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### Form **990-PF**

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

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

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

For	cale	endar	year 2011, or ta	ax year beginning	, <u>2011,</u>	and ending		,		
				OUNDATION, INC.	<u> </u>		Α	Employer identification null	mber	
11 COOL SPRINGS CT LUTHERVILLE, MD 21093							Telephone number (see the instructions) 410-356-5440			
							С	If exemption application is	pending, check here	
G	Che	ck all	that apply:	Initial return Final return	Initial Return of a for Amended return	mer public charity	D	1 Foreign organizations, chec	ck here	
Н	<u> </u>			Address change	Name change 1(c)(3) exempt private f			2 Foreign organizations meet here and attach computation		
<u>-</u>		Sec		nonexempt charitable	trust Other taxable p	orivate foundation	E	If private foundation status under section 507(b)(1)(A)		
1	Fa (fr ► \$	ir marl om Pa	tet value of all asset of II, column (c), line	16)	ounting method: X Co		F	If the foundation is in a 60	-month termination	
D-		<b>∞ΙΛ</b> .	5,867, nalysis of Re		, column (d) must be or	casn basis )		under section 507(b)(1)(B)	, check here	
га	TLE			total of amounts in	(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements	
		co	lumns (b), (c), a	and (d) may not neces-	expenses per books	ıncome		income	for charitable purposes	
			rily equal the an ee instructions).	nounts in column (a)					(cash basis only)	
		1		grants, etc. received (att sch)	500,000.	_ '	,	The second secon	11 * 21, 1 2, 2 4, 2 4	
		2		oundn is <b>not</b> reg to att Sch B	[-San 14				1,1,5	
		3	Interest on savi	ings and temporary					con mire e din habitari	
		_	cash investmen	nts	224,448.	224,44	8.	224,448.		
		4	Dividends and inter	est from securities						
			Gross rents Net rental income				6 2 M			
F	,	_	or (loss)	sale of assets not on line 10	-12.					
Ë	<u> </u>		Gross sales price for		12.	An the	~ 24			
\		7	assets on line 6a	ome (from Part IV, line 2)	Transfer Constitution	<u> </u>	0.	to the training to a second of the contract of		
i		8	Net short-term			, 5	•	<u> </u>	A	
		9	Income modific	ations	, , , , , , , , , , , , , , , , , , , ,	* · · · ·				
		1 <b>0</b> a	Gross sales less returns and				á.¥			
			allowances Less Cost of	<del></del> _	. C.187.180		<b>銀作。</b> タイン			
	ŀ	_	goods sold		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
ã			Gross profit/(loss)			' '				
2 3			Other income (	attach schedule)						
€		12	Total. Add lines	s 1 through 11	724,436.	224,44	8.	224,448.		
=1		13		icers, directors, trustees, etc.	0.	22.7.1	<u> </u>	221,1101	10000012 7000 10 100 000 000 000 000 000 000 000	
<b>&gt;</b>		14	Other employee sala	aries and wages					_	
2	İ	15	Pension plans,	employee benefits						
_	A		Legal fees (attach s	•						
3	M		Accounting fees (at	•	3,000.					
Ĕ,	Ņ		Other prof fees (atta	ach sch).				RECE	VED -	
S.P.	5	17	Interest	CEE COM O	F 360				78	
OPERA:	R	18 19	Taxes (attach schedule)(see Depreciation (a		5,269.			C OCT 1	6 2013 b	
5î	Ą	13	sch) and deplet	tion				g) 001 -		
Ņ	v	20	Occupancy							
G	E	21		nces, and meetings				OGDE	N, UT	
A N D	E X P	22	Printing and pu							
U	E	23	Other expenses	s (attach schedule)						
	N S	24	Total operating	and administrative	<del></del>	٠, .				
	E S		expenses. Add	and administrative lines 13 through 23	8,269.					
				, grants paid. PART .XV	200,000.	さいてきる かいかんご	(Kg	MARKET PARKET	200,000.	
		26	Add lines 24 ar		208,269.		0.	0.	200,000.	
		27	Subtract line 26		200,209.	A DEPOS CO				
		а	Excess of reverand disbursem	nue over expenses ents	516,167.					
		b		ome (if negative, enter -0-)	7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	224,44	8.	11 / 12 / 12 AM (2005)	441 - 14 S. 15	
		С	Adjusted net income	e (if negative, enter -0-)	15mg 100 100 100 100 100 100 100 100 100 10	1960 P. J. J. J.	~¥(\$	224,448.	HANGE STATE OF THE	

Й	F	24
E	U	25
	D	26
A S	В	
S	A	
Ě	Ā	27
S	Ň	28
0	CE	29
R	S	30

24	Unrestr	ictea	
	_		

- Temporarily restricted
- Permanently restricted

Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.

- Capital stock, trust principal, or current funds
- 28 Paid-in or capital surplus, or land, building, and equipment fund
- 29 Retained earnings, accumulated income, endowment, or other funds
- Total net assets or fund balances (see instructions)
  - Total liabilities and net assets/fund balances (see instructions)

art III	Analysi	s of C	hanges	in Ne	t Asset:	s or	Fund	Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	5,210,003
2	Enter amount from Part I, line 27a	2	516,167
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	5,726,170
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	5 726 170

5,210,003

5,210,003

5,726,170

5,726,170

IFCIR	(a) List and describe	LOSSES for Tax on Investmen the kind(s) of property sold (e.g., rose; or common stock, 200 shares ML	eal estate.	(b) How acquir P — Purchas D — Donatio	e (month, day, year)	(d) Date sold (month, day, year)
1 a	SEE STATEMENT 3					
b						
С						
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	
а						
b						
С			•			
d						
е						
	Complete only for assets show	ing gain in column (h) and owned by	the foundation on 12/31/69		(i) Gains (Col	umn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if an		gain minus column ( than -0-) or Losses (fi	k), but not less
а						
b						
c						
d						
е						
2	Capital gain net income or (ne	t capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2	-12.
3	Net short-term capital gain or (	(loss) as defined in sections 1222(5)	and (6):			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions) If	(loss), enter -0-		3	0.
Part	V	r Section 4940(e) for Reduce	d Tax on Net Investme	nt Incom	е	
If 'Yes	s,' the foundation does not qua	ction 4942 tax on the distributable an lify under section 4940(e). Do not co in each column for each year; see th	mplete this part.	· 	Yes	X No
				any entre		
(	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use ass	ets (	<b>(d)</b> Distributior column (b) divided	n ratio by column (c))
	2010	297,966.	4,552	,416.		0.065452
	2009	200,000.	4,110			0.048659
	2008	178,200.	3,469			0.051356
	2007	85,000.	1,697			0.050082
	2006	78,500.	1,035	,865.		0.075782
2	Total of line 1, column (d)				2	0.291331
3	Average distribution ratio for the number of years the foundation	ne 5-year base period – divide the to n has been in existence if less than §	tal on line 2 by 5, or by the years		3	0.058266
4	Enter the net value of nonchar	itable-use assets for 2011 from Part	X, line 5		4	5,264,168.
5	Multiply line 4 by line 3				5	306,722.
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)			6	2,244.
7	Add lines 5 and 6				7	308,966.
8	Enter qualifying distributions fr	om Part XII, line 4			8	200,000.
	If line 8 is equal to or greater to Part VI instructions	han line 7, check the box in Part VI,	line 1b, and complete that p	art using a	1% tax rate. See t	he

	1930-FF (2011) THE MORIHINATAR FOUNDATION, TNC. 60-0016434			age 4
Par		s)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter: (attach copy of letter if necessary – see instrs)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V,		4,4	89.
	check here   and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
•	foundations only. Others enter -0-) Add lines 1 and 2.		1 1	0.
3			4,4	89. 0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		A A	89.
2			4,4	109.
6	Credits/Payments: 2011 estimated tax pmts and 2010 overpayment credited to 2011  7,820.			1
	Exempt foreign organizations — tax withheld at source			Ì
	Tax paid with application for extension of time to file (Form 8868)  6c			
	Backup withholding erroneously withheld  6d		a	
	Total credits and payments Add lines 6a through 6d		7.8	320.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here		., .	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		3.3	331.
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax   3,331. Refunded		0,0	0.
	t VII-A Statements Regarding Activities			
			Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		Х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
U	(see the instructions for definition)?	1 b		Х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published		,	
	or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c	7.35	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   (3) 0.		166° -	
e	(1) On the foundation \( \bigs\) \( \bigs\) \( \bigs\) (2) On foundation managers \( \bigs\) \( \bigs\) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	ļ. ļ.	ئ. - يواني	
	foundation managers •\$ 0.	<b>*</b>		
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	1. 1,	áls.	\$497
•	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		_X_
4 a	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?	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		~	
	By language in the governing instrument, or		·	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
_	with the state law remain in the governing instrument?	6		X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	L
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  MD	,		
Ь	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 <i>General Instruction G? If 'No,' attach explanation</i>	8b	<u>X</u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)			
	for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.	10		X
BAA	Fo	rm <b>99</b> 0	J-PF (	(2011)

rai	t VII-A   Statements Regarding Activities (Continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		Χ
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . Website address	13	X	
14	The books are in care of ► SHEELA MURTHY Telephone no. ►			
	Located at ► 11 COOL SPRINGS CT, LUTHERVILLE, MD ZIP + 4 ► 21093			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here	$\bar{N}/\bar{A}$		
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ►	5 5		
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	a 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?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1,		
	(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)?  Yes X No			
	(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 )  Yes X No			* * * * * * * * * * * * * * * * * * * *
ı	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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)?	1 b	N.	/A
	Organizations relying on a current notice regarding disaster assistance check here	<b>"</b> .		ıİ
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1 c	<u> </u>	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)):			
á	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?		2 th ], it	
	If 'Yes,' list the years ▶ 20_ , 20_ , 20_ , 20	(e ' ; '	, , , , , , , , , , , , , , , , , , ,	
ı	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement — see instructions)	2b	N,	/A
•	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here  20, 20, 20, 20	,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			~ ,
1	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	N	^, /A
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
ı	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of	1/3	<u>.</u>	
<b>D</b> 4 1	the tax year beginning in 2011?	4b	0.55	X (2011)
BAA	r - Fr	orm <b>99</b>	U-27 (	.ZUII)

Form 990-PF (2011) THE MURTHYNAYAK FO			80-00	16494	Page 6
Part VII-B   Statements Regarding Activiti	es for Which Form	n 4720 May Be Requ	uired (continued)		
5a During the year did the foundation pay or incu	_				
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub- on, directly or indirectly, any voter registra	lic election (see section ation drive?	n 4955), or to carry ·	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	. Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the except ding disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [	]	
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respons	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	] No	
If 'Yes,' attach the statement required by Regi	ulations section 53.494	5-5(d).			;
6a Did the foundation, during the year, receive are on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premiums	Yes X	]No	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	6b	X
If 'Yes' to 6b, file Form 8870	dakan a naski ka a mesah	ubited tour shelter transa		]No₹	
7a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any procee				N/A 7b	
Part VIII Information About Officers, D					S.
and Contractors		· ouridation maria;	,o.o,gy . a.a .		<b>-</b> ,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se account, owances
SEE STATEMENT 4					
		0.	0.		0.
2 Compensation of five highest-paid employee	ı es (other than those inc	cluded on line 1— see ir	ıstructions). If none, e	nter '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		se account, owances
NONE					
Total number of other employees paid over \$50,000	) . TEFA03061	12/05/11	<u> </u>	Form 90	0 <b>0-PF</b> (2011)

Form 990-PF (2011) THE MURTHYNAYAK FOUNDATION, INC.	80-001	
Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	ation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see ins		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<b>-</b>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 <u>N/A</u>		
<sup>2</sup>		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by the foundation duri	ng the tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions.		
3		
Total. Add lines 1 through 3		0.
RAA		Form <b>990-PF</b> (2011)

Adjusted qualifying distributions. Subtract line 5 from line 4

Rank Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: 1 a a Average monthly fair market value of securities. 5,344,333. 1 b b Average of monthly cash balances 1 c c Fair market value of all other assets (see instructions) 1 **d** 5,344,333. d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0. (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 333 5,344, 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 80,165. 5 264,168. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 263,208. Minimum investment return. Enter 5% of line 5 6 Partix Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 263,208. Minimum investment return from Part X, line 6 1 4,489 2a Tax on investment income for 2011 from Part VI, line 5 2a 2Ь b Income tax for 2011. (This does not include the tax from Part VI) 2с 4,489. c Add lines 2a and 2b 258,719. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions. 5 258,719 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) 258,719. Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1 7 Part XIII Qualifying Distributions (see instructions) Sui Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 1 a 200,000. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 b **b** Program-related investments — total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. 数数 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 За 3ь **b** Cash distribution test (attach the required schedule) 4 200,000. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b (see instructions)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA

Form **990-PF** (2011)

6

200,000.

#### Part XIII Undistributed Income (see instructions)

			<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
1 Disti		r 2011 from Part XI,				258,719.
	tributed income, if any,	as of the end of 2011:				2007.131
	er amount for 2010				0.	
<b>b</b> Total	for prior years: 20	, 20 , 20		0.		
	s distributions carryover					
a Fron	n 2006	27,504.				
<b>b</b> Fron	n 2007	2,029.				
<b>c</b> Fron	n 2008	8,272.				
<b>d</b> Fron	n 2009		,			
e Fron	n 2010	74,413.	- 1	i Krista		in the second
f Tota	<b>il</b> of lines 3a throug	h e	112,218.			
	lifying distributions					
XII,	line 4: 🕨 💲	200,000.			K. ATALYKU.	
а Арр	lied to 2010, but no	t more than line 2a			0.	
<b>b</b> App (Ele	lied to undistributed ction required — se	l income of prior years e instructions)		0.		
	ated as distributions ction required – se		0.			
<b>d</b> App	lied to 2011 distribu	ıtable amount				200,000.
e Rem	naining amount dist	ributed out of corpus	0.			
	s distributions carryover		58,719.			58,719.
	n amount appears ne amount must be	in column (d), the shown in column (a).)				
	er the net total of ea	ach column as				
a Corpu	us. Add lines 3f, 4c, and	4e. Subtract line 5	53,499.			
<b>b</b> Prio line	r years' undistribute 4b from line 2b	ed income. Subtract		0.		
ed ii has	er the amount of pro ncome for which a i been issued, or on 2(a) tax has been p			0.		
	tract line 6c from lii unt – see instruction			0.		
	stributed income for 2010 a. Taxable amount — se				0.	
4d a		or 2011 Subtract lines his amount must be				0.
corp by s	ounts treated as dis ous to satisfy require ection 170(b)(1)(F) instructions)	ements imposed	0.			
8 Exce appl	ess distributions car lied on line 5 or line	rryover from 2006 not 7 (see instructions)	0.			
9 Exce Sub	ess distributions ca tract lines 7 and 8 f	arryover to 2012. rom line 6a	53,499.	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
<b>10</b> Anal	lysis of line 9:		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	12.4	(2) 1/2 21 / 20 / 2	** *** *** / · / · / · / · / · / · / · /
a Exce	ess from 2007			1 9,1 1 2 3 9 1		<b>'</b> '
<b>b</b> Exce	ess from 2008			, ,	1* x ;	,
<b>c</b> Exce	ess from 2009		, 1, 5, 61		/ * * *	
<b>d</b> Exce	ess from 2010	53,499.	1		* 5	
e Exce	ess from 2011		12 mg	8 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Form 990-PF (2011) THE MURTHYNAYAK				80-0016494	Page <b>10</b>		
Part XIV Private Operating Founda					N/A		
1 a If the foundation has received a ruling or is effective for 2011, enter the date of the	ruling	•	•	•	4942(j)(5)		
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or							
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(e) Total		
investment return from Part X for each year listed	(a) 2011	<b>(b)</b> 2010	(C) 2009	(d) 2008	(e) rotal		
b 85% of line 2a							
c Qualifying distributions from Part XII, line 4 for each year listed				ļ			
d Amounts included in line 2c not used directly for active conduct of exempt activities					<del></del>		
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c							
3 Complete 3a, b, or c for the alternative test relied upon							
a 'Assets' alternative test — enter							
(1) Value of all assets					<del></del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		ļ					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
<b>c</b> 'Support' alternative test – enter.							
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>			:				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)							
(3) Largest amount of support from an exempt organization							
(4) Gross investment income	10 111		<u> </u>	1.45.000			
Part XV: Supplementary Information assets at any time during to			organization n	ad \$5,000 or more	e in		
Information Regarding Foundation Mana     a List any managers of the foundation who close of any tax year (but only if they have NONE	have contributed in	nore than 2% of the than \$5,000) (See	total contributions section 507(d)(2)	received by the found	ation before the		
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more e foundation has a	of the stock of a cor 10% or greater inter	poration (or an equest.	ually large portion of t	ne ownership of		
2 Information Regarding Contribution, Gra Check here ► X if the foundation only requests for funds. If the foundation mak complete items 2a, b, c, and d	makes contribution	s to preselected cha	arıtable organizatioi	ns and does not accep ganizations under othe	ot unsolicited er conditions,		
a The name, address, and telephone numb	er of the person to	whom applications	should be addresse	ed:			
<b>b</b> The form in which applications should be	submitted and info	rmation and materia	als they should incl	ude			
c Any submission deadlines		· · · · · · · · · · · · · · · · · · ·					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other f	factors:		
			<del></del>				

3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen	t	
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)	substantial contributor	recipient		
a Paid during the year				
UNITED WAY	NONE	PUBLIC	CHARITY	200,000.
100 SOUTH CHARLES STREET				
BALTIMORE, MD 21203				
				:
		<u> </u>		
	<u> </u>	<u> </u>		
Total		1	► 3a	200,000.
<b>b</b> Approved for future payment				
		-		
		}		
Total	<u> </u>	<u> </u>	► 3t	

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

ter gross	amounts unless otherwise indicated.		ed business income	T T	by section 512, 513, or 514	(e)
		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
•	am service revenue:			code	<del></del>	<b>\</b>
a b						
d	·····	-				
e		<u> </u>		<del>                                     </del>		
g Fees	and contracts from government agencies				<del></del>	
	ership dues and assessments					_
Interest	on savings and temporary cash investments			14	224,448.	
	ends and interest from securities			, ,-	<del>7.,</del>	
	ntal income or (loss) from real estate:	, , , , , , , , , , , , , , , , , , ,	3, 2	-,,,,×,		<u> </u>
	inanced property			ļ —		
	ebt-financed property tal income or (loss) from personal property			<del>                                     </del>		
	investment income					
	(loss) from sales of assets other than inventory					-1
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
Other	revenue:	(A).	Ž, jš	1.5		1 9
				-		. – . –
				-	· ·	
e		<del> </del>		1		
`				- In . A . W		
Subto	tal. Add columns (b), (d), and (e)	with a mile		T. (5 % 1-3)	224,448.	-1
Total.	Add line 12, columns (b), (d), and (e)	with a street		ng (	224,448.	
Total.						
Total. e works	Add line 12, columns (b), (d), and (e)	ons )			13	
Total. e works rt·XVI:	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
Total. e works irt XVI. ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
Total. e works rt XVI. ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
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Total.  e works  ft.XVI.  ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
Total. e works rt.XVI. ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
Total. e works rt.XVI. ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
Total. e works rt XVI. ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
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Total. e works rt.XVI. ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
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Total. e works it XVI. ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
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Total. e works irt XVI. ne No.	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43
Total. ee works art XVI:	Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate <b>B</b> ; Relationship of Activities to the	ons)	ishment of Exemp	ot Purpe	13 Oses	224,43

# Form 990-PF (2011) THE MURTHYNAYAK FOUNDATION, INC. 80-0016494 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									Yes	No
describe	organization directly ed in section 501(c) to political organiza	of the Code (or	ngage in any of the ther than section 50	e following wit 01(c)(3) organ	n any other izations) or	organızatıoı ın section 5	n 527,			
•	rs from the reporting		a noncharitable ex	empt organiza	ition of:					
(1) Cas		,		p.				1a (1)		X
	er assets				• •	•	•	1a (2)		X
` '	ansactions:		•							
	es of assets to a nor	ncharitable exe	mnt organization					1 b (1)	1	<b>X</b> '
	chases of assets from			zation				1b(1)		X
• •	ital of facilities, equi			zation				1b(2)		X
• •	mbursement arrange		1 055615 .			•				X
` '	ns or loan guarantee							1b (4)	_	X
٠,	formance of services		in or frindroiding of	aliaitatiana				1b (5)		X
<b>\-</b> /								1b (6)		X
<b>c</b> Snaring	of facilities, equipm	ent, mailing its	sts, other assets, or	r paid employe	ees.			_ 1c		
the goo any trar	nswer to any of the a ds, other assets, or a saction or sharing a	services given	by the reporting to	iundation If th	e foundation	received le	ess than fai	r market value ir	lue of	
(a) Line no.	(b) Amount involved	(c) Name (	of noncharitable exempt	organization	(d) Desc	ription of trans	sfers, transactı	ons, and sharing arra	ingement	ts
N/A										
								- W-1		
	· · · · · · · · · · · · · · · · · · ·	<del> </del>								
		<del> </del>								
		<del> </del>						<del></del>		
<del></del>		<del> </del>	<u> </u>							
		Д								
describe	oundation directly or ed in section 501(c)	of the Code (or	ated with, or relate ther than section 5	d to, one or m 01(c)(3)) or in	ore tax-exer section 527	mpt organiz ?	ations	. <u> </u>	s X	No
	complete the follow		45.7							
	) Name of organizat	ion	<b>(b)</b> Type o	f organization		(c)	) Description	n of relationship		
<u>N/A</u>								····		
					<u>-</u>					
				<del> </del>						
Sign Here	penalties of perjury, I decla , and complete Declaration	re that I have exam	ined this return, including than taxpayer) is based of	in all information of	nedules and state of which prepared	tements, and to has any know	the best of my	May the this return prepare (see ins	IRS disc rn with the r shown to tructions	cuss ne below
Signa	<del></del>	<del>//_</del> _	<u> </u>	<del></del>	Dat			DTIN	Yes	No
	Print/Type preparer's na		Preparer's sign	h lating	)   Pat	11/09/12	Check	□"	2722	
Paid	JOSEPH E. PO			c Array	<u>ر</u>	70710	100.00.00.		<u> 3130</u>	
Preparer	· –		DLLAK & ASSO			/ /	Firm's EIN	52-1734221		
Use Only		124 SLADE		10						
		BALTIMORE,	MD 21-208				Phone no	(410) 602-	0500	<u> </u>
BAA								Form 9	90-PF	(2011)

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2011

Name of the organization		Employer Identification number
THE MURTHYNAYAK FOUNDA'	rion, inc.	80-0016494
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) or 4947(a)(1) nonexempt charitable 527 political organization	rganization trust <b>not</b> treated as a private foundation
Form 990-PF	X 501(c)(3) exempt private foundate 4947(a)(1) nonexempt charitable 501(c)(3) taxable private foundate	trust treated as a private foundation
	d by the <b>General Rule</b> or a <b>Special Rule</b> or (10) organization can check boxes for both the	e General Rule and a Special Rule. See instructions.
General Rule  X For an organization filing Form 9 contributor (Complete Parts I are	90, 990-EZ, or 990-PF that received, during the yild II $)$	year, \$5,000 or more (in money or property) from any one
Special Rules		
For a section 501(c)(3) organization 509(a)(1) and 170(b)(1)(A)(vi), a (2) 2% of the amount on (i) Form	non filing Form 990 or 990-EZ that met the 33-1/3 nd received from any one contributor, during the n 990, Part VIII, line 1h or (ii) Form 990-EZ, line	3% support test of the regulations under sections year, a contribution of the greater of (1) \$5,000 or 1 Complete Parts I and II
total contributions of more than:	10) organization filing Form 990 or 990-EZ that re \$1,000 for use exclusively for religious, charitable ren or animals Complete Parts I, II, and III	eceived from any one contributor, during the year, e, scientific, literary, or educational purposes, or
contributions for use <i>exclusively</i> If this box is checked, enter here	for religious, charitable, etc, purposes, but these the total contributions that were received during	eceived from any one contributor, during the year, contributions did not total to more than \$1,000 g the year for an <i>exclusively</i> religious, charitable, etc, s organization because it received nonexclusively
religious, charitable, etc, contrib	utions of \$5,000 or more during the year	<b>&gt;</b> \$
990-PF) but it must answer 'No' on I	covered by the General Rule and/or the Special Part IV, line 2, of its Form 990, or check the box not meet the filing requirements of Schedule B (F	Rules does not file Schedule B (Form 990, 990-EZ, or on line H of its Form 990-EZ or on Part I, line 2, of its Form 990, 990-EZ, or 990-PF)
BAA For Paperwork Reduction Ac 990EZ, or 990-PF.	t Notice, see the Instructions for Form 990,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)

Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)	Page	<b>l</b> of	1 of <b>Part 1</b>
Name of organization	Employer iden	tification r	number
THE MURTHYNAYAK FOUNDATION, INC.	80-0016	494	

Parill	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MURTHY LAW FIRM  10451 MILL RUN CIRCLE	\$500,000.	Person X Payroll Noncash
	OWINGS MILLS, MD 21117		(Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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)

Page

1 to

1 of Part II

Name of organization
THE MURTHYNAYAK FOUNDATION, INC.

Employer identification number

80-0016494

Part II	Noncash Property	(see instructions) Us	se duplicate copie	s of Part II if additional s	oac	e is needed.	
(a) No. from Part I		(b) Description of nonc	) ash property give	n		(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A				i		
					┨.		
					\$_		
(a) No. from Part I		(b) Description of nonc	) ash property give	n		(c) FMV (or estimate) (see instructions)	(d) Date received
<del></del>					Γ		
					-		
					\$		
					٦-		
(a) No. from Part I		(b Description of nonc	) ash property give	n		(c) FMV (or estimate) (see instructions)	(d) Date received
					-		
					\$		
		<del></del>			<b> </b>		
(a) No. from Part I		(b Description of nonc	) ash property give	n		(c) FMV (or estimate) (see instructions)	(d) Date received
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BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

BAA

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

2011
CLIENT 104
11/08/12
STATEME FORM 99

#### **FEDERAL STATEMENTS**

PAGE 1

THE MURTHYNAYAK FOUNDATION, INC.

80-0016494

02.29PM

STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED <u>NET INCOME</u>	(D) CHARITABLE PURPOSES
TAX PREP	TOTAL	\$ 3,000. \$ 3,000.	\$ 0.	\$ 0.	\$ 0.

STATEMENT 2 FORM 990-PF, PART I, LINE 18 TAXES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FORM 990 PF TAX	TOTAL	\$ 5,269. \$ 5,269.	\$ 0.	\$ 0.	\$ 0.

#### STATEMENT 3 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

TOTAL	(3) DECORTOR	(B) HOW	(C) DATE	(D) DATE
ITEM		<u>ACQUIRED</u>	<u>ACQUIRED</u>	SOLD
1	97000 ALLSTATE BK CD	PURCHASED	12/10/2008	11/16/2011
2	245000 CITIBANK NA CD	PURCHASED	12/06/2010	12/20/2011
3	100000 DORAL BANK CD	PURCHASED	8/05/2008	2/15/2011
4	97000 GREYSTONE BK CD	PURCHASED	12/17/2009	2/28/2011
5	100000 JP MORGAN CHACE BK NA CD	PURCHASED	12/23/2009	6/30/2011
6	100000 LEHMAN BRO BK FSB CD	PURCHASED	4/14/2008	4/05/2011

	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	GROSS	DEPREC.	COST	GAIN	FMV	ADJ. BAS.	EXCESS	GAIN
<u>ITEM</u>	<u>SALES</u>	ALLOWED	<u>BASIS</u>	(LOSS)	_12/31/69	12/31/69	(I) - (J)	(LOSS)
1	97,000.		97,006.	-6.				\$ -6.
2	245,000.		245,000.	0:				0.
3	100,000.		100,006.	-6.				-6.
4	97,000.		97,004.	-4.				-4.
5	100,000.		100,000.	0.				0.
6	100,000.		99,996.	4.				4.
							TOTAL	\$ -12.

#### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT 104** 

THE MURTHYNAYAK FOUNDATION, INC.

80-0016494

11/08/12

02:29PM

STATEMENT 4
FORM 990-PF, PART VIII, LINE 1
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN SATIO		CONTRI- BUTION TO EBP & DC	
SHEELA MURTHY 11 COOL SPRINGS CT LUTHERVILLE, MD 21093	PRESIDENT 0	\$	0.	\$ 0.	\$ 0.
VASANT NAYAK 11 COOL SPRINGS CT LUTHERVILLE, MD 21093	VICE PRESIDENT 0		0.	0.	0.
SRINIVAS MURTHY 196 DEFENSE COLONY BANGALORE, INDIA,	TRUSTEE 0	ı	0.	0.	0.
KENNETH B. COEHLO 168 THE KINGSWAY TORONTO, ONTARIO,	TRUSTEE 0		0.	0.	0.
JOSEPH E. POLLAK 124 SLADE AVE BALTIMORE, MD 21208	TRUSTEE 0		0.	0.	0.
	TOTAL	\$	0.	\$ 0.	\$ 0.

### Form **8868** (Rev January 2012)

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

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

v

•	re filing for an Automatic 3-Month Extension, co				► X
•	re filing for an <b>Additional (Not Automatic) 3-Mon</b> t Inplete Part II unless you have already been grante		, , , , , , , , , , , , , , , , , , , ,		•
Electronic f corporation request an e Associated	filing (e-file). You can electronically file Form 886 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click	8 if you nee t automatic) Part I or Paust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele art II with the exception of Form 8870, Ir to the IRS in paper format (see instruct	to file ectronia	e (6 months for a cally file Form 8868 to tion Return for Transfers
Partill A	automatic 3-Month Extension of Time.	Only subm	ut original (no copies needed).		
	on required to file Form 990-T and requesting an			compl	ete Part I only
	rporations (including 1120-C filers), partnerships,			•	· —
income tax		, . <u>_</u> ,	·		number, see instructions
	Name of exempt organization or other filer, see instructions		•	<del></del>	yer identification number (EIN) or
Type or					
print	THE MURTHYNAYAK FOUNDATION, I	NC.		X  8	30-0016494
File by the due date for	Number, street, and room or suite number. If a P O box, see it			<del></del>	Social security number (SSN)
filing your return See	11 COOL SPRINGS CT				
instructions	City, town or post office, state, and ZIP code. For a foreign ad-	dress, see instru	uctions		
	LUTHERVILLE, MD 21093				
Enter the R	eturn code for the return that this application is fo	or (file a sej	parate application for each return).		04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-B	L	02	Form 1041-A		08
Form 990-E	Z	01	Form 4720		09
Form 990-P	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephor  If the or  If this is check the exter  I require until  The exter  Z  If the	As are in the care of SHEELA MURTHY  The No ganization does not have an office or place of but of for a Group Return, enter the organization's four his box of the group, of the group, of the group, of the group is for.  The set an automatic 3-month (6 months for a corporate in the group), and the group is for the organization's return for.  The calendar year 20 11 or the group is group in the group in the group is for the organization's return for.  The set an automatic 3-month (6 months for a corporate in group in the group is group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the group in the grou	digit Group check this b ation require ganization r	e United States, check this box Exemption Number (GEN) and attach a list with the na ed to file Form 990-T) extension of time eturn for the organization named above		nd EINs of all members
nonre	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	<del> </del>		3a	\$ 4,489.
payme	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	llowed as a	credit	3b	\$ 7,820.
c Balan EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment v instructions	with this form, it required, by using	3с	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Employer identification numb  X 80-0016494  Social security number (SSN	O4  Return Code
X 80-0016494 Social security number (SSN	04  Return Code
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	the names and EINs , 20 Final return