BALDEVDAS CHRISTABLE FOUNDATION 1320 BUTTERFIELD LANE BENSALEM, PA 19020	GENERAL SUPPORT	TAX EXEPMT	6965.
SBC FOUNDATION	GENERAL SUPPORT	TAX EXEPMT	500.
Total to Form 990-PF. Part XV. li	ine 3a		13621.

Form **8868** (Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, comple	te only P	art I and check this box .		. •	X
If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of this	form)	.	
Do not o	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previously f	iled Fo	orm 8868.	
	nic filing (e-file). You can electronically file Form 8868 if	-				
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically file F	Form 8	8868 to request an e	xtension
of time to	o file any of the forms listed in Part I or Part II with the ex	ception of	f Form 8870, Information Return for Trai	nsfers	Associated With Ce	rtain
Personal	Benefit Contracts, which must be sent to the IRS in par	oer format	(see instructions). For more details on t	he ele	ctronic filing of this f	orm,
- 11	v.irs gov/efile and click on e-file for Chanties & Nonprofits					
Part I						
	ation required to file Form 990-T and requesting an autor	matic 6-m	onth extension - check this box and con	nplete	_	
Part I on						
to file inc	corporations (including 1120-C filers), partnerships, REM come tax returns.	iics, and i	trusts must use Form 7004 to request ar	n exter	nsion of time 	
Type or print	Name of exempt organization			Emp	oloyer identification	number
	THE KRISHNARPAN FOUNDATION			2	3-2629257	
Flie by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 966 HUNT DRIVE	ee instruc	etions.			
retum See instructions	City, town or post office, state, and ZIP code. For a for YARDLEY, PA 19067-4244	oreign add	dress, see instructions.	•		
-	· · · · · · · · · · · · · · · · · · ·					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990)	01	Form 990-T (corporation)			07
Form 990)-BL	02	Form 1041-A		08	
Form 990)-EZ	03	Form 4720	09		
Form 990)-PF	04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
• 17	MUKUND SHETH	7771	DIEV DA 10067			
	pooks are in the care of \triangleright 966 HUNT DRIVE none No. \triangleright 215-288-1200	- IAI			 ·	
		46 - 11-	FAX No.			
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit (
box ▶ [. If it is for part of the group, check this box		ch a list with the names and EINs of all i		- ·	
	quest an automatic 3-month (6 months for a corporation				ers the extension is	<u>UI</u>
. ,,,,			•		The extension	
August 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:						
▶[X calendar year 2010 or					
tax year beginning, and ending						
2 If th	e tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	l returr	n	
	Change in accounting period					
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
nonrefundable credits. See instructions. 3a \$					0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				_		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$			0.			
	ance due. Subtract line 3b from line 3a. Include your pay		, · · · · ·			^
	using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions						

Form 886	68 (Rev. 1-2011)						Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this t	oox		.▶[X
Note, Onl	ly complete Part II if you have already been granted an a	automatic	3-month extension on a previously file	d Form	8868.		
● If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).				
Part If	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no	copies	needed)		
Type or	Name of exempt organization			Em	Employer identification number		
print	t THE KRISHNARPAN FOUNDATION			23-2629257			
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your return See instructions	City, town or post office, state, and ZIP code. For a for YARDLEY, PA 19067-4244	oreign add	dress, see instructions	•			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return) .	_			0 4
Application	on	Return	Application			1	Return
ls For		Code	Is For				Code
Form 990		01					
Form 990	-BL	02	Form 1041-A				08
Form 990	-EZ	03	Form 4720				09
Form 990	-PF	04	Form 5227				10
Form 990-	·T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	-T (trust other than above)	06	Form 8870				12
The bo	o not complete Part II if you were not already granted MUKUND SHETH books are in the care of \$\int 966 \text{ HUNT DRIVE}\$	_	RDLEY, PA 19067	usiy iii	<u>eu r</u> 01111 0		
-	one No. ► 215-288-1200		FAX No. ►		<u> </u>	٠ . ٣	
	organization does not have an office or place of business					▶ L	
	s for a Group Return, enter the organization's four digit (1					
box 🕨 L	If it is for part of the group, check this box ▶		ch a list with the names and EINs of al	l memb	pers the ex	tension is fo	<u>r</u>
		vovenu	per 15, 2011.				
	calendar year 2010, or other tax year beginning	 	, and ending	ī			
6 If the	le tax year entered in line 5 is for less than 12 months, change in accounting period	heck reas	on: L Initial return L	Final	return		
7 Stat	te in detail why you need the extension						
	l information needed to file	the	return not availab	le.			
8a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any				
non	refundable credits. See instructions.			8a	\$		0.
b If the	is application is for Form 990-PF, 990-T, 4720, or 6069, e	enter any	refundable credits and estimated				
tax p	payments made include any prior year overpayment allo	owed as a	credit and any amount paid				
prev	viously with Form 8868.			8b	\$		0.
c Bala	ance due. Subtract line 8b from line 8a Include your pay	yment with	n this form, if required, by using				
<u>E</u> FTI	PS (Electronic Federal Tax Payment System). See instru	ctions.		8c	\$		0.
	Signa	ture and	d Verification				
Under penal it is true, co	Ities of perjury, I declare that I have examined this form, includir rrect, and complete, and that I am authorized to prepare this for	ng accompa	anying schedules and statements, and to th	e best o	f my knowle	•	
Signature 🕨	► Tıtle ►		wt	Date	>	8-5.	<u>- 2011</u>
						8868 (Rev.	1-2011)

DILIP PATEL & COMPANY LLP

2042 MORRIS AVENUE

UNION, NJ 07083