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EXTENSION GRANTED TO 08/15/12 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

		dar year 2011 or tax year beginning			, and ending		
		foundation	_		<u></u>	A Employer ident	tification number
C	HII	NTU AND FALGUNI PAT	EL F	OUNDATION, I	NC	, ,	
С	0/	AMNEAL PHARMACEUTI	CALS	·		27-432	0794
Num	ber a	nd street (or PO box number if mail is not deliver	ed to street	address)	Room/suite	B Telephone num	
4	40	US HIGHWAY 22 EAST	l		104	(908)	947-3120
		wn, state, and ZIP code				C If exemption appli	cation is pending, check here
_B	RII	OGEWATER, NJ 08807				1	
G C	heck	all that apply Initial return		Initial return of a fo	rmer public charity	D 1. Foreign orga	inizations, check here
		Final return		Amended return		Forman organi	vations meeting the 85% test
		Address change		Name change		2. check here and	zations meeting the 85% test, attach computation
H C	-			empt private foundation			ation status was terminated
느		ction 4947(a)(1) nonexempt charitable true		Other taxable private founda		under section 5	507(b)(1)(A), check here
		· J		ng method X Cash	Accrual]	n is in a 60-month termination
•		Part II, col. (c), line 16)		her (specify) mn (d) must be on cash b	2000	under section 5	507(b)(1)(B), check here ►
De	<u> </u>	, 	irt i, colu			(-) () ()	net (d) Disbursements
Pa	rt l	(The total of amounts in columns (b), (c), and (d) necessarily equal the amounts in column (a))	may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted income	for chantable purposes (cash basis only)
	-			1,655.		N/A	(cash basis only)
	1 2	Contributions, gifts, grants, etc., received Check X if the foundation is not required to attact	h Sch B	1,033.		197.23	
	3	Interest on savings and temporary	ii oui b			· · · · · · · · · · · · · · · · · · ·	_·
	4	cash investments Dividends and interest from securities					
		Gross rents					
		Net rental income or (loss)					
_	_	Net gain or (loss) from sale of assets not on line 1	0			117* , 11	-11
nue	b	Gross sales price for all assets on line 6a					mmn milyer .
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		HEUELY F.
ď	8	Net short-term capital gain					
	9	Income modifications			F-18*** F-18***	1	MAY & 2 2012
	10a	Gross sales less returns and allowances				Ψ.	***
	b	Less Cost of goods sold					ACCE LIT
	C	Gross profit or (loss)				'	UGULIN, W
	11	Other income					
	12	Total. Add lines 1 through 11		1,655.	0.	<u> </u>	
1	13	Compensation of officers, directors, trustees, etc.		0.	0.	-	0.
	14	Other employee salaries and wages		<u></u>		 	
Š	15	Pension plans, employee benefits					
use		Legal fees Accounting fees STMT	י 1	750.	750.	 	0.
NIII USINIAAS and Administrative Expense	,	Accounting fees STM3 Other professional fees		750.	730 •	 	
ē E ₹	17	Interest				 	
UZINIEVO	18	Taxes			<u> </u>	 	
est a	19	Depreciation and depletion					
기들	20	Occupancy				 	
¥ ::	21	Travel, conferences, and meetings			· · · · · · · · · · · · · · · · · · ·		
N P I	22	Printing and publications					
	23	Other expenses STMT	. 2	905.	905.		0.
≨ਂਕ	ı	Total operating and administrative					
2012 2012	ĺ	expenses. Add lines 13 through 23		1,655.	1,655.		0.
≅°	25	Contributions, gifts, grants paid		0.			0.
	26	Total expenses and disbursements.				1	_
_		Add lines 24 and 25		1,655.	1,655.		0.
	27	Subtract line 26 from line 12				**	
		Excess of revenue over expenses and disburser		0.			, , , , , , , , , , , , , , , , , , ,
	ĺ	Net investment income (if negative, enter -0	-)		0.		
	C	Adjusted net income (if negative, enter -0-)		ł	ł	N/A	

C/O AMNEAL PHARMACEUTICALS 27-4320794

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
Part II Balance Sheets Adactives soneous and amounts in the description 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			<u> </u>
3 Accounts receivable ►			
Less allowance for doubtful accounts	1		
4 Pledges receivable		, <u>un a ann an</u>	
Less allowance for doubtful accounts	1 1		Í
<u> </u>	 		
1	 		
	1]
disqualified persons			
7 Other notes and loans receivable	- 1		
Less allowance for doubtful accounts			
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	7 [•
12 Investments - mortgage loans			
13 Investments - other			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Land, buildings, and equipment basis	-		
	 		
15 Other assets (describe)			
40 Tables and the base and blad by all files.	0.	0.	.) (
16 Total assets (to be completed by all filers)	 		
17 Accounts payable and accrued expenses			-
18 Grants payable			-
19 Deferred revenue			4
20 Loans from officers, directors, trustees, and other disqualified persons			4
21 Mortgages and other notes payable			-
22 Other liabilities (describe)			_
		_	
23 Total liabilities (add lines 17 through 22)	0.	0	<u>.</u>
Foundations that follow SFAS 117, check 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			
and complete lines 27 through 31.	4		
27 Capital stock, trust principal, or current funds	0.	0	.
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 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	0.	0	
	0.	0	→
30 Total net assets or fund balances			7
Od. Tabel link history and not appoint the delication	0.	0	_
31 Total liabilities and net assets/fund balances			•
Part III Analysis of Changes in Net Assets or Fund	Balances		
Total net assets or fund balances at beginning of year - Part II, column (a), lin	ne 30		
(must agree with end-of-year figure reported on prior year's return)	-] 1	
Enter amount from Part I, line 27a		2	
Other increases not included in line 2 (itemize)		3	
Add lines 1, 2, and 3		4	
Decreases not included in line 2 (itemize)		5	
Decidence not included in line 2 (item/26)	column (b), line 30		

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		ses for Tax on Ir		Income	/h) (How accured			
		l(s) of property sold (e g common stock, 200 sh			(0) D	How acquired - Purchase - Donation	(c) (m	Date acquired (no , day, yr)	(d) Date sold (mo , day, yr)
1 <u>a</u>									
b NO	ONE				lacksquare		ļ		
<u> </u>					↓ _				
d e					+-		├─	 -	
(e) Gross sales price		preciation allowed (or allowable)		st or other basis expense of sale		,		(h) Gain or (loss) plus (f) minus (
a									
<u>b</u>	ļ		 _			_			
<u>C</u>	 		 			-			
_ <u>d</u>	 				_				
Complete only for assets show	ing gain in co	olumn (h) and owned by	the foundation	on 12/31/69			(I) Gai	ns (Col (h) gain	minus
(i) FMV as of 12/31/69		Adjusted basis is of 12/31/69		cess of col (i) col (j), if any		(còl (k), Lo	but not less that sses (from col. (1 -0-) or h))
a									
b			ļ						
C			<u> </u>			 -			
<u>d</u>					_				
e	<u> </u>		L						
2 Capital gain net income or (net	capital loss)	If gain, also ente If (loss), enter -C	r in Part I, line)- in Part I, line	7 7	J	2			
Net short-term capital gain or (I		ed in sections 1222(5) ar	nd (6))				
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line					•	3			
		ction 4940(e) for	Reduced	Tax on Net	Inv	estment li	ncom	ne	
(For optional use by domestic priva	ite foundation	is subject to the section	4940(a) tax on	net investment ii	ncom	e)			
If section 4940(d)(2) applies, leave	this part blan	nk							
Was the foundation liable for the se					riod?				Yes X No
If "Yes," the foundation does not qu 1 Enter the appropriate amount in					ies				
(a)		(b)			(c)		Diotest	(d) oution ratio
Base periód years Calendar year (or tax year begin	ning in)	Adjusted qualifying dis	stributions	Net value of n		ritable-use asse	ets	(col (b) div	rided by col (c))
2010			0.				0.		.00000
2009									
2008									
<u>2007</u> 2006									
2000					_		_		
2 Total of line 1, column (d)							1	2_	.00000
3 Average distribution ratio for th	e 5-year base	period - divide the total	on line 2 by 5,	or by the numbe	r of y	ears	Γ		
the foundation has been in exis	tence if less ti	han 5 years					ļ	3	.00000
4 Enter the net value of noncharit	able-use asse	ets for 2011 from Part X	. line 5					4	
	. 3		-						0
5 Multiply line 4 by line 3							-	5	
6 Enter 1% of net investment inc	ome (1% of P	art I, line 27b)					+	6	0
7 Add lines 5 and 6							-	7	0
8 Enter qualifying distributions from	om Part XII, k	ne 4						8	0
If line 8 is equal to or greater th	an line 7, che	ck the box in Part VI, lin	e 1b, and com	plete that part usi	ng a 1	1% tax rate			
See the Part VI Instructions									000 PE (001

CHINTU AND FALGUNI PATEL FOUNDATION, INC

Form	990-PF (2011) C/O AMNEAL PHARMACEUTICALS	2	7-	4320	794	ş	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 49	48 -	see ii	nstru		
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%	L	1				0.
	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-)	L	2				0.
3	Add lines 1 and 2	⊢	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	-	4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				0.
	Credits/Payments						
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a						
	Exempt foreign organizations - tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868)						
	Backup withholding erroneously withheld 6d	∤	_				^
_	Total credits and payments Add lines 6a through 6d	-	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	. -	8				0.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	₹	9				<u> </u>
	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 ► Refunded rt VII-A Statements Regarding Activities		11				
	·			 -		Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervany political campaign?	ene n	l		1a	103	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	12			16	-	X
u	If the answer is "Yes" to 18 or 1b, attach a detailed description of the activities and copies of any materials public		or			,	
	distributed by the foundation in connection with the activities.	isi ieu	OI.				
c	Did the foundation file Form 1120-POL for this year?				10	i	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
		0.					
A	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
Ů	managers > \$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		Х
	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	on, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•			3	1	Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	state I	aw				
	remain in the governing instrument?				6	X	
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.						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	DE						1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			. / -			
	of each state as required by General Instruction G? If "No," attach explanation			/A	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calen	dar				1
	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				10	<u> </u>	X

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	990-PF (2011) C/O APINEAL PHARMACEUTICALS			
	rt VII-A Statements Regarding Activities (continued)	- 1	-	
1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			Х
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			v
	If "Yes," attach statement (see instructions)	12	v	<u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	
	Website address ► N/A	ΛE	104	
14	The books are in care of CHRISTINE KRENTZ Telephone no (973) 6	05-	104	<u> </u>
	Located at MH&W 4 GATEHALL DRIVE, PARSIPPANY, NJ ZIP+4 DO 7	054		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	3.7	/ >	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	<u> </u>
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	Ι.	Yes	No
	securities, or other financial account in a foreign country?	16	L	<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign			
	country >	<u> </u>		
Pe	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		12.4	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
1	b. If any answer is "Ves" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	. 	
	Organizations relying on a current notice regarding disaster assistance check here			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected]		1
	before the first day of the tax year beginning in 2011?	10	ļ	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
	a. At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011?			
	If "Yes," list the years \triangleright			
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of accets) to the year's undistributed income? (If anniving section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions)	<u>2b</u>	 	ļ
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	• · · · · · · · · · · · · · · · · · · ·			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		-	
	during the year?			
	b if "Yes." did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2011.)	3b		17
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>	┼-	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			v
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4 <u>b</u>	_	<u>X</u>

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	_	.)		·
Compensation of five highest-paid employees (other than those	included on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
			1	
		1	!	
		T -		
		1	1	
			1	1
			}	
Total number of other employees paid over \$50,000				0
			Form	990-PF (2011)

Part VIII Information About Officers, Directors, Trustees, Foundation No. 12 Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		D 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> [0
	· . · · . · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info number of organizations and other beneficiaries served, conferences convened, research papers produced, et	rmation such as the	Expenses
1 N/A	·	
1N/ A		
2		
<u> </u>		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1 N/A		
		
2		
All other program-related investments. See instructions		
3		
·		
Total. Add lines 1 through 3		0.
		Farm 000 DE (0011)

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see ins	tructions.)
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	0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	14	0.
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	0.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
PE	Distributable 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	0.
	Tax on investment income for 2011 from Part VI, line 5		
	income tax for 2011 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	7 2c	0 .
	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
	Recoveries of amounts treated as qualifying distributions	4	0.
	Add lines 3 and 4	5	0.
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	0.
Pá	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	0.
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	. <u></u>
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)		
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	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 the sec	xion

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C/O AMNEAL PHARMACEUTICALS

	(a)	(b) Years prior to 2010	(c) 2010	(d) 2011
	Corpus	rears prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI, line 7		·····	·	0.
2 Undistributed income, if any, as of the end of 2011	1			
a Enter amount for 2010 only		<u></u>	0.	 ''',
р Total for prior years		0.		
3 Excess distributions carryover, if any, to 2011	. 1441111111111111111111111111111111111			
a From 2006		•		
b From 2007				
c From 2008				
d From 2009		i i		
e From 2010		Ę		
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4 ► \$ 0 .				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				
1		0.		
years (Election required - see instructions)			<u></u>	
c Treated as distributions out of corpus	0.			
(Election required - see instructions)			***************************************	0
d Applied to 2011 distributable amount	0.			·····
e Remaining amount distributed out of corpus	0.		· · · · · · · · · · · · · · · · · · ·	0
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:	_			
2 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 2010 Subtract line				
4a from line 2a Taxable amount - see instr			0.	······································
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				^
be distributed in 2012	(11111	1		O
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 2006				
not applied on line 5 or line 7	0 .			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0 .	.		
E				
10 Analysis of line 9 a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010		1	1	

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

art XV Supplementary Information Grants and Contributions Paid During the				
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	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		
. ,				
NONE				
			_	
				ı
	,			
	}			
				ļ
		· 		
Total			<u>▶ 3a</u>	
b Approved for future payment				
NONE				
	}			
Total		·	▶ 3b	
			F	orm 990-PF (

Part XVI-A

C/O AMNEAL PHARMACEUTICALS

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(8)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue a	code		code		
ab	- -		+		
G	- 		1-1-		
d	l l	-			
6	j j				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			}	}	
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate			ļ		
a Debt-financed property	<u> </u>				
b Not debt-financed property	ļ		- -		
6 Net rental income or (loss) from personal					
property	 				
7 Other investment income				_	
8 Gain or (loss) from sales of assets other			1 1		
than inventory					
9 Net income or (loss) from special events			+-+		
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue				-	
a	1 I		 		
b		 	+ +	-	
d			+		
d	_		 - - - - - - - - - -		
12 Subtotal Add columns (b), (d), and (e)		0.		0.	0.
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>			13	
(See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which i	s to the Accor	column (e) of Part XVI-			plishment of
the foundation's exempt purposes (other th	han by providing fund	s for such purposes)			
N/A				 	
		 -		 	·
					
					
				······································	
					
			<u>.</u>		
					
					
123621 12-02-11					Form 990-PF (2011)

C/O AMNEAL PHARMACEUTICALS 27-4320794 Form 990-PF (2011) Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of Х X (2) Other assets 1a(2) **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 10 d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A s return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true on all information of which preparer has any knowledge return with the prep Sign n below (see instr)? Here PRESIDENT X Yes Signature of officer or trustee Title Date Check Print/Type preparer's name self-employed **Paid** P00038457 CHRISTINE KRENTZ Firm's EIN ► 22-3146187 **Preparer** Firm's name ► MCCABE HEIDRICH WONG. **Use Only**

Form **990-PF** (2011)

(973) 605-1040

Firm's address ▶ 4 GATEHALL DRIVE

PARSIPPANY, NJ 07054-4518

Phone no

FORM 990-PF	ACCOUNTI	NG FEES	S ^r .	ratement 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING EXPENSES	750.	750.		0.
TO FORM 990-PF, PG 1, LN 16B	750.	750.		0.
				
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 2
FORM 990-PF DESCRIPTION	OTHER E (A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED	(D)
	(A) EXPENSES	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE

	I - LIST OF OFFICERS, DIRECTORS EES AND FOUNDATION MANAGERS			EMENT 3
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
CHINTU PATEL 440 US HIGHWAY 22 EAST BRIDGEWATER, NJ 08807	PRESIDENT 0.00	0.	0.	0.
FALGUNI PATEL 440 US HIGHWAY 22 EAST BRIDGEWATER, NJ 08807	SECRETARY AND 1	FREASURER 0.	0.	0.
KANU BHAI PATEL 440 US HIGHWAY 22 EAST BRIDGEWATER, NJ 08807	VICE-PRESIDENT 0.00	0.	0.	0.
JAN GUBEN 750 E. PRATT STREET; SUITE 900 BALTIMORE, MD 21202	DIRECTOR 0.00	0.	0.	0.
SANJIV PATEL 20 WOODSIDE LANE BELLINGHAM, MA 02019	DIRECTOR 0.00	0.	0.	0.
CHRISTINE KRENTZ C/O MHW; 4 GATEHALL DR. PARSIPPANY, NJ 07054	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

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	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			
_	are filing for an Additional (Not Automatic) 3-Month Ex	-		•		
	complete Part II unless you have already been granted a nic filing (e-file). You can electronically file Form 8868 if y					rporation
required	l to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	ion of time. You can electronically f	ile Form 88	68 to request ar	n extension
of time t	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	ssociated With	Certain
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing of th	ıs form,
visit ww	w.irs gov/efile and click on e-file for Charities & Nonprofits	•				
Part*I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I or	nly					
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and ti	rusts must use Form 7004 to reques	st an exten:	sion of time	
Type or print	CULTARIU AND DALCIBUT DARRI ECIDIDARION TMC					
File by the	C/O AMNEAL PHARMACEUTICALS	X				
due date fo filing your return See	440 US HIGHWAY 22 EAST, NO.	Social sec	Social security number (SSN)			
instruction	City, town or post office, state, and ZIP code. For a form	oreign add	ress, see instructions.			
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Application Return Application						Return
ls For		Code	Is For			Code_
Form 99	90	01	Form 990-T (corporation)			07
Form 99	90-BL	02	Form 1041-A			08
Form 99	90-EZ	01	Form 4720			09
Form 99	90-PF	04	Form 5227		10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
Telep	CHRISTINE KREN' books are in the care of ► MH&W 4 GATEHA bohone No. ► (973)605-1040 corganization does not have an office or place of busines s is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ►	S in the Ur	FAX No. nited States, check this box emption Number (GEN)	If this is foi	r the whole grou	
		required	to file Form 990-T) extension of time	e until		
_		t organiza	tion return for the organization nam		The extension	
_	AUGUST 15, 2012 , to file the exempt for the organization's return for X calendar year 2011 or	·	tion return for the organization nam		The extension	
_	AUGUST 15, 2012 , to file the exempt for the organization's return for	·			The extension	
IS	AUGUST 15, 2012 , to file the exempt for the organization's return for X calendar year 2011 or	, ar	ition return for the organization nam			
2 If [AUGUST 15, 2012 , to file the exempted for the organization's return for X calendar year 2011 or tax year beginning the tax year entered in line 1 is for less than 12 months, or	, ar	ition return for the organization named and indicate the organization named and indicate the organization named	ed above.		0.
2 If [AUGUST 15, 2012 , to file the exempted for the organization's return for a calendar year 2011 or tax year beginning the tax year entered in line 1 is for less than 12 months, concluding the control of this application is for Form 990-BL, 990-PF, 990-T, 4720,	, archeck reas	ition return for the organization named ending	Final retur	_ · n	0.
2 If [AUGUST 15, 2012 , to file the exempted for the organization's return for a calendar year 2011 or tax year beginning the tax year entered in line 1 is for less than 12 months, on the Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 4720, conrefundable credits. See instructions.	, an check reas	ition return for the organization named ending	Final retur	_ · n	0.
2 If [AUGUST 15, 2012 , to file the exempted for the organization's return for X calendar year 2011 or tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period this application is for Form 990-BL, 990-PF, 990-T, 4720, conrefundable credits. See instructions.	, archeck reasor 6069, enter any	ition return for the organization named ending ion: Initial return inter the tentative tax, less any refundable credits and illowed as a credit.	Final retur	·	

LHA 123841 01-04-12 Form 8868 (Rev. 1-2012)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.