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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

Department of the Treasury	Treated as a Privat	e Foundation	dina raquiramanta	2012
For calendar year 2012 or tax year beginning	may be able to use a copy of this	, and ending	rting requirements	Open to public Inspection
Name of foundation		, und onding	A Employer identification	number
THE KRISHNARPAN FOUNDATI	ON		23-2629257	
Number and street (or P O box number if mail is not delivered to		Room/suite	B Telephone number	
966 HUNT DRIVE			218-288-12	00
City or town, state, and ZIP code YARDLEY, PA 19067-4244			C if exemption application is pe	ending, check here
G Check all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	check here
Final return	Amended return	······,		
Address change	Name change		Foreign organizations med check here and attach cor	eting the 85% test, nputation
H Check type of organization X Section 501(c)	(3) exempt private foundation		 E If private foundation stat	
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found:	ation	under section 507(b)(1)	
I Fair market value of all assets at end of year J Acc	ounting method X Cash	Accrual	F If the foundation is in a 6	0-month termination
(from Part II, col (c), line 16)	Other (specify)		under section 507(b)(1)((B), check here
	column (d) must be on cash			141
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessanly equal the amounts in column (a))	not (a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	15547.			(605) 205 5 5 7 7
2 Check If the foundation is not required to attach Sch				
Interest on savings and temporary cash investments				
4 Dividends and interest from securities	4961.	4961.	4961.	Statement 1
5a Gross rents		***************************************		
D Net rental income or (loss)			14	
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				·····
assets on line 6a		0.		
7 Capital gain net income (from Part IV, line 2)		0.	0.	·····
8 Net short-term capital gain 9 Income modifications		······································	0.	
Gross sales less returns and allowances				
D Less Cost of goods sold			The state of the s	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
CO c Gross profit or (loss)				
2 11 Other income				
2 12 Total. Add lines 1 through 11	20508.	4961.	4961.	
Z 13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14 Other employee salaries and wages				****
15 Pension plans, employee benefits				
16a Legal fees b Accounting fees				
c Other professional fees				
9 17 Interest				
16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes Stmt 2 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23	97.	0.	0.	0.
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (VFL) Stmt				·····
23_OtherexpensesEIVED Stmt	302.	0.	0.	0.
24 Total operating and administrative	399.	0.		_
expenses. Add lines 13 through 23 \\ 25 \Gentributions 13 through 23 \\ \Centributions \text{13 through 24 through 24 through 24 through 25 \\ \text{13 through 25 through	14358.	0.	0.	0. 14358.
25 Gentributional gitts, Grafits paid C	14330.	<u> </u>	<u> </u>	14330.
Add Imes 24-and 25 N	14757.	0.	0.	14358.
27 Subtracture 20 from line 12				
a Excess of revenue over expenses and disbursements	5751.			-1-1
b Net investment income (if negative, enter -0-)		4961.	77	
C Adjusted net income (if negative, enter -0-)			4961.	

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2012)

Ш	rail in			
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	86611.
2	Enter amount from Part I, line 27a		2	5751.
3	Other increases not included in line 2 (itemize)	ee Statement 4	3	2685
4	Add lines 1, 2, and 3		4	95047.
5	Decreases not included in line 2 (itemize)		5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30		6	95047

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		nd(s) of property sold (e g or common stock, 200 shs		. —	(b) How acquir P - Purchase D - Donation	• •) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
<u> 1a</u>		<u></u>						<u> </u>
b NO	NE							-
<u>c</u>					 			
<u>d</u>	-					-		+
(e) Gross sales price	(f) [Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain or (los (e) plus (f) minus	
<u>a</u>								
b	ļ	 						
<u>C</u>								_
<u>d</u>								
Complete only for accets chays	20 0010 10 4	column (h) and award by:	the foundation	on 12/21/60		(1) (
Complete only for assets show	Τ		1		\dashv		iains (Col. (h) gai k), but not less th	
(i) F M V as of 12/31/69	'	j) Adjusted basis as of 12/31/69		cess of cot (i) cot (j), if any	1	i i	Losses (from col	(h))
a			-					
b	 							-
C								
d								
е								
! Capital gain net income or (net c	apıtal loss)	If gain, also enter If (loss), enter -0	r in Part I, line ? - in Part I, line	7 7	} 2			
Net short-term capital gain or (lo	ss) as defi	•						
If gain, also enter in Part I, line 8	•		.0 (0)		}			
If (loss), enter -0- in Part I, line 8	1				<u> </u>			
Part V Qualification L For optional use by domestic private		ection 4940(e) for				it inco	me	
f section 4940(d)(2) applies, leave t Vas the foundation liable for the sec f "Yes," the foundation does not qua	ction 4942 alify under:	tax on the distributable an section 4940(e). Do not co	mplete this pa	<u>rt</u>				Yes X No
Enter the appropriate amount in	each colur	nn for each year, see the I	nstructions bef	fore making any e	entries			7.1
(a) Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying dis		Net value of no	(c) oncharitable-use		Disti (col (b) d	(d) ribution ratio livided by col (c))
2011			17513.			387.	ļ	.20040
2010			13621.			113. 550.		.15817
2009		·	8740. 6066.			422.		.29703
2008 2007			15845.			835.		1.14528
2007		······································	13043.			.033.		1.11320
? Total of line 1, column (d)							2	1.91658
3 Average distribution ratio for the	5-vear bas	se period - divide the total	on line 2 by 5.	or by the numbe	r of vears		- + -	
the foundation has been in existe	-	•	······································	o. b,	,		3	.38331
		war o years						
Enter the net value of noncharita	ble-use as:	sets for 2012 from Part X,	line 5				4	78143
Multiply line 4 by line 3							5	29954
Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6	50
7 Add lines 5 and 6							7	30004
3 Enter qualifying distributions fro	m Part XII.	line 4					8	14358
If line 8 is equal to or greater tha			th and comp	lete that part usu	no a 1% tax rate			
See the Part VI instructions			,					

Form	990-PF (2012) THE KRISHNARPAN FOUNDATION	23-	-2629	257	ı	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	instru	ctior	ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				99.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3				99.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	.			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				99.
	Credits/Payments					
	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a	_				
	Exempt foreign organizations - tax withheld at source	\dashv				
	Tax paid with application for extension of time to file (Form 8868)	\dashv				
d	Backup withholding erroneously withheld 6d 6d	_				^
	Total credits and payments Add lines 6a through 6d	7	-			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	ļ			00
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u>99.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	-			
11	Enter the amount of line 10 to be Credited to 2013 estimated tax	11	٠			
	rt VII-A Statements Regarding Activities			T	Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervention.	ne in		10	162	X
	any political campaign?	^		1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)			1b		Λ
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public	snea or				
_	distributed by the foundation in connection with the activities.			4.		х
	Did the foundation file Form 1120-POL for this year?			10		
q	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0 • (2) On foundation managers ▶ \$ 0					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
8	managers > \$ 0.					
9	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	n or				
Ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	., 0.		3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	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.			177777		
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 s	tate law				
	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	Х	
	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)					
	PA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	<u> </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 o	alendar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV		_	9	Х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	Stm	t 6	10	X	

X

3b

4a

N/A

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,

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

Form 4720, to determine if the foundation had excess business holdings in 2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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

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▶

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	nstructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	79333.
	Average of monthly cash balances	1b	
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	10	79333.
	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	79333.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1190.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	78143.
6	Minimum investment return. Enter 5% of line 5	6	3907.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a			, , , , ,
b	Income tax for 2012 (This does not include the tax from Part VI)]	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	14358.
-	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
-	Suitability test (prior IRS approval required)	3a	
	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	14358.
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	14358.
-	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
	40.40/a) and unknown of house to have an analysis	,	

Part XIII Undistributed Income (se	e instructions)	N/A		
	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only				
b Total for prior years				
g rotalion prior yours				
3 Excess distributions carryover, if any, to 2012	inddanadaac daaca aada			
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e				
4 Qualifying distributions for 2012 from				
Part XII, line 4 ► \$				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				transminimum reducer
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2012 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2012				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				•
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount - see instructions				
e Undistributed income for 2011 Subtract line	······································			<u> </u>
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2012 Subtract	······································			
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				
7 Amounts treated as distributions out of		······································	· · · · · · · · · · · · · · · · · · ·	
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a				
				<u> </u>
10 Analysis of line 9 a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012				

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Part Aiv Private Operating P	bundations (see instr	uctions and Part VII-P	, question s)		
1 a If the foundation has received a ruling o			05/0	11/02	
foundation, and the ruling is effective fo				01/02	
b Check box to indicate whether the found		foundation described in		942(J)(3) or 4942	(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2011	Prior 3 years (c) 2010	(d) 2009	(e) Total
income from Part I or the minimum	(a) 2012	(0) 2011	(6) 2010	(0) 2009	(e) iuiai
investment return from Part X for	2007	4260	4206	3778.	16360.
each year listed	3907.	4369.	4306.	3211.	13906.
b 85% of line 2a	3321.	3714.	3660.	3211.	13900.
c Qualifying distributions from Part XII,	14250	17512	12621	8740.	54232.
line 4 for each year listed	14358.	17513.	13621.	0/40.	34232.
d Amounts included in line 2c not					
used directly for active conduct of		0.	0.	0.	0.
exempt activities	0.	0.	0.	<u> </u>	
e Qualifying distributions made directly					
for active conduct of exempt activities	14350	17512	12621	9740	54222
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	14358.	17513.	13621.	8740.	54232.
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets	95047.	86611.	90825.	84023.	356506.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	95047.	86611.	90825.	84023.	356506.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0.
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization		j			0.
(4) Gross investment income					0.
Part XV Supplementary Info	rmation (Complete	this part only if	f the foundation l	had \$5,000 or mor	e in assets
at any time during t	he year-see instru	ctions.)			
1 Information Regarding Foundation	on Managers:			•	
a List any managers of the foundation wh year (but only if they have contributed r			butions received by the fo	oundation before the close	of any tax
None					
b List any managers of the foundation wh other entity) of which the foundation ha		stock of a corporation (c	or an equally large portion	i of the ownership of a part	nership or
None					
2 Information Regarding Contribut Check here ► X if the foundation of	only makes contributions to	preselected charitable o	rganizations and does no		
the foundation makes gifts, grants, etc a The name, address, and telephone num	·		· · · · · · · · · · · · · · · · ·	inplete iterns za, b, c, and b	
	·	.,			
b The form in which applications should be	pe submitted and informatio	n and materials they sh	ould include		
c Any submission deadlines					
d Any restrictions or limitations on award	s, such as by geographical a	areas, charitable fields, i	kinds of institutions, or ot	her factors	·

3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year			:	
VRAJ -PMVS OF NORTH AMERICA		TAX EXEPMT	GENERAL SUPPORT	
			GENERAL SUPPORT	4001.
AMERICAN LUNG ASSOCIATION		TAX EXEPMT	GENERAL SUPPORT	1000.
			SENERAL SUPPORT	1000.
AMERICAN RED CROSS		TAX EXEPMT		1000.
BUCKS COUNTY FOUNDATION		TAX EXEPMT	GENERAL SUPPORT	
CHILDERN'S HOSPITAL FOUNDATION		TAX EXEPMT	GENERAL SUPPORT	
Tatal See Con	tinuation shee)+(c)	▶ 3a	14250
b Approved for future payment	TCTIMACTOR SHEE	(5)	3a	14358.
None				
Total			▶ 3b	0.

Part XVI-A	Analysis	of Income-	Producina	Activities
T CII L AND 1 THE	MILEITSIS	OI HICOHIG	i i caaciiig	Acution

Enter gross amounts unless otherwise indicated	Uniferated	business income		led by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a					
b	.				
C					
d					
e					
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			03		4961.
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			ļ		
9 Net income or (loss) from special events					tana i a i
10 Gross profit or (loss) from sales of inventory			ļ		
11 Other revenue					
a	-				
b					
C					
d	_				
e	_				
12 Subtotal Add columns (b), (d), and (e)		0.		0.	4961.
13 Total. Add line 12, columns (b), (d), and (e)				13	4961.
(See worksheet in line 13 instructions to verify calculations)			_		
Part XVI-B Relationship of Activities	to the Accor	mplishment of E	(emp	t Purposes	
Line No. Explain below how each activity for which inc	ome is reported in	column (e) of Part XVI-A	contrib	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than	n by providing fund	ds for such purposes)			
4 WILL ASSIST TO HELP IN					
FOREIGN FOR EDUCATIONA	L, HEALT	HCARE AND F	RELI	GIOUS PURPOSE	s.
8 WILL ASSIST TO HELP IN	DIVIDUAL	S & OTHER E	ITN	TIES EIGHTER	DOMESTIC OR
FOREIGN FOR EDUCATIONA	L, HEALT	HCARE AND F	RELI	GIOUS PURPOSE	s

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Part XVII	Information Regarding Transfers To Exempt Organizations	and Transactions an	nd Relationships With Nonch	naritable	
4 Out the se		was with any other organization	decembed in control 501(a) of	Ves	No
	ganization directly or indirectly engage in any of the follow	•		163	110
	(other than section 501(c)(3) organizations) or in section	• •	ations		
	from the reporting foundation to a noncharitable exempt	organization of		1a(1)	Х
(1) Cash				1a(2)	X
(2) Other				18(2)	+
b Other tran				1b(1)	Х
• •	of assets to a noncharitable exempt organization nases of assets from a noncharitable exempt organization			1b(2)	X
	al of facilities, equipment, or other assets			1b(3)	X
	bursement arrangements			1b(4)	X
	s or loan guarantees			1b(5)	X
	rmance of services or membership or fundraising solicita	tions		1b(6)	X
	f facilities, equipment, mailing lists, other assets, or paid 6			10	X
•	wer to any of the above is "Yes," complete the following so	• •	avs show the fair market value of the good	<u> </u>	
	s given by the reporting foundation. If the foundation rece				
	i) the value of the goods, other assets, or services receive		,		
(a) Line no	(b) Amount involved (c) Name of noncharita	ble exempt organization	(d) Description of transfers, transactions, a	ind sharing arrangem	ents
	N/A				
		<u></u>			
			<u> </u>		
		 -			

 			-		
	ndation directly or indirectly affiliated with, or related to, of 501(c) of the Code (other than section 501(c)(3)) or in s	· -	ations described	☐ Yes 🖸	✓ No
b If "Yes," c	omplete the following schedule				
	(a) Name of organization	(b) Type of organization	(c) Description of relation	onship	
	N/A			· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·				
Unde	r penalties of penury, I declare that I have examined this return, inclu	uding accompanying schedules and s	statements, and to the best of my knowledge		
	elief, it is true, correct, and complete Declaration of preparer (other			May the IRS discuss return with the prepa shown below (see in	arer
Here	2000	1118111	Penzen	X Yes	No
Sig	nature of officer or trustee	Date	Title		
	Print/Type preparer's name Preparer'	s signature	Date Check If PT	IN	
	5000		self- employed		
Paid				01283164	ł
Preparer	Firm's name DILTP FATEL & COM	MPANY, LLP	Firm's EIN ► 22-	.3081331	
Use Only	Firm's address ► 2042 MORRIS AVE.				
	Firm's address > 2042 MORRIS AVE. UNION, NJ 07083	•	Bhans as and	3-688-423	3.4
	ONION, NO 07083		Phone no 908	Form 990-PF	
					1-015

Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient EKAL VIDHTALAYA FOUNDATION TAX EXEPMT GENERAL SUPPORT 4023 WESTHOLLOW PKY HOUSTON, TX 77082 3650. INSTITUTE OF JUSTICE TAX EXEPMT GENERAL SUPPORT 1500. SHREE BHAGWATH VIDYAPITH TAX EXEPMT GENERAL SUPPORT 1502. SAMARPAN TEMPLE TAX EXEPMT GENERAL SUPPORT 352. VEERAYATAN INTERNATIONAL TAX EXEPMT GENERAL SUPPORT 501. SHARE & CARE FOUNDATION TAX EXEPMT GENERAL SUPPORT 400. YARDLEY MAKEFIELD FIRE GENERAL SUPPORT TAX EXEPMT 452. Total from continuation sheets 8357.

Form 990-PF Dividend	ds and Inter	est from Sec	urities	State	nent	
Source	Gross		pital Gains Dividends		nn (A ount)
MORGANSTANLEY	 	4961.	0.		490	61.
Total to Fm 990-PF, Part I,	ln 4	4961.	0.		49	61.
Form 990-PF	Тах	es		Stater	nent	2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income			(d) arital urpose	
TAXES	97.	0		0.		0.
To Form 990-PF, Pg 1, ln 18	97.	0	·	0.		0.
Form 990-PF	Other E	xpenses		State	ment	3
Form 990-PF Description	Other E (a) Expenses Per Books	(b) Net Invest-		d Cha	(d) arital	ble
Description INVETMENT INTEREST	(a) Expenses	(b) Net Invest- ment Income	- Adjusted	d Cha	(d) arita	ble
Description INVETMENT INTEREST	(a) Expenses Per Books	(b) Net Invest- ment Income	Adjusted Net Incom	d Chane Pro	(d) arita	ble es
Description INVETMENT INTEREST FEES	(a) Expenses Per Books 287. 15.	(b) Net Invest- ment Income	Adjusted Net Incom	d Chane Pro	(d) arita urpos	ble es 0.
Description INVETMENT INTEREST FEES To Form 990-PF, Pg 1, ln 23	(a) Expenses Per Books 287. 15.	(b) Net Invest- ment Income	Adjusted Net Incom	d Chane Pool o.	(d) arita urpos	0. 0.
Description INVETMENT INTEREST FEES To Form 990-PF, Pg 1, ln 23 Form 990-PF Other Increase	(a) Expenses Per Books 287. 15. 302.	(b) Net Invest- ment Income (c) (d) (d) (ets or Fund	Adjusted Net Incom	d Chane Pool o.	(d) arital urpose ment	0. 0.

Form 990-PF	Other Investments	.	Statement	5
Description		Valuation Method	Book Val	ue
MORGANSTANLEY		Cost	779	86.
Total to Form 990-PF,	, Part II, line 13		779	86.
Form 990-PF	List of Substantial Contri Part VII-A, Line 10	lbutors	Statement	6
Form 990-PF Name of Contributor		Lbutors	Statement	6

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

THE KRISHNARPAN FOUNDATION

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

OMB No 1545-0047

2012

Name of the organization

Employer identification number

23-2629257

Organization type (check one): Filers of: Section: ___ 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

. Name of organization

Employer identification number

THE KRISHNARPAN FOUNDATION

23-2629257

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional copies of Part I if additional copi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MUKUND SHETH 966 HUNT DR. YARDLEY, PA 19067	\$12000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and En +4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

KRISHN01

Name of organization

Employer identification number

THE KRISHNARPAN FOUNDATION

23-2629257

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

Employer identification number

THE KR	ISHNARPAN FOUNDATION			23-2629257				
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	ne following line entry. For organization c., contributions of \$1,000 or less for	ns completing Part III, enter					
(a) No.	Ose duplicate copies of Part III il addition	ar space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
-		(e) Transfer of gift						
		(-,						
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of trai	nsferor to transferee				
								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
Part I								
				 				
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No.		4 3 3 4 5 5	(12					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
				 .				
	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4		Helationship of tra	nsferor to transferee				
	· · · · · · · · · · · · · · · · · · ·							
(a) No		<u> </u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held				
}	(e) Transfer of gift							
	(a)a. a. a							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
				,_				

KRISHN01

Form 8868

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			► X
	re filing for an Additional (Not Automatic) 3-Month Ext					
	omplete Part II unless you have already been granted a					
	c filing (e-file). You can electronically file Form 8868 if y					
	o file Form 990-T), or an additional (not automatic) 3-mor					
	file any of the forms listed in Part I or Part II with the exc					
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing	of this form,
risit www	irs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time					
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I only	•					▶ ∟
	orporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reque:	st an exten	sion of time	
o file inco	ome tax returns.			1		,
Type or	Name of exempt organization or other filer, see instru-	ctions		Employer	identification	on number (EIN) or
orint						
	THE KRISHNARPAN FOUNDATION				<u>23-26</u>	29257
file by the due date for	Number, street, and room or suite no. If a P O. box, so	ee instruct	tions.	Social se	curity numb	er (SSN)
iling your eturn See	966 HUNT DRIVE	- 				
nstructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
	YARDLEY, PA 19067-4244					
						المسالين
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
						
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990	-BL	02	Form 1041-A			08
Form 472	0 (Individual)	03	Form 4720		_	09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	MUKUND SHETH					
• The bo	ooks are in the care of ▶ 966 HUNT DRIVE	- YA	RDLEY, PA 19067			
Teleph	one No. ► 215-288-1200		FAX No. ▶			
• If the c	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □
If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	the whole	group, check this
oox ▶ [. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	of all memb	ers the exte	nsion is for.
1 I re	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	e until		
	August 15, 2013, to file the exemp	t organiza	tion return for the organization nam	ned above.	The extensi	on
is fo	or the organization's return for					
▶[X calendar year 2012 or					
▶[tax year beginning	, an	nd ending		_ •	
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n	
	Change in accounting period					
		··				
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
nor	refundable credits. See instructions.			3a	\$	0.
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	1		
	imated tax payments made. Include any prior year overs			3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	If you are going to make an electronic fund withdrawal				EO for pavn	
	or Privacy Act and Panerwork Reduction Act Notice		•			8868 (Rev. 1-2013)

223841 01-21-13

Form 8868

(Rev. January 2013)
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 yo	u are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do no	t complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
Electro	onic filing <i>(e-file).</i> You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months for a cor	poration
require	d to file Form 990-T), or an additional (not automatic) 3-more	nth extens	sion of time. You can electronically fi	le Form 8	868 to request an	extension
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	Fransfers .	Associated With C	Certain
Person	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details of	on the elec	ctronic filing of this	s form,
visit wi	ww.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corp	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I c	only					▶ □
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time	
Туре о	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nur	nber (EIN) or
print	THE KRISHNARPAN FOUNDATION				23-26292	57
File by th	e Number street and seem as suite as 16 a D.O. have a	ee Instruc	tions.	Social se	curity number (SS	
filing you return Se	966 HUNT DRIVE					
instructio	ns City, town or post office, state, and ZIP code. For a for YARDLEY, PA 19067-4244	oreign add	ress, see instructions.			
Enter t	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720	· <u>-</u>		09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	MUKUND SHETH					
• The	books are in the care of ▶ 966 HUNT DRIVE	- YAI	RDLEY, PA 19067			
Tele	phone No. ► 215-288-1200		FAX No. ▶			
• If th	e organization does not have an office or place of business	in the Ur	itted States, check this box			▶ □
• If th	is is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) I	f this is fo	r the whole group,	check this
box ▶	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension	ıs for.
1	request an automatic 3-month (6 months for a corporation August 15, 2013, to file the exempt	-	<u> </u>		The extension	
- is	s for the organization's return for:	uganza	tion return for the organization name	auuve.	THE EXICHSION	
	X calendar year 2012 or					
•	tax year beginning	. an	d endina		_	
					<u></u> -	
2 l	the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: Initial return I	Final retur	n	
	Change in accounting period					
	this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, e	nter the tentative tax, less any			^
_	onrefundable credits. See instructions.			3a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-				^
_	stimated tax payments made. Include any prior year overp		•	3b	\$	0.
	lalance due. Subtract line 3b from line 3a. include your pay					Λ
	y using EFTPS (Electronic Federal Tax Payment System). S	see Instru	ctions.	3c	\$	0.

Form 8868 (Rev. 1-2013)					Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month I	Extension, c	complete only Part II and check this	s box		▶ X	
Note. Only complete Part II if you have already been granted ar				3868.	· —	
 If you are filing for an Automatic 3-Month Extension, comp 		•				
Part II Additional (Not Automatic) 3-Month			al (no co	nies	needed)	
Additional (Not Automato) o month	<u> </u>					
		Enter mer s			ber, see instructions	
- 12						
print mue voicumadon ecumonaton					-2629257	
File by the due date for Number street, and room or suite no. If a P.O. box, see Instructions						
filing your	Number, street, and footh of suite no. If a F.O. box, see instituctions.		Social se	curity n	umber (SSN)	
return See 1966 HUNT DRIVE						
City, town or post office, state, and zir code. For a	ı foreign add	ress, see instructions.				
YARDLEY, PA 19067-4244						
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0 4	
						
Application	Return	Application			Return	
Is For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08_	
Form 4720 (individual)	03	Form 4720	_		09	
Form 990-PF	04	Form 5227	,		10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grant	ed an auton	natic 3-month extension on a prev	riously file	d Forn	n 8868.	
MUKUND SHETH						
• The books are in the care of ▶ 966 HUNT DRIV	E – YAI	RDLEY, PA 19067				
Telephone No. ► 215-288-1200		FAX No. ▶				
If the organization does not have an office or place of business.	ess in the Un			••	_ ▶ □	
If this is for a Group Return, enter the organization's four dig			f this is fo	the w	nole group, check this	
box ▶ ☐ . If it is for part of the group, check this box ▶		ich a list with the names and EINs o				
4 I request an additional 3-month extension of time until		per 15, 2013.	- CII THOMB	010 (110	CATORIOION IS TON	
5 For calendar year 2012, or other tax year beginning		, and endin				
6 If the tax year entered in line 5 is for less than 12 months	check reas		Final r	eturn	<u> </u>	
Change in accounting period	, onoon roug	on minarecom	;	Cluin		
7 State in detail why you need the extension						
All information needed to fi	le the	return not availa	ble.			
		Todarii iloo avarra	<u> </u>			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069 e	nter the tentative tax less any				
nonrefundable credits. See instructions.	, o. oooo, o	mor the terrality tax, loss any	8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 606	9 enter any	refundable credits and estimated				
tax payments made. Include any prior year overpayment	-					
previously with Form 8868.	allowed as a	credit and any amount paid	8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include your	navment wit	h this form if required by uping	- 00	9		
EFTPS (Electronic Federal Tax Payment System). See ins		ir this form, ir required, by using	8c	\$	0.	
		st be completed for Part II		P		
Under penalties of perjury, I declare that I have examined this form, incl		-	•	f my ke	nuladas and ballet	
it is true, correct, and complete, and that I am authorized to prepare this				i iiiy Ki%	owieuge allu beilet,	
Signature Title		IP PATEL & COMPANY LLF) Data	_ {	3.2.19	
Organica V Title		2042 MORRIS AVENUE	Date	_		
				F1	orm 8868 (Rev. 1-2013	
<u> </u>		UNION, NJ 07083				