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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

Internal Revenue Service

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

For calendar year 2010, or tax year beginning 12/09/10, and ending 12/31/10

- 01	calellu	ar year 2010, or tax year beginning 12/09/10 ,	and ending IZ/	31/10						
G	Check a	all that apply X Initial return Initial rel	turn of a former publi	c charity	(Final return				
			lress change	Nam	e change					
		pundation		A Employer identification number						
		HERLA KAMTAMNENI CHARITABLE		27-4224160						
		DATION INC		B Telep	hone number (see page 1	0 of the instructions)				
_		nd street (or P O box number if mail is not delivered to street address	5)	Room/suite						
		IMLIN COURT				mption application is pend				
	-	n, state, and ZIP code HKEEPSIE NY 12603			D 1. Fo	preign organizations, check	here			
			formal atoms			preign organizations meetii	_			
$\overline{}$		ype of organization X Section 501(c)(3) exempt private				5% test, check here and at	· - 1			
		h 4947(a)(1) nonexempt chantable trust Other taxable ket value of all assets at J Accounting method	e private foundation X Cash A			rate foundation status was on 507(b)(1)(A), check here	<u>. 1</u>			
			Cash [] A	ccrual						
	ne 16) l	ear (from Part II, col. (c), \$\Bigsim \\$ 100,030 (Part I, column (d) must be column (b)).	ho on cach hacis \			foundation is in a 60-mont r section 507(b)(1)(B), che				
_	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(d) Disbursements			
٠		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net ii	nvestment	(c) Adjusted net	for charitable			
		the amounts in column (a) (see page 11 of the instructions))	books	inc	come	ıncome	purposes (cash basis only)			
_	1	Contributions, gifts, grants, etc , received (attach schedule)	100,00	0			(Casil basis only)			
	2	Check ► if the foundation is not required to attach Sch B		1						
	3	Interest on savings and temporary cash investments	3	0	30					
	4	Dividends and interest from securities								
	5a	Gross rents								
4	Ь	Net rental income or (loss)								
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10				–				
Revenue	Ь	Gross sales price for all assets on line 6a					·			
Re	7	Capital gain net income (from Part IV, line 2)			0					
	8	Net short-term capital gain			······································	0				
	9	Income modifications		Ī						
	10a	Gross sales less returns & allowances	_							
	b	Less Cost of goods sold								
	С	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
	12	Total. Add lines 1 through 11	100,03	0	30	0				
S	13	Compensation of officers, directors, trustees, etc		0						
penses	14	Other employee salaries and wages								
en	15	Pension plans, employee benefits								
×	16a	Legal fees (attach schedule)		-						
е	b	Accounting fees (attach schedule)								
Ę	C	Other professional fees (attach schedule)								
itra	17	Interest RECEIVED								
n;	18	Taxes (attach scriedule) use page 14 of the instructions) Depreciation (attach schedule) and depletion, Occupancy		+						
Ξ	19	Depreciation (attach schedule) and depletion								
Ad	20	Occupancy S SEP 9 7 2011								
₫.	21	march, comprehenses, and meetings —								
Operating and Administrative	22	Printing and bublications DEN, UT		+						
<u>D</u>	23	Other expenses (att sch.)		1						
ati	24	Total operating and administrative expenses		0	0	_	,			
<u> </u>	25	Add lines 13 through 23		0	0	0	0			
Ö	25	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25		0	0	0				
	26	Subtract line 26 from line 12		-	U		<u> </u>			
W. W. W.	(')	Excess of revenue over expenses and disbursements	100,03	ام						
2	a	Net investment income (if negative, enter -0-)	100,03		30					
	C	Adjusted net income (if negative, enter -0-)	 	 	30	0				
	11 6	Aujusted het income (ii negative, enter -0-)				<u> </u>	<u> </u>			

Form 990-PF (2010)

100,030

100,030

3

4

5

6

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

5 Decreases not included in line 2 (itemize)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

8

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

Form	990-PF (2010) KANCHERLA KAMTAMNENI CHARITABLE 27-4224160			P	age 4		
_Pa	Irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruct	ions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here ▶ and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0		
3	Add lines 1 and 2				1		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				1		
6	Credits/Payments						
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a						
b	Exempt foreign organizations—tax withheld at source 6b						
С	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d						
8	Enter any penalty for underpayment of estimated tax. Check here						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				1		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11						
_Pa	art VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No		
	participate or intervene in any political campaign?		1a		X		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				x		
	of the instructions for definition)?						
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities						
С	,						
d	, , , , , , , , , , , , , , , , , , , ,						
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers \$						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X		
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_ ,_	4a		X		
b	· · · · · · · · · · · · · · · · · · ·	A\r	4b		L		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X		
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		6	x			
_	conflict with the state law remain in the governing instrument?						
_	7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
	instructions) NY						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page						
	27)? If "Yes," complete Part XIV		9		X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				.,		
	names and addresses		10		X		

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

4b

		MINENI CHARITABLE		224160				Page	e 6
Pa	art VII-B Statements Regarding A	activities for Which Form 4	1720 May Be Re	equired (conti	inued)				
5a	During the year did the foundation pay or incur	any amount to			_	27			
	(1) Carry on propaganda, or otherwise attempt	to influence legislation (section 494	45(e))?	[]	Yes X	No			
	(2) Influence the outcome of any specific public	c election (see section 4955), or to	carry on,	_	=	-			
	directly or indirectly, any voter registration of	łrıve?		; , }===	Yes 🗓				
	(3) Provide a grant to an individual for travel, s	tudy, or other similar purposes?			Yes X	No			
	(4) Provide a grant to an organization other that	in a charitable, etc , organization de	escribed in		_	_			
	section 509(a)(1), (2), or (3), or section 494	0(d)(2)? (see page 22 of the instru	ctions)		Yes X	No			
	(5) Provide for any purpose other than religious	s, charitable, scientific, literary, or e	ducational		r=-	.			
	purposes, or for the prevention of cruelty to	children or animals?		[_] ,	Yes X	No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne transactions fail to qualify under	the exceptions desc	cribed in					
	Regulations section 53 4945 or in a current not	ce regarding disaster assistance (s	ee page 22 of the in	nstructions)?	_	N/A	5b		
	Organizations relying on a current notice regard	ling disaster assistance check here			\	}			
С	If the answer is "Yes" to question 5a(4), does the	ne foundation claim exemption from	the tax		_	_			
	because it maintained expenditure responsibility	y for the grant?		N/A 🗍	Yes	No			
	If "Yes," attach the statement required by Regu	lations section 53 4945-5(d)							
6a	Did the foundation, during the year, receive any	funds, directly or indirectly, to pay	premiums	ET CO		-			
	on a personal benefit contract?				Yes 🛚 🗓	No	l i		
b	Did the foundation, during the year, pay premiu	ms, directly or indirectly, on a perso	nal benefit contract	?			6b		<u>X</u>
	If "Yes" to 6b, file Form 8870				-	_			
7a	At any time during the tax year, was the founda	tion a party to a prohibited tax shelt	er transaction?		Yes X	-			
	If Yes, did the foundation receive any proceeds	····				N/A	7b		
Pa	art VIII Information About Officer	s, Directors, Trustees, Fo	undation Mana	gers, Highly I	Paid En	nploye	es,		
	and Contractors								
1 1	List all officers, directors, trustees, foundation	n managers and their compensat	ion (see page 22 o	the instructions	İ				
								nse account, allowances	
			<u> </u>		compe	nsation	 -		—
	MAMOHANA KANCHERLA	POUGHKEEPSIE	PRESIDENT				ļ		
	KIMLIN CT	NY 12603	5.00	0)		4		0
	RISHNA KANCHERLA	POUGHKEEPSIE	DIRECTOR						
	2 KIMLIN CT	NY 12603	5.00	0	<u> </u>		' 		0
	RIYANKA KANCHERLA	POUGHKEEPSIE	DIRECTOR	_			_		
32	2 KIMLIN CT	NY 12603	5.00	0	1	C	' 		0
			-						
2	Compensation of five highest-paid employe If none, enter "NONE."	es (other than those included on	line 1 — see page	23 of the instruc	tions).		.1		
	(a) Name and address of each employee pa	nd more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employ plans an	ibutions to ee benefit d deferred ensation		ense accou allowances	
NC	DNE								
	-								_
							+		
					_		 		_
			ļ				<u> </u>		
- oto	I number of other employees hard over \$50,000		•	•	•			1	$\overline{}$

Form **990-PF** (2010)

Form 990-PF (2010)	KANCHERLA KAMTAMNENI CHARITABLE	27-4224160		Page 7
	nformation About Officers, Directors, Trustees, Foundation	on Managers, Highly Paid Emp	oloyees,	
	and Contractors (continued)			
3 Five highest-	paid independent contractors for professional services (see page 23 of t			
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comp	ensation
NONE				
 				
	· · · · · · · · · · · · · · · · · · ·			
				,
Total number of other	ers receiving over \$50,000 for professional services		<u>, </u>	<u> </u>
Part IX-A	Summary of Direct Charitable Activities			
	four largest direct charitable activities during the tax year. Include relevant statistical inform her beneficiaries served, conferences convened, research papers produced, etc	mation such as the number of	Expe	nses
1 N/A				
2				
3				
3				
4				
	Summary of Program-Related Investments (see page 24			
	est program-related investments made by the foundation during the tax year on lines 1 an	nd 2	Amoun	t
1 N/A				
2		-		
-				
All other program-rela	ated investments. See page 24 of the instructions	-		
3				
		i		

Total Add lines 1 through 3

Form	990-PF (2010) KANCHERLA KAMTAMNENI CHARITABLE 27-4224160		Page 8
Pa	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	
	see page 24 of the instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	50,015
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	50,015
е	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	50,015
4	Cash deemed held for chantable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	750
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	49,265
6	Minimum investment return. Enter 5% of line 5	6	155
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private ope	erating	
	foundations and certain foreign organizations check here	·	
1	Minimum investment return from Part X, line 6	1	155
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	1
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	154
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	154
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	154
	and VIII Overlife in a Distribution of Constant OF State of Constant OF		
	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		·· -
а	Suitability test (prior IRS approval required)	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, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	1	

Form **990-PF** (2010)

qualifies for the section 4940(e) reduction of tax in those years

10

Analysis of line 9
Excess from 2006
Excess from 2007
Excess from 2008
Excess from 2009
Excess from 2010

_1	Part XV Supplementary Information (co	ontinued)			
3	Grants and Contributions Paid During the	Year or Approved for Fu	ture Payment		
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
_	Name and address (home or business)	or substantial contributor	recipient	Contribution	
ã	Paid during the year				
	N/A				
		-			
	Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	
t	Approved for future payment				
	N/A				
	T.4.1			L	-
	Total			▶ 3h	

DAA

Ī	Part XVI-A	. Analysis of Income-Producing Acti	vities				
_		unts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
	-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	Program ser	vice revenue		<u>.</u>			the instructions)
	a	·			<u> </u>		
	d				<u> </u>		
					-		
	f				1		 _
	_	d contracts from government agencies			1		
		dues and assessments			+		3.0
		avings and temporary cash investments			<u> </u>		30
4		nd interest from securities					
5		come or (loss) from real estate		<u>-</u> -	 		·
		anced property -financed property					
6		come or (loss) from personal property			+		
	Other invest				 		
		s) from sales of assets other than inventory			† · · · · ·		
		or (loss) from special events			1		
		or (loss) from sales of inventory					
		ue a					
	b			,			
	е						
12	Subtotal Ad	d columns (b), (d), and (e)		0	<u> </u>	0	
13	Total. Add I	ne 12, columns (b), (d), and (e)				13 _	30
		in line 13 instructions on page 29 to verify calculations					
_!	Part XVI-B						
	Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purposi instructions)	-	• •		•	the
_	N/A				-		
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orm 990-	PF (201)) KANCI	HEKLA	KAMIP	MNENT CI	AAKTTABI	عاد	21-4224	1100			Pa	ge 1
Part X		Information Exempt O	_	_	insfers To a	nd Transac	tions and	d Relationshi	ps With	Noncharitabl	е		
1 Did					in any of the fol	lowing with any	other organ	nization described			T	Yes	No
	_		-		•		•	, relating to politica					
orga	nızatıon	37			_			- '					
a Tran	nsfers fro	m the reporti	ng founda	tion to a non	charitable exem	pt organization	of						
(1)	Cash										1a(1)		x
(2)	Other as	sets									1a(2)		X
	er transa												
(1)	Sales of	assets to a ne	oncharital	ble exempt o	rganization						1b(1)		X
(2)	Purchas	es of assets f	rom a nor	ncharitable e	xempt organizat	ion					1b(2)		X
(3)	Rental o	f facilities, equ	uipment, d	or other asse	ets						1b(3)		X
(4)	Reimbur	sement arran	gements								1b(4)		X
(5)	Loans or	loan guarant	tees								1b(5)		X
(6)	Performa	ance of service	es or mei	mbership or	fundraising solic	itations					1b(6)		X
c Sha	rıng of fa	cilities, equipi	ment, mai	ling lists, oth	er assets, or pa	d employees					1c		X
d If the	e answei	to any of the	above is	"Yes," comp	lete the following	schedule Col	umn (b) sho	ould always show	the fair m	arket			
valu	e of the	goods, other a	assets, or	services giv	en by the report	ing foundation	If the founda	ation received les	s than fair	market			
valu	e in any	transaction or	r sharing a	arrangement	, show ın columı	n (d) the value	of the goods	s, other assets, or	services	received			
(a) Line	e no	(b) Amount i	involved	(c) Name	of noncharitable ex	kempt organizatio	n	(d) Description of tra	ansfers, tra	nsactions, and sharing	g arrange	ements	
A/N													
								<u>.</u>					
													
													
,													
										<u> </u>			
				· · · · ·									
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		_		-	ith, or related to		•	rganizations			Π	-	1
		•	•	•	nan section 501(c)(3)) or in sect	tion 5277				☐ Y	es X	No
D IT "Y		plete the folio		edule	(b) Time				-\ D				
N/A		ivame or organ	iization		(b) Type (of organization		. (c) Descript	on of relationship		-	
14/15	<u> </u>							-					
	 -												
—т	l lador no	soltion of norms	. I doeloge	that I have an									
	belief, it is	true, correct, a	y, i declare and complet	tnat i nave exa te Deçlaration	of preparer (other	than takpayer or	ianying sched fiduciary) is ba	iules and statements ased on all information	s, and to the on of which	best of my knowledg preparer has any kno	and Wledge		
sign	.	DAIN	Q		110011	$u(l\alpha 1$	also	lu K		IDENT	_		
Here	Sign	ature of officer of	or trustee	(4)	MCW.	WATON	Date	 	rtle	IDENI			
		pe preparer's n		110	111	Preparer's	eignature					l	
Paid		rhe hiehaiei 2 ii	iaille		,40	riepaieis:	ogratui#			Date		Check	ıf
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	Firm's			n City		1530			}		-312 6-66		
	<u> </u>	·	<u>aarue</u>	LL CT CA	, 141 L.	-JJU				Phone no 51	<u>0 – 0 0</u>	<u> </u>	יצב

516-663-5990

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization

KANCHERLA KAMTAMNENI CHARITABLE FOUNDATION INC

Employer identification number

27-4224160

Organization type (check one)	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						
· -	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
-	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II						
Special Rules							
sections 509(a)(1) and	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						
the year, aggregate cor	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						
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 that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

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of 1 of Part I

Name of organization

Employer identification number

KANCHERLA KAMTAMNENI CHARITABLE 27-4224160 Part I Contributors (see instructions) (d) (a) (c) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 1 KANCHERLA, RAMAMOHANA & KRISHNA Person 32 KIMLIN CT **Payroll** 100,000 Noncash **POUGHKEEPSIE** NY 12603 (Complete Part II if there is a noncash contribution) (b) (a) (c) (d) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution Person Payroli Noncash \$ (Complete Part II if there is a noncash contribution) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (b) (c) (a) (d) Name, address, and ZIP + 4 Aggregate contributions No. Type of contribution Person Pavroll Noncash (Complete Part II if there is a noncash contribution) (b) (a) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution)