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# Form **990-PF**

Department of the Treasury Internal Revenue Service

# **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

For c	alei	ndar year 2010, or tax yea	ar beginning		<u>.                                  </u>	, and en	<u>ding</u>		
<b>G</b> C	hecl	k all that apply	Initial return		Initial return of a fo	•	narity	Final return	1
			Amended return		Address chan	ge	لـــا	Name change	
Nam	1e 0	f foundation						A Employer identification	n number
		RAVI AND N	VATNA PA	тет. Б	ОПЛЕТЕ			77-0490360	1
Num	ber a	and street (or P O box number			<del> </del>		Room/sulte	8 Telephone number	,
ł		6501 TRUX	run aven	UE	·			661-322-22	206
City	or t	own, state, and ZIP code						C If exemption application is p	
		BAKERSFIEI	LD, CA	93309	1			D 1. Foreign organization	
H CI	heck	type of organization	X Section 501	(c)(3) exe	mpt private foundation			Foreign organizations me check here and attach co	eeting the 85% test,
		ection 4947(a)(1) nonexem		t 🗆 o	ther taxable private founda	ition		E If private foundation sta	
I Fai	r ma	arket value of all assets at (	end of year 🔰 .	Accounting	g method 🔀 Cash	Accru	al	under section 507(b)(1	)(A), check here
		Part II, col. (c), line 16)			er (specify)			F If the foundation is in a	60-month termination
	·				nn (d) must be on cash l	basis.)		under section 507(b)(1	)(B), check here 🕨 🖳
Pa	rt I	(The total of amounts in colunecessanly equal the amount	10 Expenses imns (b), (c), and (d) r	nay not	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net	(d) Disbursements for chantable purposes
$\neg$	_				2,014,065.		<del></del>	N/A	(cash basis only)
	1	Contributions, gifts, grant	ts, etc., received on is not required to attach	Sch B	2,014,000.			13/14	<u> </u>
	3	Interest on savings and tempor			66,017.	66	,017.		STATEMENT 1
	4	Dividends and interest fro			52,431.		831.		STATEMENT 2
	•	Gross rents	0000111100	<u> </u>	, 1010	<u> </u>	,,,,,,,,		
<u>-</u> │	b	Net rental income or (loss)						# romania	
≘ 0 7 <u>0</u>	_	Net gain or (loss) from sale of	assets not on line 10	,	19,825.			DC.	\$ \$500 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
١٥٥	b	Grace calce price for all	486,5					100	HIVED T
5 S	7	Capital gain net income (from	Part IV, line 2)			19	,825.	90	701
- [	8	Net short-term capital gai	ın					VON 181	2 2011 101
Revenue	9	Income modifications	1	_					60
- 1	10a	Gross sales less returns and allowances				· ·····		Och	
		Less Cost of goods sold	L			·····	·····		FIY, UI
		Gross profit or (loss)		Ļ	4.0		40		
	11	Other income		-	42. 2,152,380.	1 2 2	42.	<del></del> -	STATEMENT 3
<del>}</del>	<u>12</u> 13	Total. Add lines 1 throug			2,132,360.	13	7,715. 0.		0
- 1	14	Other employee salaries a		-		<u>-</u>	<u> </u>		0
į.	15	Pension plans, employee	•	┢					
		Legal fees	Donones						
enses		Accounting fees		·					-
Ex	C	Other professional fees							
ě.	17	Interest		Γ	6,680.	- 6	,680.		0
trat	18	Taxes	STMT	4	12,964.		0.		0
inis	19	Depreciation and depletio	n						
Ē	20	Occupancy		L					
ΨÞ	21	Travel, conferences, and	•	-					
a	22	Printing and publications		_	26 222		200		
ting	23	Other expenses	STMT	•	26,237.	12	,386.		0
Operating and Administrative Ex	24	Total operating and adm			45,881.	10	,066.		_
ဝိ	25	expenses. Add lines 13 to Contributions, gifts, grant	-	<del> </del>	367,920.	1.2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		367,920
		Total expenses and disb		$\vdash$	301,920.				301,320
		Add lines 24 and 25			413,801.	10	,066.		367,920
1	27		12	- 1		<del> </del>	,		33.7520
]		Excess of revenue over expen		nts	1,738,579.				
		Net investment income (				118	,649.	<del>! -  </del>	<del></del>
		Adjusted net Income (if no						N/A	
02350	1	I HA For Paperwork R	aduction Act Noti	20. 000 th	a instructions				5 000 DE (0010

in.	E	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	7,052,332.	7,051,597.	7,051,596.
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			<del></del>
	•	disqualified persons			
	7	Other notes and loans receivable			
	′	Less allowance for doubtful accounts		j	
Assets	_	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges			
`		Investments - U S and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans		0.100.000	0.660.000
	13	Investments - other STMT 7	1,451,018.	3,190,332.	3,663,087.
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe )			<u> </u>
	16	Total assets (to be completed by all filers)	8,503,350.	10,241,929.	10,714,683.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ş	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
ڌ	22	Other liabilities (describe )			
				.44.	
	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.			
es	24	Unrestricted			
Š		F			
Sala Bala	25	Temporarily restricted			
ā	26	Permanently restricted  Foundations that do not follow SFAS 117, check here			
Ë		, , , , , , , , , , , , , , , , , , , ,			
5		and complete lines 27 through 31.	0.	0.	
Net Assets or Fund Balances	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund		10,241,929.	STATEMENT 6
Ā	29	Retained earnings, accumulated income, endowment, or other funds	8,503,350.		SIMIEMENT 0
ž	30	Total net assets or fund balances	8,503,350.	10,241,929.	
			0 500 050	10 041 000	
_	31	Total liabilities and net assets/fund balances	8,503,350.	10,241,929.	
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 3	30		0 500 350
	•	st agree with end-of-year figure reported on prior year's return)		1_	8,503,350.
		r amount from Part I, line 27a		2	1,738,579.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	10,241,929.
		reases not included in line 2 (itemize)			0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	10,241,929.
					Form <b>990-PF</b> (2010)

		D NAINA PATE					· · ·	7	7-049	0360	Page 3
(a) List and des	cribe the ki	ind(s) of property sold (e g or common stock, 200 shs	, real estate,	income	ĮΡ	How ac	mase i .	:) Date a	acquired ay, yr )	( <b>d)</b> Dat (mo , d	
1a ·					۳	- DUII	ation		,		
b SEE ATTACHED	STA'	TEMENT			<del> </del>						
С											
d		<u> </u>			<u> </u>						
<u>e</u>	<del> </del>		_		<u> </u>						
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale					ain or (loss) (f) minus (						
<u>a</u>	ļ										
<u>b</u>	<del> </del>										
d d	<del> </del>		<del></del>				•				
e 486,572.				466,74	7.	-				19	,825.
Complete only for assets show		column (h) and owned by t	he foundation				(1) (	ains (C	ol. (h) gain		
(i) F M V as of 12/31/69	T -	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col (i)			col (	k), buṫ n	ot less than (from col (l	-0-) or	
a											_
b											
<u>C</u>											
<u>d</u>	1									10	005
<u> </u>	1				_		1			19	<u>,825.</u>
2 Capital gain net income or (net capital loss)  { If gain, also enter in Part I, line 7   If (loss), enter -0- in Part I, line 7   2							19	,825.			
3 Net short-term capital gain or (lo			d (6)		٦						
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8		c)			•	3			N/A		
Part V Qualification l		Section 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inco	me		<del> </del>	····
(For optional use by domestic private	te foundati	ons subject to the section 4	940(a) tax on	net investment in	com	e )					
If analysis 40.40(d)(0) analysis leaves	this sant hi	lan!									
If section 4940(d)(2) applies, leave	uns part bi	Idlik									
Was the foundation liable for the se				•	nod?					Yes	X No
If "Yes," the foundation does not qua											
1 Enter the appropriate amount in (a)	each colu		ictions before	making any entre				1		(d)	
Base periód vears		(b) Adjusted qualifying dist	ributions	Net value of no	(c) ncha		Distribution ratio				
Calendar year (or tax year beginn 2009	my m		7,200.		7	.04	3,716.	<u> </u>	(cor (b) div		42194
2008			5,500.				2,527.				45516
2007			0,000.		4	,10	2,834.				12187
2006			7,000.				4,640.			.0	29982
2005		6	2,500.		1	,01	1,102.			.0	61814
							-		•		
2 Total of line 1, column (d)								2		.1	91693
3 Average distribution ratio for the	5-year ba	se period - divide the total o	n line 2 by 5,	or by the number	of ye	ars				_	
the foundation has been in exist	ence if less	s than 5 years						3		.0	38339
4 Enter the net value of nonchanta	ıble-use as	sets for 2010 from Part X, I	ine 5					4		8,433	,430.
5 Multiply line 4 by line 3								5		323	,329.
6 Enter 1% of net investment inco	me (1% of	f Part I, line 27b)	<del>-</del>					6		1	,186.
7 Add lines 5 and 6								7		324	,515.
8 Enter qualifying distributions fro	m Part XII	, line 4						8		367	,920.
If line 8 is equal to or greater tha See the Part VI instructions	ın line 7, ci	heck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1	% tax	rate.				

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	<u>8 - see iı</u>	nstru	ctior	ıs)	
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%			1,1	<u>86.</u>	
	of Part I, line 27b					
C	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-)	2			0.	
3	Add lines 1 and 2	3		1,1		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1			0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	<u> </u>		1,1	86.	
6	Credits/Payments					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 . 6a 8, 117.					
þ	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
đ	Backup withholding erroneously withheld					
7		7		8,1	<u>17.</u>	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached 8	3				
9	· · · · · · · · · · · · · · · · · · ·	3				
10		0		6,9		
11		1			0.	
-	rt VII-A Statements Regarding Activities		······································	<u> </u>		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes		
	any political campaign?		1a 1b		X	
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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 o	r				
	distributed by the foundation in connection with the activities.					
	c Did the foundation file Form 1120-POL for this year?					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$				v	
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		١.		v	
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a			
	If "Yes," has it filed a tax return on Form 990-T for this year?	M/ M	4D 5		X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-			
_	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					
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>	.,				
		,	6	Х		
-	remain in the governing instrument?		7	X		
′	Did the foundation have at least \$5,000 in assets at any time during the year?		·····		**********	
0-	If "Yes," complete Part II, col. (c), and Part XV.					
oa	Enter the states to which the foundation reports or with which it is registered (see instructions)					
0	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		8b	Х		
۸	of each state as required by General Instruction G? If "No," attach explanation	nr.	- 00			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	<b>,1</b>	9	•	х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses		10	Х	<del></del>	
10	DIG any persons become substantial contributors during the tax year, it yes, attach a schedule listing their names and addresses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>,</u>			

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

orm 990-PF (2010) RAVI AND NAINA PATEL FOU	NDATION		77-04903	50 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
<ul><li>5a During the year did the foundation pay or incur any amount to</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li></ul>			s X No	
<ul> <li>(2) Influence the outcome of any specific public election (see section 4955), of any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li> </ul>		Ye	s X No s X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio 509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f		s X No	
b If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und section 53 4945 or in a current notice regarding disaster assistance (see instru		n Regulations	N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it maintai			
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.494:		/A Y6	s L No	
6a Oid the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.		( <del></del>		ib X
7a At any time during the tax year, was the foundation a party to a prohibited tax s b if "Yes," did the foundation receive any proceeds or have any net income attribute.	table to the transaction?			'b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly		
List all officers, directors, trustees, foundation managers and their	1	(c) Compensation	(d) Contributions to	/a) Evança
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	PRESIDENT			
SAKERSFIELD, CA 93309	0.00	0.	0.	0.
NAINA PATEL	VICE-PRESIDEN		- 0.	
5501 TRUXTUN AVENUE	VICE INDEEDED	<b> </b>		
BAKERSFIELD, CA 93309	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	T	enter "NONE."	(-0)	
(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 and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			▶	0

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ento	er "NONE."	
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc	Expenses
1 N/A		
2		0.
3		
4		0.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1 N/A		
2		0.
All other program-related investments. See instructions 3 NONE		
		0.
Total. Add lines 1 through 3	<b>&gt;</b>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	2,628,053.
	Average of monthly cash balances	1b	2,628,053. 5,933,805.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	8,561,858.
	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	2	0.
3	Subtract line 2 from line 1d	3	8,561,858.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	128,428.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,433,430.
6	Minimum Investment return. Enter 5% of line 5	6	421,672.
	pistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	421,672.
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)		
C	Add lines 2a and 2b	20	1,186.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,186. 420,486.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	420,486.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	420,486.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		267 020
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	<u>367,920.</u> 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	
þ	Cash distribution test (attach the required schedule)	3b	267 020
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	367,920.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	i _ l	1 106
_	income Enter 1% of Part I, line 27b	5	1,186. 366,734.
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 4940(e) reduction of tax in those years	qualifies 1	or the section

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## Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				420,486.
2 Undistributed income, if any, as of the end of 2010				· /// // // // // // // // // // // // /
a Enter amount for 2009 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2010				<del></del>
a From 2005 12,443.				
<b>b</b> From 2006				
<b>c</b> From 2007				
d From 2008				
e From 2009				
f Total of lines 3a through e	12,443.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 $\triangleright$ \$ 367, 920.				
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				, · · · , / · / · · · · · · · · · · · ·
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				367,920.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	12,443.			12,443.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable				······
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				40,123.
7 Amounts treated as distributions out of				······································
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
B Excess from 2010				
e endoughour by to			·	Form QQ0_DE /2010\

	I AND NAINA PAT				190360 Page 10
Part XIV Private Operat			I-A, question 9)	N/A	
1 a If the foundation has received a	ruling or determination letter that	it it is a private operating			
foundation, and the ruling is effe	ective for 2010, enter the date of	the ruling	<b>&gt;</b>		
b Check box to indicate whether the	he found <u>ation is a private operat</u> i	ing foundation described	in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted			Prior 3 years		
income from Part I or the minim	num (a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X fo	or				<del>                                     </del>
each year listed					
<b>b</b> 85% of line 2a	<del> </del>				
c Qualifying distributions from Pa	rt XII		-	***************************************	<del> </del>
line 4 for each year listed					
d Amounts included in line 2c not				<del></del>	<del> </del>
used directly for active conduct					
exempt activities	01				
•				· <del>  </del>	<del>                                     </del>
e Qualifying distributions made di	•				
for active conduct of exempt act	ivities				
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					<u> </u>
alternative test relied upon					
a "Assets" alternative test - enter.					
(1) Value of all assets		<u></u> .			
(2) Value of assets qualifying					
under section 4942(j)(3)(B)					
b "Endowment" alternative test - er 2/3 of minimum investment retu					
shown in Part X, line 6 for each					
listed	, , , , , , , , , , , , , , , , , , , ,				
c "Support" alternative test - enter					
(1) Total support other than gre	oss				
investment income (interes					
dividends, rents, payments securities loans (section	on				
512(a)(5)), or royalties)					
(2) Support from general public	c				
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)	ו				
(3) Largest amount of support	from				
an exempt organization					
(4) Gross investment income	-				
Part XV Supplementary	/ Information (Comple	te this part only	if the foundatio	n had \$5 000 or m	ore in accete
at any time du	ring the year-see the	instructions.)	ii tile loullatio	11 112u \$5,000 01 111	ore iii assets
1 Information Regarding Fou					
• • • • • • • • • • • • • • • • • • • •		than 00/ of the tatel sent			
a List any managers of the founda year (but only if they have contri	buted more than \$5,000). (See s	than 2% of the total cont section 507/d\(2\)	ributions received by th	e toundation before the cio	se of any tax
NONE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	tion who own 100/ as mose of th				
<ul> <li>b List any managers of the founda other entity) of which the founda</li> </ul>			or an equally large pon	tion of the ownership of a p	aπnersnip or
NONE	and the second of greater interes	<b>.</b>			
	Authorities Out A Office			<del></del>	<del></del>
2 Information Regarding Cor					
Check here ► if the found the foundation makes gifts, gran	dation only makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds. If
				complete items 2a, b, c, and	3 0
a The name, address, and telepho		m applications should be	addressed		
PRADIP SHAH, 661-		D 02 02200			
6501 TRUXTUN AVEN					
b The form in which applications s LETTER FORMAT	should be submitted and informa	tion and materials they st	nould include		
c Any submission deadlines N/A					
d Any restrictions or limitations on	awards, such as by geographic	al areas, charitable fields.	kinds of institutions, or	other factors	
N/A		,		<del></del>	

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	recipient	Contribution				
a Paid during the year							
	:						
		•					
SEE STATEMENT 8							
Total	I		<b>▶</b> 3a	367,920.			
b Approved for future payment							
NONE							
	_						
Total			<b>▶</b> 3b	0.			

nter gross amounts unless otherwise indicated	Unrelated t	ousiness income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C					
d					
e					
f				,,	
g Fees and contracts from government agencies				<u></u>	
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	66,017.	
Dividends and interest from securities			14	66,017. 52,431.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					-
Net rental income or (loss) from personal					
property					
Other investment income			14	42.	
Gain or (loss) from sales of assets other					
than inventory			18	19,825.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue.					
2					
b	1 1				
C					
d	<b>1</b> 1				
e					
Subtotal Add columns (b), (d), and (e)		C	) .	138,315.	
Total. Add line 12, columns (b), (d), and (e)				13	138,31
ee worksheet in line 13 instructions to verify calculations	)				
ne No. Explain below how each activity for which in		· · · · · · · · · · · · · · · · · · ·			olishment of
the foundation's exempt purposes (other th			i ii oontiibutoa	importantly to the accomp	phoninent of
N/A					
					•
	·				

Form 990-		)10) RAVI	AND NAINA	PATEL	FOUNDATION		77-049	<u> </u>	Pa	ge 13
Part X	VII	Information Re Exempt Organ		sfers To a	and Transactions a	nd Relati	onships With Noncha	ritable	9	
1 Dld t	he org	anization directly or indi-	rectly engage in any	of the followin	ig with any other organization	on described in	section 501(c) of		Yes	No
		•			27, relating to political organ			1		<i>,,</i>
a Tran	sters f	rom the reporting found:	ation to a noncharita	ble exempt or	ganization of:			1		
(1)	Cash	•			•			1a(1)		X
(2)	Other	assets						1a(2)	1	X
b Othe	r trans	actions:								
(1)	Sales	of assets to a noncharita	ble exempt organizat	tion				16(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt o	organization				16(2)		X
(3)	Rental	of facilities, equipment,	or other assets	-				16(3)		X
(4)	Reimb	ursement arrangements						1b(4)		X
(5)	Loans	or loan guarantees						15(5)		X
(6)	Perfor	mance of services or me	embership or fundral	sing solicitatio	ons .			1b(8)		X
c Shar	ing of	facilities, equipment, ma	uling lists, other asse	its, or paid em	ployees			16		X
d If the	answ	er to any of the above is	"Yes," complete the	following sche	edule. Column (b) should al	ways show the	fair market value of the goods,	other as:	sets,	
or se	rvices	given by the reporting for	oundation If the four	ndation receiv	ed less than fair market valu	ue in any trans	action or sharing arrangement, s	how in		
colu	mn (d)	the value of the goods,	other assets, or serv	ices received.						
(a) Une no		(b) Amount involved	(c) Name of		e exempt organization	(d) Des	cription of transfers, transactions, and	aharing a	mangeme	ents
				<u> N/A</u>		ļ				
					<del></del>		* ***			
	<u> </u>									
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	+					<del></del>				
	+					<del></del>	<del></del>			
<b>2</b> - 1 - 11	ــــــــــــــــــــــــــــــــــــــ			1.4.44						
		•	-		or more tax-exempt organi	izations descri	D80	¬ ,,	T	] No
		501(c) of the Code (othe		)(3)) or in sec	tion 52/7		L	Yes	اها	□ N0
D II Y	85, CO	mplete the following sch (a) Name of org			(b) Type of organization		(c) Description of relations	hin	<del></del>	
		N/A	Janization		(b) Type of organization	<del>                                     </del>	(a) Doscription of relations	<u>b</u>		
		11/A					<del></del>			
			<del></del>						-	
			<del></del>				<del></del>			
						<del>                                     </del>				
	Unde	r penalties of perjury, I declar	re that I have examined to	his return, includ	ling accompanying schedules an	d statements, an	d to the best of my knowledge and be	lief, it is t	rue, corre	ect,
Sign	and c	omplete Declaration of prepare	arer (other than taxpayer	or fiduciary) is b	ased on all information of which	preparer has any	knowledge.			
Here		n KKW			1/-14	-1/	1RESIDENT			
	<b>  •</b>	Signature of officer or tri	ustee		Date	—	Title			
		Print/Type preparer's na	ame	Preparer's s		Date	Check if PTIN			
					1 1		setf- employed			
Paid	i	GREGORY G.	BRAUN	Suga	y & Brown	14/4-11				
Prepa	rer	Firm's name ► CB I		<u>.c / (</u>	J	<u> </u>	Firm's EIN ▶	-		
Use C			•	· ·	_			_		
	-	Firm's address ► 50	60 CALIFO	RNIA A	VE., SUITE 8	00				
	BAKERSFIELD, CA 93309 Phone no (661)3							325	<u> 75</u>	00

#### 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

**Employer identification number** 

2010

RAVI AND NAINA PATEL FOUNDATION 77-0490360 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. 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. ▶ \$

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)

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).

Name of organization

Employer Identification number

## RAVI AND NAINA PATEL FOUNDATION

77-0490360

Part I	٠.	Contributors	(see instructions)
--------	----	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARUN KENI, M.D. 6125 SAN BENITO CT. BAKERSFIELD, CA 93306	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	RAVI PATEL, M.D. INC. DBA CBCC 6501 TRUXTUN AVENUE BAKERSFIELD, CA 93309	\$\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) 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.	(b) 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.	(b) 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.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroil Noncash Complete Part II if there is a noncash contribution.)

of Part II

Name of organization

of Employer identification number

## RAVI AND NAINA PATEL FOUNDATION

77-0490360

	Noncash Property (see instructions)		
from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		    \$	
No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b>\$</b>	
(a) No. From Part I  (a) No. From Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
lo. om	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		**************************************	
lo. om	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Name of organization Employer identification number RAVI AND NAINA PATEL FOUNDATION 77-0490360 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
1 0.(1									
		(e) Transfer of gift	L						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	· · · · · · · · · · · · · · · · · · ·								
	(e) Transfer of gift								
	Transferee's name, address, a	Relationship of transferor to transferee							
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						

(e) Transfer of gift

Dalatianahin at tua	4

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part IV   Capital Gains and Los	sses for Tax on Investment Income				
	describe the kind(s) of property solick warehouse, or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a CHARLES SCHWAB	#7421		P	VARIOUS	VARIOUS
b MERRILL · LYNCH			P	<del></del>	VARIOUS
c MERRILL LYNCH			P	<u> </u>	VARIOUS
	FROM ASCEND PAR	TNERS K-1	P	<del> </del>	VARIOUS
e PASSED THROUGH	<del></del>		P	<del> </del>	VARIOUS
	FROM ASCEND PAR		P	<del></del>	VARIOUS
	FROM BLACKSTONE		P	<del></del>	VARIOUS
<u> </u>	TROIT BEHORDTONE	GROOT K I	<del></del>	171111000	VIIICIOOD
<u>h</u>		<del></del>			
1			-		
<u> </u>			<u> </u>		
<u>k</u>	<u> </u>				
<u></u>		<del></del>			
<u>m</u>					
<u>n</u>					
0	(f) Dansaciation allowed	(a) Coot or other hasis	16.1	Coup or (loca)	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) lus (f) minus (g)	
a 417,321.		404,065.			13,256.
b 35,668.		46,536.			<10,868.
c 20,000.		16,146.			3,854.
d 11,095.					11,095.
e 6.					6.
f 2,410.					2,410.
g 72.					72.
h					
1					
J					
k			•		
1					
m					
n					
0					
	ig gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (I) over col (J), If any	Gains (excess	of col (h) gain ove ot less than "-0-")	
a				_	13,256.
b				-	<10,868.
C					3,854.
d	<del></del>				11,095.
e					6.
f					2,410.
g					72.
h					
1					
1					
k					
1					
m					
n					
0					
•		<del>'</del>			
2 Capital gain net income or (net ca	(1000); O	<b>\</b> 1	2	<del></del>	19,825.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	column (c)	nd (6)	_	AT / B	
If (loss), enter "-0-" in Part I, line 8	)	ノー	3	N/A	

FORM 990-PF INTEREST ON SAV	INGS AND TI	EMPORARY CA	SH	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
INTEREST FROM BANK				•	66,0	17.
TOTAL TO FORM 990-PF, PART I	, LINE 3, 0	COLUMN A		-	66,0	17.
FORM 990-PF DIVIDENT	DS AND INTE	EREST FROM	SEC	URITIES	STATEMENT	2
SOURCE	GROS	SS AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
DIVIDEND INCOME - TAX-EXEMPT DIVIDEND INCOME FROM INVESTM	ENTS	600. 51,831.		0.	6 51,8	00. 31.
TOTAL TO FM 990-PF, PART I,	LN 4	52,431.		0.	52,4	31.
FORM 990-PF	OTHER	INCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
INVESTMENT INCOME MISCELLANEOUS INCOME	_		2. 40.	2 40		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =		42.	42	•	
FORM 990-PF	TF	AXES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS					
STATE TAXES FEDERAL TAXES FOREIGN TAXES	10 12,900 54	).	0 0 0	•	-	0. 0. 0.
TO FORM 990-PF, PG 1, LN 18	12,964	· .	0	•		0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM						
LICENSES & PERMITS INVESTMENT FEES PORTFOLIO DEDUCTIONS OTHER INVESTMENT EXPENSE BANK SERVICE CHARGES COMMUNITY AWARENESS	170. 0. 4,200. 4,200. 6,985. 6,985. 1,201. 1,201. 260. 0. 13,421. 0.		0. 4,200. 6,985. 1,201. 0.		4,200. 6,985. 1,201. 0.		4,200. 4,200. 6,985. 6,985. 1,201. 1,201. 260. 0.			0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	26,237.	12,386.			0.					
FORM 990-PF	OTHER F	UNDS			STATEMENT	6				
DESCRIPTION			BEGI	(A) NNING OF YEAR	(B) END OF YEAR					
ENDOWMENT FUND			8	,503,350.	10,241,9	29.				
TOTAL TO FORM 990-PF, PART II	, LINE 29		8	3,503,350.	10,241,9	29.				
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7				
DESCRIPTION		LUATION ETHOD	вос	K VALUE	FAIR MARKE VALUE	T				
CHARLES SCHWAB MERRILL LYNCH ASCEND PARTNERS LP EDUCATION LOAN	•	COST COST COST COST	1	,274,347. 534,529. 761,133. 22,233.	1,551,9 622,2 752,5 22,2	30. 45.				
CHARLES SCHWAB - 7421		COST		598,090.	714,1	30.				

	GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
ALLIANCE AGAINST FAMILY VIOLENCE 6501 TRUXTUN AVENUE BAKERSFIELD, CA 93309	FOR ASSISTANCE IN FIGHTING DOMESTIC VIOLENCE AND SEXUAL ASSAULT.	CHARITY	30,000.	
AMERICAN CANCER SOCIETY 1710 WEBSTER STREET OAKLAND, CA 94612-3412	TO ASSIST PEOPLE WITH CANCER WHO WISH TO IMPROVE THE QUALITY OF LIFE.	CHARITY	27,000.	
BAKERSFIELD HOMELESS CENTER 1600 EAST TRUXTUN AVENUE BAKERSFIELD, CA 93309	FOR HOMELESS AND POOR TO EQUIP THEM FOR SELF-SUFFICIENT & PRODUCTIVE FUTURE.	CHARITY	30,000.	
BRAHMANANDA SARASWATI FOUNDATION 70 BROAD STREET NEW YORK, NY 10004	FOR ASSISTANCE TO PROMOTE WORLD PEACE.	CHARITY	205,920.	
CHINMAYA MISSION BAKERSFIELD 1723 COUNTRY BREEZE PLACE BAKERSFIELD, CA 93312	TO PROVIDE PEOPLE THE WISDOM OF VEDANTA AND THE MEANS OF SPIRITUAL GROWTH.	CHARITY	10,000.	
MAHARISHI VEDIC FOUNDATION 679 GEORGE HILL ROAD PO BOX 601 LANCASTER, MA 01523	FOR ASSISTANCE IN THE MAHARISHI YAGYA PROGRAM.	CHARITY	35,000.	
OXFAM AMERICA 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	FOR ASSISTANCE TO THE VICTIMS OF THE HAITI EARTHQUAKE	CHARITY	10,000.	
U.S. FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	FOR ASSISTANCE TO THE VICTIMS OF THE HAITI EARTHQUAKE	CHARITY	10,000.	

RAVI AND NAINA PATEL FOUNDATION			77-0490360
WORLD VISION 34834 WEYERHAEUSER WAY SO. FEDERAL WAY, WA 98001	FOR ASSISTANCE TO THE VICTIMS OF THE HAITI EARTHQUAKE	CHARITY	10,000.
TOTAL TO FORM 990-PF, PART XV, LIN	NE 3A		367,920.

Form **8868** 

(Rev. January 2011)
Department of the Tressury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

It you	are filing for an Automatic 3-Month Extension, comple	ete only Pa	irt I and check this box			
If you	are filing for an Additional (Not Automatic) 3-Month Ex	ktension, d	complete only Part II (on page 2 of this	s form).		
Do not e	complete Part II unless you have already been granted	an automa	tic 3-month extension on a previously t	filed Fo	rm 8868.	
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time	to file (	8 months for a c	orporation
equired	to file Form 990-T), or an additional (not automatic) 3-mg	onth extens	sion of time. You can electronically file	Form 8	868 to request a	an extension
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tra	nsfers /	Associated With	Certain
	Benefit Contracts, which must be sent to the IRS in pa					
	v irs.gov/efile and click on e-file for Charities & Nonprofit		,		• • •	•
Part I	Automatic 3-Month Extension of Tim	6. Only su	bmit original (no copies needed).			
	ation required to file Form 990-T and requesting an auto			mplete		
art I or			•	•		
NI other	corporations (including 1120-C filers), partnerships, RENcome tax returns.	AICs, and t	rusts must use Form 7004 to request a	n exten	sion of time	
ype or	Name of exempt organization			Emp	loyer identifica	tion number
orint file by the	RAVI AND NAINA PATEL FOUND	ATION		7	7-049036	0
tue date fo iling your eturn See	Number, street, and room or suite no. If a P.O. box, s 6501 TRUXTUN AVENUE	see instruc	tions.			
nstruction	City, town or post office, state, and ZIP code. For a fine BAKERSFIELD, CA 93309	oreign add	iress, see instructions.			
Enter th	e Return code for the return that this application is for (fil	le a separa	te application for each return)			0 4
		·				Return
Applica	lion .	Return	Application			
s For		Code	Is For		<del></del>	Code
orm 99		01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A Form 4720			09
Form 99 Form 99		03	Form 5227			10
		05	Form 6069			11
	0-T (sec. 401(a) or 408(a) trust) 0-T (trust other than above)	06	Form 8870			12
rom se	PRADIP SHAH	1 00				
• The I	books are in the care of > 6501 TRUXTUN A	VENUE	- BAKERSFIELD. CA	9330	9	
	thone No. ► 661-322-2206		FAX No. >			
	organization does not have an office or place of busines	s in the Ur			<del></del>	
	is for a Group Return, enter the organization's four digit			nis is fo	r the whole arou	p. check this
box 🕨	. If it is for part of the group, check this box	7	·		_	
	equest an automatic 3-month (6 months for a corporation					
•	``````````````````````````````````````	•	tion return for the organization named		The extension	
is	for the organization's return for:	<b>J</b>				
	X calendar year 2010 or					
•	tax year beginning	, an	d ending			
-	, o o <u></u>		<u> </u>			
2 If	the tax year entered in line 1 is for less than 12 months, Change in accounting period	check reas	on: Initial return Fin	al retur	n	
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any	T	_	0.
_	onrefundable credits. See Instructions.		and an alpha are although a	3a	\$	<u></u>
	this application is for Form 990-PF, 990-T, 4720, or 6069				_ ا	8,117.
Θ:	timated tax payments made. Include any prior year over	payment a	llowed as a credit.	<u> 3b</u>	\$	0,11/•
_ =			to the a farmer of an artist to			
	alance due. Subtract line 3b from line 3a. Include your p rusing EFTPS (Electronic Federal Tax Payment System).	-		3c		0.

Form 8868 (Rev. 1-2011)					Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ex</li> </ul>	tension, d	complete only Part II and check this bo	x	<b>&gt;</b>	X
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form	8868.	
<ul> <li>If you are filing for an Automatic 3-Month Extension, comple</li> </ul>					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Type or Name of exempt organization			Empl	loyer identification	number
print RAVI AND NAINA PATEL FOUNDATE	rion		7	7-0490360	
File by the	_	tions			
due date for 6501 TRUXTUN AVENUE	00 11131100	None.			
filling your return See City, town or post office, state, and ZIP code. For a fo	oreign add	iress, see instructions.		<del></del>	
Instructions BAKERSFIELD, CA 93309	<b>-</b>				
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	<del>,</del>			** ***	<del></del>
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01		<del></del>	·	<b></b>
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		15	12
STOP! Do not complete Part II if you were not already granted PRADIP SHAH	an autor	natic 3-month extension on a previou	sly file	ed Form 8868.	
• The books are in the care of > 6501 TRUXTUN A	TEMIE	- BAKERSETELD CA G	330	Q	
Telephone No.   661-322-2206	AEMOE	FAX No. ▶	330	<u> </u>	
If the organization does not have an office or place of business.	o io tha l li				
<ul> <li>If this is for a Group Return, enter the organization's four digit</li> </ul>			ie ie fo	r the whole group of	heck this
box If it is for part of the group, check this box					
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2011	11101112	ord the determinant	1011
5 For calendar year 2010, or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 months, or	heck reas		Final r	etum	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED IN (			TAM	ION NECESS	ARY
TO PREPARE A COMPLETE AND ACC	URATE	RETURN.			
8a If this application is for Form 990 BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_
nonrefundable credits. See instructions.			8a	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069,					
tax payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid			
previously with Form 8868.			8b	\$	3,117.
c Balance due. Subtract line 8b from line 8a. Include your pa	•	th this form, if required, by using		_	0.
EFTPS (Electronic Federal Tax Payment System) See instr		d Voritioation	8c	\$	
		nd Verification	a baat a	f my knowledge and h	aliaf
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form.	iiiy accom  orm.	panying scriedules and statements, and to th	ช มะรูเ 0	i my knowiedye and d	GIIEI,
Signature December 1 Steel Title D	COM	1	Date	D 8-10-11	
Organization Title	477		J410	Form 8868 (R	ev. 1-2011)
$\boldsymbol{\mathcal{U}}$				. 5 6666 (11	