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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

	For c	alendar year 2011 or tax year beginning		, and ending					
	Nan	ne of foundation			A Employer identification	number			
	_T	HE KRISHNARPAN FOUNDATION		-	23-2629257				
		ober and street (or PO box number if mail is not delivered to street a $66\ HUNT\ DRIVE$	address)	Room/suite	B Telephone number 218-288-12	00			
		or town, state, and ZIP code			C If exemption application is po				
		ARDLEY, PA 19067-4244	T demptor application is p						
	G C	heck all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	, check here			
		Final return	Foreign organizations me 2. check here and attach co	eting the 85% test,					
	H C	Address change heck type of organization X Section 501(c)(3) execution	Name change		E If private foundation stat				
		_	Other taxable private founda	tion	under section 507(b)(1)	~ 1 1			
2012	I Fa	r market value of all assets at end of year J Accounting	•	Accrual	F If the foundation is in a 6				
7		om Part II, col. (c), line 16) Uti \$ 86611. (Part I, colur	ner (specify)	nasis I	under section 507(b)(1)	(B), check here			
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements			
د		(The total of amounts in columns (b), (c), and (d) may not necessanly equal the amounts in column (a))	expenses per books	income	income	for chantable purposes (cash basis only)			
こに		1 Contributions, gifts, grants, etc., received	11560.						
Ω		2 Check I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments	· · · · · · · · · · · · · · · · · · ·	1					
SCANNED	i	cash investments Dividends and interest from securities	4871.	4871.	4871.	Statement 1			
A		5a Gross rents			-	111 11			
ပ္က		b Net rental income or (loss)	F 1 C			AV			
0)	ne	6a Net gain or (loss) from sale of assets not on line 10 h Gross sales price for all 3500.	-517.			Statement 2			
	Revenue	b assets on line 6a 7 Capital gain net income (from Part IV, line 2)	, ,,,,,, ,, ,,, ',,, ,,,,,,,,,,,,,,,,,	0.	, H +H18 111 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,,, ,,,,(1-(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
	æ	8 Net short-term capital gain			0.				
		9 Income modifications Gross sales less returns							
		10a and allowances			·····				
		b Less Cost of goods sold c Gross profit or (loss)							
		11 Other income				, , , , , , , , , , , , , , , , , , ,			
		12 Total Add lines 1 through 11	15914.	4871.	4871.				
		Compensation of officers, directors, trustees, etc	0.	0.	0.	0.			
		14 Other employee salaries and wages 15 Pension plans, employee benefits							
	SeS	16a Legal fees							
	ben	b Accounting fees							
	Ä	c Other professional fees				•			
	ativ	17 Interest 18 Taxes Stmt 3	70.	0.	0.	0.			
	nistr	19 Depreciation and depletion							
	d jë	20_Occupancy							
	Ā	21 TraveR रहनाहि सन्देश / बन्ति meetings							
	gar	21 TraveReente encès/and meetings 22 Printing and publications 230 Other expenses A 2012	216.	0.	0.	0.			
	atin	24 Hotal operating and administrative							
	Operating and Administrative Expense	expenses. Add lines 13 through 23	286.	0.	0.	0.			
	J	25 Confibution Feits grants paid	17513.			17513.			
		26—Fotal-expenses-and-disbursements. Add lines 24 and 25	17799.	0.	0.	17513.			
	_	27 Subtract line 26 from line 12							
		Excess of revenue over expenses and disbursements	-1885.			n- ' m- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
		b Net investment income (if negative, enter -0-)		4871.	1071				
		C Adjusted net income (if negative, enter -0-)		L	4871.	<u> </u>			

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		End of year		
Part II Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1 Cash - non-interest-bearing	9832.	5930.	5930.		
2 Savings and temporary cash investments		100	· · · · · · · · · · · · · · · · · · ·		
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					
2 8 Inventories for sale or use			······································		
8 Inventories for sale or use 9 Prepaid expenses and deferred charges					
10a Investments - U.S. and state government obligations					
b Investments - corporate stock					
c Investments - corporate bonds					
11 investments - land, buildings, and equipment basis					
Less accumulated depreciation					
12 Investments - mortgage loans		00601	00601		
13 Investments - other Stmt 6	80993.	80681.	80681		
14 Land, buildings, and equipment basis					
Less accumulated depreciation					
15 Other assets (describe)					
	00005	06611	86611		
16 Total assets (to be completed by all filers)	90825.	86611.	00011		
17 Accounts payable and accrued expenses					
18 Grants payable					
g 19 Deferred revenue					
20 Loans from officers, directors, trustees, and other disqualified persons					
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable					
22 Other liabilities (describe)					
CO. Taket habither (add been 47 thereach 00)	0.	0.			
23 Total liabilities (add lines 17 through 22)	0.				
Fugingations that fullow St AS 117, theta here					
and complete lines 24 through 26 and lines 30 and 31.					
24 Unrestricted					
25 Temporarily restricted		***			
26 Permanently restricted Foundations that do not follow SFAS 117, check here X X		1.207			
rounigations that up not follow STAS 117, theth here					
and complete lines 27 through 31	0.	0.			
27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
28 Paid-in or capital surplus, or land, bldg, and equipment fund 2 29 Retained earnings, accumulated income, endowment, or other funds	90825.	86611.			
25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	90825.	86611.			
Z 30 I did i ildi dassers di idili dalalices	300231				
31 Total liabilities and net assets/fund balances	90825.	86611.			
Part III Analysis of Changes in Net Assets or Fund Ba		000110			
Total net assets or fund balances at beginning of year - Part II, column (a), line 3					
(must agree with end-of-year figure reported on prior year's return)		1	90825		
Enter amount from Part I, line 27a		2	-1885		
Other increases not included in line 2 (itemize)		3	0		
Add lines 1, 2, and 3		4	88940		
5 Decreases not included in line 2 (itemize)	See Sta	atement 5 5	2329		
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	·····	6	86611		

123511 12-02-11

		SHNARPAN FOU						2	3-262	9257_	Page 3
(a) List and desc	ribe the k	osses for Tax on Ir ind(s) of property sold (e g or common stock, 200 sh	, real estate,	i income	(b) (P	How a - Puro - Don	mase	(c) Date (mo , d	acquired lay, yr)	(d) Date (mo , da	
1a										•	
b NO	NE										
<u>c</u>					ļ						
<u>d</u>				 	↓_						
			1	 	Ь,					<u> </u>	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss) s (f) minus (
<u>a</u>			ļ								
<u>b</u>										· -	
<u>c</u>	ļ			 							
<u>d</u>	-										
<u>e</u>	<u> </u>		<u> </u>	10.10.1.10.0							
Complete only for assets shown	,								ol (h) gain not less thai		
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any					(from col (
<u>a</u>											
<u>b</u>											
<u> </u>	ļ		ļ								
_d											
<u>e</u>	L										
2 Capital gain net income or (net ca	apıtal loss) { If gain, also ente If (loss), enter -0	r in Part I, line)- in Part I, line	7 7	}	2					
3 Net short-term capital gain or (lo: If gain, also enter in Part I, line 8,			nd (6))						
If (loss), enter -0- in Part I, line 8		C)			 	3					
Part V Qualification U		Section 4940(e) for	r Reduced	Tax on Net	Inv	estr	nent Inco	me			
(For optional use by domestic private	e foundati	ons subject to the section	4940(a) tax on	net investment in	ncome	e)					
						·					
If section 4940(d)(2) applies, leave to	his part b	lank									
Was the foundation liable for the sec	tion 4942	tax on the distributable an	nount of any ye	ear in the base pe	rıod?					Yes	X No
If "Yes," the foundation does not qua	lify under	section 4940(e) Do not co	omplete this pa	ırt							
1 Enter the appropriate amount in			ructions before	making any entri	es						
(a) Base period years		(4)			(c)				Distrib	(d) oution ratio	
Calendar year (or tax year beginni	ing in)	Adjusted qualifying dis		Net value of no	oncha	ritable			(col (b) div	ided by col	
2010			13621.				86113				8176
2009			8740.				75550				5685
2008_			6066.				20422				7033
2007			15845.				13835				5284
2006			7569.				75567	•			0163
										1 01	
2 Total of line 1, column (d)								2		1.81	L6341
3 Average distribution ratio for the		•	on line 2 by 5,	or by the number	r of ye	ars				2.0	- 20 6 6
the foundation has been in existe	nce if less	s than 5 years						3		. 36	3268
										0.5	
4 Enter the net value of noncharitat	ole-use as	sets for 2011 from Part X,	line 5					4		8 /	<u> 387.</u>
								_		2.1	245
5 Multiply line 4 by line 3								5		3]	745.
F Fall and a control of		: D . A. L									40
6 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)						6	ļ		49.
7 Add has 5 == 4 C								_		2.1	704
7 Add lines 5 and 6								7		31	794.
8 Enter qualifying distributions from	n Dart VII	lina A						8		1.7	7513.
quantying distributions not	ii i ait All	, 11110 7						1 0 1			

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 Part VI instructions

Form	990-PF,(2011) THE KRISHNARPAN FOUNDATION	2	23-	26292	57		Page 4
På	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 49	948 -	see in	stru	ction	ns)
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				97.
	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-)	ļ	2				<u>0.</u>
3	Add lines 1 and 2	L	3				<u>97.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	L	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	ļ	5				97.
6	Credits/Payments	Ī					
a	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 6a						
þ	Exempt foreign organizations - tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d 6d						_
	Total credits and payments Add lines 6a through 6d	ļ	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	ļ	8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9				97.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
	Enter the amount of line 10 to be Credited to 2012 estimated tax						
	rt VII-A Statements Regarding Activities					· a	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	rvene	IN	ļ.		Yes	
	any political campaign?			-	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition			ļ	1b		_ <u></u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	blishe	d or	1			
	distributed by the foundation in connection with the activities.						v
	Did the foundation file Form 1120-POL for this year?			-	1c		X
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 ► \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
_	managers ►\$			i		:	х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			<u> </u> -	2		
_	If "Yes," attach a detailed description of the activities		_	1			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	uon, o	r		,	1	х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			ŀ	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?		14	′^ }	4b 5	-	х
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			}	···		
e	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
0							
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the 	ctata	law				
	remain in the governing instrument?	Jiaic	IGV		6	;	х
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	
,	If "Yes," complete Part II, col (c), and Part XV			ŀ			
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions)						
Ja	PA						
h	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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	r cale	ndar	<u> </u>			
•	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? 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	S	tmt	7	10	X	

4a

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

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
	Average monthly fair market value of securities	1a 1	88718.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	88718.
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	2	0.
3	Subtract line 2 from line 1d	3	88718.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1331.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	87387.
6	Minimum investment return. Enter 5% of line 5	6	4369.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	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 XIII, line 1	7	
P	art XII Qualifying Distributions (see 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	17513.
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, 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	17513.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	17513.
	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 for th	e section

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2010	2010	2011
Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	(
a Enter amount for 2010 only				
b Total for prior years	4		——————————————————————————————————————	······································
3 Excess distributions carryover, if any, to 2011			· · · · · · · · · · · · · · · · · · ·	
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e				
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$				
a Applied to 2010, 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 2011 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011				
(If an amount appears in column (d), the same amount 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 2010. Subtract line				
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				
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 2006				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	····			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011			1	1

P	art XIV Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)			
1	a If the foundation has received a ruling o	r determination letter that	it is a private operating				
	foundation, and the ruling is effective for	r 2011, enter the date of t	he ruling	•		01/02	
	b Check box to indicate whether the found	lation is a private operatin	g foundation described in	n section	X	1942(J)(3) or	2(J)(5)
2	a Enter the lesser of the adjusted net	Tax year		Prior 3 year	ars		
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 200	9	(d) 2008	(e) Total
	Investment return from Part X for		_				
	each year listed	4369.	4306.		778.	1021.	13474.
	b 85% of line 2a	3714.	3660.	3	211.	868.	11453.
	c Qualifying distributions from Part XII,						
	line 4 for each year listed	17513.	13621.	8	740.	6066.	45940.
	d Amounts included in line 2c not						
	used directly for active conduct of			l			
	exempt activities	0.	0.		0.	0.	0.
	e Qualifying distributions made directly						
	for active conduct of exempt activities						
•	Subtract line 2d from line 2c	17513.	13621.	8	740.	6066.	45940.
3	Complete 3a, b, or c for the alternative test relied upon					1	
	a "Assets" alternative test - enter					0.4.0.0	
	(1) Value of all assets			84	023.	84003.	168026.
	(2) Value of assets qualifying				000	04000	160026
	under section 4942(j)(3)(B)(i)			84	023.	84003.	168026.
	b "Endowment" alternative test - enter 2/3 of minimum investment return			•	ŀ		
	shown in Part X, line 6 for each year						0.
	listed						
	c "Support" alternative test - enter						
	(1) Total support other than gross investment income (interest,						
	dividends, rents, payments on						
	securities loans (section 512(a)(5)), or royalties)					İ	0.
	(2) Support from general public						
	and 5 or more exempt						
	organizations as provided in section 4942(j)(3)(B)(III)						0.
	(3) Largest amount of support from						
	an exempt organization				ļ		0.
	(4) Gross investment income						0.
P	art XV Supplementary Info	rmation (Comple	te this part only	if the found	dation	had \$5,000 or mor	e in assets
	at any time during t	he year-see instr	uctions.)				
1	Information Regarding Foundation	n Managers:					
	a List any managers of the foundation wh			ributions receive	d by the f	oundation before the close	of any tax
	year (but only if they have contributed in	nore than \$5,000) (See s	ection 507(d)(2))				
_	one		·····				
	b List any managers of the foundation wh			or an equally lar	ge portion	of the ownership of a part	tnership or
BT.	other entity) of which the foundation has	s a 10% or greater interes	il				
_	one						
2							
	Check here X if the foundation of the foundation makes gifts, grants, etc.						
_	a The name, address, and telephone num						
	a me name, address, and telephone num	ber of the person to who	ii applications should be	auutesseu			
	b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include			
	c Any submission deadlines			· 			
				· · · · · ·			
	d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kinds of instituti	ions, or ot	her factors	

3 Grants and Contributions Paid During the Ye		Payment		·
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial continuation			·
	•			
INSTITUTE OF JUSTICE		TAX EXEPMT	GENERAL SUPPORT	2001.
	<u> </u>		-	2001,
CHILDERN'S HOSPITAL FOUNDATION		TAX EXEPMT	GENERAL SUPPORT	
		 		2000
AMERICAN LUNG ASSOCIATION		TAX EXEPMT	GENERAL SUPPORT	
				1251
MEDICAN DED CDOCC		TAX EXEPMT	GENERAL SUPPORT	
AMERICAN RED CROSS		TAX EXEPMI	GENERAL SUFFORT	2000
BUCKS COUNTY FOUNDATION		TAX EXEPMT	GENERAL SUPPORT	202
Total See con	tinuation she	2+(5)	▶ 3a	17513
b Approved for future payment	CTHURCEON BINC		7 34	1,525
a reproved for factore payment				
			İ	
None				
•				
Total			▶ 3b	0

Part XVI-A	Analysis of	Income-Producing	a Activities
	/ \\ \all_j \cdot \cdot \cdot \cdot \	miconic i locacing	, , , , , , , , , , , , , , ,

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclu	ded by section 512, 513, or 514	y section 512, 513, or 514 (e)		
	(a)	(b)	(c) Exclu-	(d)	Related or exempt		
1 Program service revenue	Business code	Amount	sion	Amount	function income		
-	0000						
			1				
	1						
4	1		-		·		
0							
e			Ì		 		
g Fees and contracts from government agencies		· 		1 2011 11 11 11 11 11 11 11 11 11 11 11 11			
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities			03		4871.		
5 Net rental income or (loss) from real estate							
a Debt-financed property							
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					-517.		
than inventory					-517		
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory			+				
11 Other revenue							
a			_				
b	_						
<u> </u>	-						
d	_		+				
e	_	0	 	0.	4354		
12 Subtotal Add columns (b), (d), and (e)	11		•1	<u> </u>	4354		
13 Total Add line 12, columns (b), (d), and (e)				13	3334		
(See worksheet in line 13 instructions to verify calculations)						

Part XVI-B	Relationship of	Activities to the	Accomplishment of	Exempt Purposes
------------	-----------------	-------------------	-------------------	-----------------

Line No									/I-A contributed impo	rtantly to the acco	mplishment of	
lacktriangle	the founda	tion's exer	npt purp	oses (othe	er than by p	roviding funds	for such	purposes)				
4	WILL AS	SIST	то	HELP	INDI	VIDUALS	& C	THER	ENTITIES	EIGHTER	DOMESTIC	OR
	FOREIGN	FOR	EDU	CATIO	ONAL,	HEALTH	CARE	AND	RELIGIOUS	PURPOSE	ES.	
8	WILL AS	SIST	то	HELP	INDI	VIDUALS	& C	THER	ENTITIES	EIGHTER	DOMESTIC	OR
	FOREIGN	FOR	EDU	CATIO	ONAL,	HEALTH	CARE	AND	RELIGIOUS	PURPOSI	ES.	
						-						
					•							
		-										
								_				_
			_									
		_										
												_
		_										
		_										
123621 12-02-11											Form 990-P	F (2011)

Par	t XVII	Information Re Exempt Organ		sfers To a	and Transactions	and Relations	hips With Nonch	aritable	
1 [Old the or			of the followin	ig with any other organizat	ion described in sect	on 501(c) of	1	es No
					27, relating to political orga				110
		from the reporting found							
	1) Cash	. •		•	•			1a(1)	X
(2) Other	assets						1a(2)	X
b (Other tran	sactions							
(1) Sales	of assets to a noncharita	ble exempt organiza	tion				1b(1)	X
(2) Purct	nases of assets from a no	ncharitable exempt o	organization				1b(2)	X
•	•	il of facilities, equipment,						1b(3)	X
•	•	bursement arrangements						1b(4)	X
		s or loan guarantees						1b(5)	X
	•	rmance of services or me		=				1b(6)	$\frac{\hat{x}}{x}$
	-	f facilities, equipment, ma	-		• •	lurava chaur tha fair r	narkat value of the good	1c	
		•		•	edule Column (b) should a ed less than fair market va	-	=		15,
) the value of the goods,			oa 1000 man ian mamor ve	ac in any damento	or onaring arrangement	., 0	
(a) Line		(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, a	nd shanng arra	ngements
				N/A					
							·	 	
			<u> </u>						··-
	_								
									
			<u> </u>						

			-		or more tax-exempt organ	nizations described			X No
		501(c) of the Code (othe	•)(3)) or in sect	tion 52/7			Yes	IVO
<u> </u>	i Yes, co	omplete the following sch (a) Name of org			(b) Type of organization	T	(c) Description of relatio	nship	
		N/A			(b) type of organization	 	(0) 2000		
				****				*	
		<u> </u>				<u> </u>	,		
	and be				ig accompanying schedules an n taxpayer) is based on all infor		has say traculades	May the IRS dis	
Sign	n 📐		108)	سنان	111271	2 Pro	, I	shown below (s	ee instr)?
Her	_ <i>F</i>	nature of officer or trustee	γ		Deta .			X Yes	L_J No
	Sigi	Print/Type preparer's na	ıme	Prenareco	Date	Title Date	Check If PTII	N	
		Trangitype preparer 5 lie	nno	Prepare		1	self- employed	•	
Paid	d	RAKESH PAT	EL CPA	1 /X	Y	11/19/12		012831	64
	- parer	Firm's name ► DIL		& COMP	ANY LLP	1	Firm's EIN ► 22-		
	Only		· 		- •				
	-	Firm's address ▶ 20	42 MORRIS	AVE.					
		UN	ION, NJ 0	7083		····	Phone no 908	<u>-688-4</u>	234
								Earm QQA_	DF /2011\

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, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

2011

ТН	E KRISHNARPAN FOUNDATION	23-2629257				
Organization type (check or	ne):					
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					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.				
General Rule						
X For an organization contributor Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II	oney or property) from any one				
Special Rules						
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the region (1)(A)(vi) and received from any one contributor, during the year, a contribution of the go Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II					
total contributions	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, total 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.					
contributions for us If this box is check purpose Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not tot ed, enter here the total contributions that were received during the year for an exclusive templete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year.	al to more than \$1,000. <i>ly</i> religious, charitable, etc.,				
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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) (2011)

Name of organization

Employer identification number

THE KRISHNARPAN FOUNDATION

23-2629257

Part I	Contributors (see instructions). Use duplicate copies of Part I	I if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

THE KRISHNARPAN FOUNDATION

23-2629257

art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed.	
(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. 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
3453 01-23-			1 990, 990-EZ, or 990-PF)

Employer identification number

Part III	ISHNARPAN FOUNDATION Exclusively religious, charitable, etc., indiv year Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional and the copies of Part III if	e following line entry. For organization, contributions of \$1,000 or less for	23-2629257 (7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year (Enter this information once) \$
(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, an		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
-	Transferee's name, address, an	(e) Transfer of gif	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
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif	Relationship of transferor to transferee

Form 990-PF Dividends and	l Interest from	Securities	Statement 1
Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
MORGANSTANLEY	4871.	0.	4871.
Total to Fm 990-PF, Part I, ln 4	4871.	0.	4871.

Form 990-PF Gain	or (Loss) fr	om Sale of	Assets		Statement	2
(a) Description of Property			Mann Acqui		te ired Date S	Sold
MORGAN STANLEY			Purcha	sed Vari	ous 12/31	/11
	(c) ost or er Basis	(d) Expense of Sale	(e Dep		(f) Gain or Los	ss
3500.	4017.	0	•	0.	-5	517.
Net Gain or Loss from Sale Capital Gains Dividends from					- 5	0.
Total to Form 990-PF, Part				=	-5	517.
Form 990-PF	Ta	xes			Statement	
Description	(a) Expenses Per Books	(b) Net Inverment Incoment		(c) Adjusted et Incom	(d) Charita	able
Description TAXES	Expenses	Net Inves		Adjusted et Incom	(d) Charita	
	Expenses Per Books	Net Inves	ome N	Adjusted et Incom	(d) Charita e Purpos	ableses
TAXES	Expenses Per Books 70 70	Net Inves	O. O.	Adjusted et Incom	(d) Charita e Purpos	ableses
TAXES TO Form 990-PF, Pg 1, ln 18	Expenses Per Books 70 70	Net Investment Incoment Income	O. O.	Adjusted et Incom	(d) Charita Purpos 0. Statement (d) Charita	ableses 0. 4
TAXES TO FORM 990-PF, Pg 1, ln 18 Form 990-PF	Expenses Per Books 70 70 Other (a) Expenses	Net Investment Income Expenses (b) Net Investment Income	O. O.	(c) Adjusted	(d) Charita Purpos 0. Statement (d) Charita	ableses 0. 4

form 990-PF Other	Decreases in Net	Assets or 1	Fund Balances	Statement	5
Description				Amount	
CHANGE IN INVESTMENT	S VALUE(APPRICIAT	TION)		23	29.
Total to Form 990-PF	, Part III, line	5		23	29.
Form 990-PF	Other	Investments		Statement	6
Description		Valuation Method	Book Value	Fair Marke Value	t
SMITH BARNEY		COST	80681.	806	81.
Total to Form 990-PF	, Part II, line l	13	80681.	806	81.
Form 990-PF	List of Substar Part VII-	ntial Contril -A, Line 10	butors	Statement	7
Name of Contributor	I	Address			
MUKUND SHETH		966 HUNT DRI			

Form **8868**

(Rev. January 2012)

Department of the Treasury 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

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		j	► LX
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).		
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a cor	poration
required t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	le Form 88	368 to request an	extension
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap	•				
	irs gov/efile and click on e-file for Chanties & Nonprofits		,		g	,
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
	tion required to file Form 990-T and requesting an auton				, ,	_
Part I only	,	110110	one of the sex and	oompioto.	1	▶ □
•	corporations (including 1120-C filers), partnerships, REM	ICe and t	rusts must use Form 7004 to reques	t an exten	ision of time	
	orporations (including 1120-0 lilers), partiterships, fillivi ome tax returns.	103, and ti	rasis mast ase remin root to reques	or an exten	Sion or time	
Type or	Name of exempt organization or other filer, see instru-	ctions		Employe	ridentification nur	nher (FIN) or
print				Linploye	acrimodion no	noci (Enty of
piiiit	THE KRISHNARPAN FOUNDATION			X	23-26292	57
File by the		aa laatriid	tions	- 		
due date for filing your	Number, street, and room or suite no. If a P.O. box, so 966 HUNT DRIVE	ee instruc	uons.	Social se	curity number (SS	DIN)
return See	· ·····	*****1 -1	Iron and Instructions			
instructions	City, town or post office, state, and ZIP code. For a for YARDLEY, PA 19067-4244	oreign add	ress, see instructions.			
	IMDDEI, FA 1900/-4244					
	Datum and fauth water the the training to the same training to fauther		4			0 4
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
A 1' 1'	· · · · · · · · · · · · · · · · · · ·		I			Determ
Applicati	on	Return	Application			Return
ls For	 	Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 990		01	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
	MUKUND SHETH		10067			
	oks are in the care of > 966 HUNT DRIVE	_ YAI				
Teleph	one No ▶ 215-288-1200		FAX No. P			·
	rganization does not have an office or place of business				ļ	L
● If this <u>i</u>	s for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN)	If this is fo	r the whole group	, check this
box ▶ L	If it is for part of the group, check this box ▶	and atta	ich a list with the names and EINs o	f all memb	ers the extension	ıs for.
	quest an automatic 3-month (6 months for a corporation	required 1	to file Form 990-T) extension of time	until		
	August 15, 2012 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
	or the organization's return for					
▶[X calendar year 2011 or					
►l	tax year beginning	, an	d ending		_ •	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on· Initial return	Final retur	n	
	Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
non	refundable credits. See instructions.			3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	mated tax payments made. Include any prior year overp	=		3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					·
	using EFTPS (Electronic Federal Tax Payment System)	-	•	3с	\$	0.
	If you are going to make an electronic fund withdrawal v				· · · · · · · · · · · · · · · · · · ·	
	or Privacy Act and Paperwork Reduction Act Notice,					Rev. 1-2012)

123841 01-04-12

THE KRISHNARPAN FOUNDATION THE KRISHNARPAN FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 9 6 6 HUNT DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions. YARDLEY, PA 19067-4244 Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990-BL O2 Form 1041-A Form 990-EZ 01 Form 4720 09 Form 990-PF 04 Form 5227 10	Form 8868 (Rev. 1-2012) If we'll are filling for an Additional (Not Automatic) 3-Month Ex	tension	complete only Part II and check thi	s box			Page 2
If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 1).							
Part 8 Additional (Not Automatic) 3-Month Extension of Time. Only flie the original (no copies needed).							
Enter filer's identifying number, see instructions Employer identification number, see instructions Employer identification number (EIN) or print Pile by his each set Piler's identified in the cash left Piler's identified in the cash left Piler's identified Piler's				nal (no d	copies	needed).	· ·
Type or print Time by the The KRISHNARPAN FOUNDATION X 23-2629257							ructions
### THE KRISHNARPAN FOUNDATION 23-2629257 Mumber, street, and room or suite no. f a P.O. box, see instructions. Social security number (SSN)	Type or Name of exempt organization or other filer, see instru	ictions					
Auminbar, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)	print				2.2	262025	7
Noting year. Instructions Noting year. Instructions Name See Instructions Instructions Name See Instructions Name See Instructions Name See Instructions Name See Instructions	(He D) Lie						
Enter the Return code for the return that this application is for (file a separate application for each return) Application Return	filing your return See 966 HUNT DRIVE					number (SSN)	
Application Is For Code Series Seri							
Application Is For Code Series Seri							
Is For Code Is For Code Is For Code Is For Code Is Forn 990 O1 Form 990 O1 Form 990 O2 Form 1041-M O8 Form 990-EZ O1 Form 4720 O9 O9 Form 990-FZ O4 Form 5227 O5 Form 690-T (sea. 401(a) or 408(a) trust) O5 Form 690-T (sea. 401(a) or 408(a) trust) O5 Form 690-T (sea. 401(a) or 408(a) trust) O5 Form 6809 O5 Form 8870 O5 Form 8800 O5 Form 8870 O5 Form 8870 O5 Form 8800 O5 Form 8800 O5 Form 8870 O5 Form 8800 O5 Form 88	Enter the Return code for the return that this application is for (file	e a separa	te application for each return)				0 4
Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BL Form 990-BC Form	Application	Return	Application				Return
Form 990-BL Form 990-EZ Form 990-EZ Form 990-EZ Form 990-EZ Form 990-EZ Form 990-EZ Form 990-EZ Form 990-EX Form	ls For	Code	is For				Code
Form 990-EZ Form 990-PF Form	Form 990	01					
Form 990-PF Form 990-T (rust other than above) STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MUKUND SHETH The books are in the care of 966 HUNT DRIVE - YARDLEY, PA 19067 Telephone No. 9215-288-1200 FAX No. 17	Form 990-BL	02					
Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 8070 O6 Form 8870 O6 Form 8870 O7 Form 990-T (trust other than above) O7 Form 990-T (trust other than above) O8 Form 8870 FAX No. O8 Form 890-F7 FAX No. O9 FAX No. O If this is for the whole group, check this box O9 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	Form 990-EZ	01					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MUKUND SHETH Telephone No. ▶ 215-288-1200 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box In it is for part of the group, check this box In and attach a list with the names and ElNs of all members the extension is for. November 15, 2012 For calendar year 2011, or other tax year beginning and ending and ending fit the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension All information needed to file the return not available 88 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. 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 and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Judier penalties of penjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, its frue, correct, and complete and final an authorized to prepare this form final an authorized to prepare this form. Title ▶ Date ▶ 3-6 - 12	Form 990-PF	04					
STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. MUKUND SHETH The books are in the care of ▶ 966 HUNT DRIVE — YARDLEY, PA 19067 Telephone No. ▶ 215-288-1200 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box	Form 990-T (sec. 401(a) or 408(a) trust)						
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	orginature Ittle			Date		om 8868 (Rev	/. 1-2012)

Form **8868**

(Rev. Januar; 2012)

Department of the Treasury 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

If you a	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box		▶
🍦 If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form).	
Do not co	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previous	sly filed Form 8868.	
Electroni	ic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of tir	ne to file (6 months	for a corporation
required t	to file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically f	ile Form 8868 to rec	uest an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for	Transfers Associate	d With Certain
Personal I	Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions) For more details	on the electronic filir	ng of this form,
	irs.gov/efile and click on e-file for Charities & Nonprofits				
Part I	Automatic 3-Month Extension of Time	e. Only	submit original (no copies ne	eded)	
A corpora	ition required to file Form 990-T and requesting an autor	matic 6-m	onth extension · check this box and	complete	
Part I only	<i> </i>				▶ 🗀
	corporations (including 1120-C filers), partnerships, REN ome tax returns.	1ICs, and	trusts must use Form 7004 to reques	st an extension of tin	ne
Type or	Name of exempt organization or other filer, see instru	ictions.		Employer identifica	ition number (EIN) or
print					
Flie by the	THE KRISHNARPAN FOUNDATION				629257
due date for filing your return See	Number, street, and room or suite no. If a P.O. box, s 966 HUNT DRIVE	ee Instruc	tions.	Social security num	nber (SSN)
instructions	City, town or post office, state, and ZIP code. For a for YARDLEY, PA 19067-4244	oreign add	dress, see instructions.		•
-					
Enter the I	Return code for the return that this application is for (file	e a separa	ate application for each return)		0 4
Application	on	Return	Application		Return
is For		Code	Is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-	BL	02	Form 1041-A		
Form 990-EZ		01	Form 4720	08	
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
	MUKUND SHETH				
• The boo	oks are in the care of > 966 HUNT DRIVE	- YAI	RDLEY, PA 19067		
	one No. ► 215-288-1200		FAX No. ▶		
• If the or	rganization does not have an office or place of business	s in the Ur	nited States, check this box		▶ □
	for a Group Return, enter the organization's four digit (aroup, check this
box ▶	If it is for part of the group, check this box				
1 I req	uest an automatic 3-month (6 months for a corporation				
			tion return for the organization name		sion
is for	r the organization's return for:		-		
	\overline{X} calendar year 2011 or				
- ii - ▶ [tax year beginning	, an	d ending		
7				·	•
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	nce due. Subtract line 3b from line 3a. Include your pay		•	20 6	0
	sing EFTPS (Electronic Federal Tax Payment System). S	-		3c \$	0.
vauuon. II	you are going to make an electronic fund withdrawal wi	ILN TRIS FO	m 6666, see Form 8453-EU and For	m 8879-EO for payr	nent instructions

Part XV **Supplementary Information** 3 ' Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor TAX EXEPMT GENERAL SUPPORT EKAL VIDHTALAYA FOUNDATION 4023 WESTHOLLOW PKY 368<u>0.</u> HOUSTON, TX 77082 POLICE CHIEF ASSOCIATION TAX EXEPMT GENERAL SUPPORT 5<u>1.</u> GENERAL SUPPORT TAX EXEPMT SAMARPAN 1001. TAX EXEPMT GENERAL SUPPORT SBC FOUNDATION 2227. TAX EXEPMT GENERAL SUPPORT SHARE & CARE FOUNDATION 2900. TAX EXEPMT GENERAL SUPPORT YARDLEY MAKEFIELD FIRE 200. Total from continuation sheets 10059.