

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter Social Security numbers on this form as it may be made public. OMB No 1545-0052

Department of the Treasu Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of

For	calendar year 2013 or tax y	ear beginning		, and ending		
Nar	me of foundation				A Employer identification	number
		A PATEL FOUND			77-0490360)
	•	ber if mail is not delivered to street	address)	Room/suite	B Telephone number	
	501 TRUXTUN		-4-1 4.		661-322-22	 - · ₁ +
	y or town, state or province, BAKERSFIELD,	country, and ZIP or foreign p CA 93309	ostal code		C If exemption application is p	pending, check here
	Check all that apply:	Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	s check here
	[Final return	Amended return	, ,		,
		Address change	Name change		Foreign organizations mu check here and attach co	eeting the 85% test, omputation
H C	Check type of organization:	X Section 501(c)(3) ex			E If private foundation sta	itus was terminated
<u></u>	Section 4947(a)(1) none		Other taxable private founda		under section 507(b)(1)(A), check here
	air market value of all assets		ng method: X Cash	Accrual	F If the foundation is in a	
7	rom Part II, col. (c), line 1 •\$ 11 , 4	68,657. (Part I, colu	her (specify) mn (d) must be on cash t	oasis)	under section 507(b)(1)(B), cneck nere
<u> </u>		e and Expenses columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
ـــار	(The total of amounts in necessarily equal the an	columns (b), (c), and (d) may not nounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
-	1 Contributions, gifts, g	rants, etc., received	643,251.		N/A	
		adation is not required to attach Sch. B	35 054	35 654		
	3 cash investments		37,954. 125,335.	37,954. 123,568.		STATEMENT 1
	4 Dividends and interes 5a Gross rents	t from securities	<34,525.			STATEMENT 2 STATEMENT 3
	b Net rental income or (loss	<34,525.>	(34,323)	(34,323)		DIAILIMENT 3
41	68 Net gain or (lose) from ea		306,906.			
Revenue	b Gross sales price for all assets on line 6a	7,837,400.				
eve eve	7 Capital gain net income (from Part IV, line 2)		306,906.		
_	8 Net snort-term capita					
	9 Income modifications Gross sales less returns	; 		·		
	10a and allowances b Less Cost of goods sold	S Pan grant 1				
	c Gross profit or (loss)					
	11 Other ncome	000	14,840.	14,840.		STATEMENT 4
_	12 Total Add lines Ath		1,093,761.	448,743.		
	13 Compensation of officers	directors, trustees, etc	0.	0.		0.
	14 Other employee salar	- · ·				
nses	16a Legal fees	yee-benefits		 		
ens	1				<u> </u>	
Ë	c Other professional fee	98				
ive	17 Interest		15,404.	15,404.		0.
stra	18 Taxes	STMT 5	1,807.	0.		0.
įį	19 Depreciation and dep	letion		· · · · · · · · · · · · · · · · · · ·		
Adm	20 Occupancy 21 Travel, conferences, a	and meetings				
Operating and Administrative Exper	22 Printing and publicati	_			-	
g	23 Other expenses	STMT 6	86,779.	86,695.		0.
rati	24 Total operating and					
ğ	expenses. Add lines	-	103,990.	102,099.		0.
_	25 Contributions, giπs, g	·	1,693,484.			1,693,484.
	26 Total expenses and Add lines 24 and 25	uisuursements.	1,797,474.	102,099.		1,693,484.
	27 Subtract line 26 from	line 12:		202,000.		1,000,404.
		xpenses and disbursements	<703,713.	>		
	b Net investment incor	·		346,644.		
7777	c Adjusted net income				N/A	
3235	01 0-13 LHA For Paperwo	rk Reduction Act Notice, see	instructions.	_		Form 990-PF (2013)

323511 10-10-13

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5 Decreases not included in line 2 (itemize)

Part IV	Capital Gains	and Losses for Tax o	<u>in investment</u>	Income							
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(c) Date a mo., da	acquired ay, yr.)	(d) Date (mo., day			
1a											
b SE	E ATTACHED	STATEMENTS									
C						<u> </u>					
d								_	_		
е	<u>-</u>	· · · · · · · · · · · · · · · · · · ·			L	-·					
(e) G	ross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(ain or (loss (f) minus (
8					_	<u>_</u>			 		· · · · · · · · · · · · · · · · · · ·
<u>b</u>											
C					\perp						
d					\perp						
e	7,837,400.			<u>7,530,49</u>	4.					306,	906.
Complete	e only for assets showir	ig gain in column (h) and owne	ed by the foundation	on 12/31/69			(I) G	ains (C	ol. (h) gain	minus	
(i) F.M.	V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (J), if any					ot less that (from col. (
8					\mathbb{I}						
b											
С											
d										· -	
е			1				_			306,	906.
2 Capital ga	in net income or (net ca	If gain, also	enter in Part I, line iter -0- in Part I, line	7	}	2	·				906.
	`	, ((.000), 0	-	•	7						
		ss) as defined in sections 1222	(5) and (6):		٦١						
	so enter in Part I, line 8, enter -0- in Part I, line 8	columni (c).			1	2			N/A		
		nder Section 4940(e	for Reduced	Tax on Net	Inve	stment	Inco	me	и/и		
(FUI OPIIUNAI	use by domestic private	e foundations subject to the sec	ction 4940(a) tax on	net investment in	come.)					
If section 494	10(d)(2) applies, leave ti	his part blank.									
		•									
Was the foun	dation liable for the sec	tion 4942 tax on the distributat	ole amount of any ye	ear in the base per	ıod?					Yes L	X No
		lify under section 4940(e). Do i									
1 Enter the		each column for each year; see	the instructions be	fore making any ei	ntries.					121	
	(a) Base period years	(b			(c)				Distrib	(d) outlon ratio	
	ear (or tax year beginni	ng in) Adjusted qualifyii	•	Net value of no				((col. (b) div	ided by col. (
	2012		610,146.		<u>11,</u>	026,6	52.				5334
	2011		585,645.		10,	258,5	63.			.05	7088
	2010		366,734.		8,	433,4	30.			.04	3486
	2009		297,200.		7,	043,7	16.			.04	2194
	2008		285,500.			272,5					5516
2 Total of le	ne 1, column (d)							2		. 24	3618
	• • •	5-year base period - divide the	total on line 2 by 6	or by the number	of you	ro		-			3010
			total off fine 2 by 5,	or by the number	UI yea	15				0.4	8724
the lourida	ation has been in existe	nce it less than 5 years						3		.04	0/24
4 Enter the	net value of noncharitat	ole-use assets for 2013 from Pa	art X, line 5					4	1	0,963,	394.
										F 0 4	100
5 Multiply li	ne 4 by line 3							_ 5		534,	180.
								l			
6 Enter 1%	of net investment incon	ne (1% of Part I, line 27b)						6		3,	466.
]				
7 Add lines	5 and 6							7		537,	646.
							Ì				
8 Enter qual	lifying distributions fron	n Part XII, line 4						8		1,693,	484.
	equal to or greater than art VI instructions.	line 7, check the box in Part V	l, line 1b, and comp	lete that part using	g a 1%	tax rate.					

	990-PF (2013) RAVI AND NAINA PATEL FOUNDATION		0490			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see ir	nstru	ctio	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	i				
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			3,4	66.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1				
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			3,4	66.
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			3,4	66.
6	Credits/Payments:					
8	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 3,042	•				
þ	Exempt foreign organizations - tax withheld at source 6b	_]	į			
C	Tax paid with application for extension of time to file (Form 8868)					
đ	Backup withholding erroneously withheld 6d		ł			
7	Total credits and payments. Add lines 6a through 6d	7			3,0	<u>42.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			4	24.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2014 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervel	ne in			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?		1b		X
	If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities and copies of any materials published	hed or				
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ļ			
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0	<u>•</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		İ			
	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u>
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
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 of the state	ite law	1		17	
_	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part 3	(V		7	X	
_						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	CA					
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)			ا ا	v	
_	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calculations of the break house because 2002 (as a section 4942(j)(4)) or 4942(j)(5) for calculations of the break house because 2002 (as a section 4942(j)(4)) or 4942(j)(5) for calculations of the break house because 2002 (as a section 4942(j)(4)) or 4942(j)(5) for calculations of the break house because 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house because 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house because 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house because 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for calculations of the break house 2002 (as a section 4942(j)(5)) or 4942(j)(5) for	uendar				v
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	v	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	-	لـــِـــا	10	X	0040

▶

3 NONE

Total. Add lines 1 through 3

All other program-related investments. See instructions.

_	M 990-PF (2013) RAVI AND NATINA PAILL FOUNDATION	77-0490360	Page 6
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a 9,068 1b 2,062	,182.
b	Average of monthly cash balances	1b 2,062	,167.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 11,130	,349.
e	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 11,130	,349.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 166	,955.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 10,963	,394.
6	Minimum investment return. Enter 5% of line 5	6 548	,170.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an		
_	foreign organizations check here and do not complete this part.)		150
1	Minimum investment return from Part X, line 6	1 548	,170.
	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c 3	,466.
3	Distributable amount before adjustments. Subtract line 2c from line 1		,704.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 544	,704.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 544	,704.
P	Qualifying Distributions (see instructions)		
- 1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 1,693	,484. 0.
Ь	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
	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		,484.
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 3	,466.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 1,690	
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		<u>,</u>
	4940(e) reduction of tax in those years.	7-2	

Part XIII Undistributed Income (se	ee instructions)			
	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	· · · · · · · · · · · · · · · · · · ·	·		544,704.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
, ,	1	0.		
3 Excess distributions carryover, if any, to 2013:			*· · · · · · · · · · · · · · · · · · ·	
a From 2008				
b From 2009				
c From 2010				
dFrom 2011 35,904.				
eFrom 2012 61,681.				
f Total of lines 3a through e	97,585.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ▶\$ 1,693,484.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			-
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				544,704.
e Remaining amount distributed out of corpus	1,148,780.			
Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,246,365.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must		:		
be distributed in 2014				0.
7 Amounts treated as distributions out of		i	!	
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	0			
not applied on line 5 or line 7	0.		· · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2014	1 246 265	İ		
Subtract lines 7 and 8 from line 6a	1,246,365.			
10 Analysis of line 9:	ľ			
a Excess from 2009		,		
b Excess from 2010 c Excess from 2011 35,904.				
	ľ			
	Į			
e Excess from 2013 1,148,780.				

Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Purpose of grant or Foundation Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ALLIANCE AGAINST FAMILY VIOLENCE CHARITY FOR ASSISTANCE IN FIGHTING DOMESTIC 1921 19TH STREET VIOLENCE AND SEXUAL BAKERSFIELD, CA 93301 ASSAULT. 27,500. BAKERSFIELD HOMELESS CENTER CHARITY FOR HOMELESS AND POOR 1600 EAST TRUXTUN AVENUE TO EQUIP THEM FOR SELF-SUFFICIENT & BAKERSFIELD, CA 93309 PRODUCTIVE FUTURE, 40,584. BAKERSFIELD SPORTS FOUNDATION CHARITY FOR THE ENCOURAGEMENT AND PROMOTION OF PO BOX 13221 BAKERSFIELD, CA 93389 FITNESS AND SPORTSMANSHIP, THE SPONSORSHIP AND 9,000. CHARITY FOR ASSISTANCE TO BRAHMANANDA SARASWATI FOUNDATION 70 BROAD STREET PROMOTE WORLD PEACE. NEW YORK, NY 10004 1,614,600. CHARITY SERVING FOSTER COVENANT COMMUNITY SERVICES, INC. CHILDREN, FOSTER 1700 N. CHESTER AVE. BAKERSFIELD, CA 93308 FAMILIES, FOSTER YOUTH AND FORMER FOSTER YOUTH THROUGH AN ARRAY 1,300. SEE CONTINUATION SHEET(S) 1,693,484. Total ➤ 3a **b** Approved for future payment NONE 0. Total **▶** 3b

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		y section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion code	Amount	function income
a					
b					
<u> </u>					
d	_				
e	- 				
f	_				
g Fees and contracts from government agencies		·· · · · · · · · · · · · · · · · · · ·			·
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	37,954.	
4 Dividends and interest from securities			14	125,335.	
5 Net rental income or (loss) from real estate:				· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property	531190	<34,525	5.5		
b Not debt-financed property		<u> </u>	-1 1		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			15	26.	14,814.
8 Gain or (loss) from sales of assets other			11		
than inventory			18	306,906.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
8					
b	_				
C					
d					
e		-			
12 Subtotal. Add columns (b), (d), and (e)		<34,525	5.>	470,221.	14,814.
13 Total. Add line 12, columns (b), (d), and (e)				13	450,510.
(See worksheet in line 13 instructions to verify calculations	.)				

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

LINE NO.	the foundation's exempt purposes (other than by providing funds for such purposes).
	N/A

				FOUNDATION			490360	Page 13_
Part)			sfers To a	nd Transactions a	nd Relations	hips With Non	charitable	
	Exempt Organ				 	5044 \ 6		Zal Nia
	the organization directly or indi					ion 501(c) of		es No
	Code (other than section 501(c				izations?			
	nsfers from the reporting found	ation to a noncharitat	ble exempt org	janization of:			1	👽
٠,	Cash						1a(1)	X
(2) Other assets								X
	er transactions:							🕠
	Sales of assets to a noncharita						1b(1)	<u> X</u>
٠,	Purchases of assets from a no	•	organization				1b(2)	X
	Rental of facilities, equipment,						1b(3)	X
(4)	Reimbursement arrangements	;					1b(4)	X
	Loans or loan guarantees						1b(5)	X
٠,	Performance of services or mo	•	=				1b(6)	X
	iring of facilities, equipment, ma						1c	X
	ie answer to any of the above is		_	* *	-	_		s,
	services given by the reporting t			ed less than fair market valu	e in any transaction	n or sharing arrangem	ent, show in	
	umn (d) the value of the goods,			 	1 (8			
(a)Line n	(b) Amount involved	(c) Name of		exempt organization	(0) Description	n of transfers, transaction	s, and sharing arrar	gements
			N/A				****	
		<u> </u>						
					<u> </u>	2-1		
							<u> </u>	
		1						
		<u> </u>						
				 -				
		<u> </u>						
2a ist	he foundation directly or indire	ctly affiliated with, or i	related to, one	or more tax-exempt organi	zations described			
ın s	section 501(c) of the Code (othe	er than section 501(c))(3)) or in sect	ion 527 ?			L Yes	X No
b_lf "	es," complete the following scl							
	(a) Name of or	ganization		(b) Type of organization		(c) Description of rela	ationship	<u></u>
	N/A							
	Y ***			<u>L.</u>	<u> </u>			_
	Under penalties of perjury, I declar and belief, it is true, correct, and	that I have examined the Implete Declaration of pr	is return, includin reparer (other thai	ig accompanying schedules and n taxpayer) is based on all inform	statements, and to the nation of which prepare	er has any knowledge	May the IRS dis	
Sign				1 11/2-1116			shown below (s	ee instr)?
Here				<u> </u>	PRESI	DENT	_ LÃAL Yes	U No
	Signature of officer or truste		I Droperorie =	Date /	Title	Check if [PTIN	
	Print/Type preparer's r	ant	Preparer's	ignature // a	Date 17-14	self- employed	1 114	
المنط	annaanu a	DDAIDI	See	esse I Brann	11-11-14	aen- empioyeu	D001000	70
Paid	GREGORY G		1/ 7		٢	Firm's EIN ► 33	P001928	
Prep		IZ MHM, LL		, O		FIRM'S EIN > 33	-013138	1

(661)325-7500

SUITE 800

Phone no.

Firm's address ▶ 5060 CALIFORNIA AVE.,

BAKERSFIELD, CA 93309

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. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No 1545-0047

Name of the organization

Employer identification number

77-0490360

	RAVI AND NAINA PATEL FOUNDATION	77-0490360					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	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	,					
Note. Only a section 50	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule. See instructions.					
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo emplete Parts I and II.	ore (in money or property) from any one					
Special Rules							
509(a)(1) and 1	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	_					
total contribute	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year							
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Sci on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or neet 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) (2013)

Name of organization

Employer identification number

RAVI AND NAINA PATEL FOUNDATION

77-0490360

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	MICHAEL & SUSAN DILLBECK 1109 W. UNIVERSITY AVENUE CHAMPAIGN, IL 61821	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	ZORA GILL 8711 BEAU MAISON WAY BAKERSFIELD, CA 93311	\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	SATISH & VARSHA DESAI 4911 VISTA DELMAR AVENUE BAKERSFIELD, CA 93311	\$151.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
323452 10.		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2013)		

Employer identification number

RAVI AND NAINA PATEL FOUNDATION

77-0490360

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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			
			990, 990-EZ, or 990-PF) (2013			

Name of org	panization	· · · · · · · · · · · · · · · · · · ·	Employer identification number					
RAVI A	AND NAINA PATEL FOUNDAT	ION	77-0490360					
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and th the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	idual contributions to section 501(c) le following line entry. For organization ., contributions of \$1,000 or less for t	(7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year. (Enter this information once)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.	(b) Dumana of sith	(a) lies of gift	(d) Description of how gift is held					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is need					
		(e) Transfer of gift						
	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

Part IV Capital Gains and Lo	sses for Tax on Investment Income						
	describe the kind(s) of property solution of common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a CHARLES SCHWAB	P	VARIOUS V	ARIOUS				
b CHARLES SCHWAB	P		ARIOUS				
c MERRILL LYNCH	P		ARIOUS				
d MERRILL LYNCH	P		ARIOUS				
e CHARLES SCHWAB	- #8998		P		ARIOUS		
CHARLES SCHWAB			P		ARIOUS		
g CHARLES SCHWAB			P		ARIOUS		
h PASSTHROUGH AS		K-1	P		ARIOUS		
PASSTHROUGH AS		K-1	P		ARIOUS		
PASSTHROUGH AR			P		ARIOUS		
k PASSTHROUGH AR			P	<u></u>	ARIOUS		
PASSTHROUGH AS		SEC 1256 K-1	P		ARIOUS		
m PASSTHROUGH AS		SEC 1256 K-1	P		ARIOUS		
n PASSTHROUGH AR		C 1256 K-1	P		ARIOUS		
O PASSTHROUGH AR		C 1256 K-1	P		ARIOUS		
0 PADSTINGUGII AK) Gain or (loss)	AKIOUS		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		olus (f) minus (g)			
a 1,693,537.		1,510,315.		1	83,222.		
b 109,602.		75,829.	<u>-</u>		33,773.		
c 154,206.		175,502.			21,296.		
d 556,024.		635,422.			79,398.		
e 78,827.		169,918.		•	91,091.		
f 155,350.		73,939.			81,411.		
g 5,020,302.		4,887,139.		1	33,163.		
h 43,513.					43,513.		
5,703.					5,703.		
1		2,430.			<2,430.		
k 7,322.					7,322.		
12.					12.		
m 18.					18.		
n 12.					12.		
0 17.			-		17.		
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	sses (from col. (h))			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")				
a					83,222.		
b					33,773.		
					21,296.		
d					79,398.		
e					91,091.		
- f					81,411.		
·				1	33,163.		
h		·			43,513.		
					5,703.		
1					<2,430.		
J		-			$\frac{2,430.}{7,322.}$		
1				_	12.		
1	 	ļ			18.		
m		<u> </u>	·		12.		
n -					17.		
0					1/.		
2 Capital gain net income or (net ca	apital loss) { If gain, also enter "-0	in Part I, line 7 -" in Part I, line 7	2	. <u>.</u> .			
If gain, also enter in Part I, line 8,		· · · · · · · · · · · · · · · · · · ·					
If (loss), enter "-0-" in Part I, line 8)		3				

RAVI AND NAINA PATEL FOUNDATION

Part IV | Capital Gains and Losses for Tax on Investment Income

	describe the kind(s) of property sold	Le o real estate	(b) How acquired	(c) Date acquired	(d) Date sold
2-story br	rick warehouse; or common stock, 20	P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(mo., day, yr.)	
1a PASSTHROUGH FR	ANCISCO PARTNERS	P	VARIOUS	VARIOUS	
	EP VII COMMERCIA	P	VARIOUS	VARIOUS	
c CHARLES SCHWAB		IN DISTRIBUTION	P		VARIOUS
d CHARLES SCHWAB	#4729 - CAP. GA	IN DISTRIBUTION	P	VARIOUS	VARIOUS
<u>e</u>					
f				<u> </u>	
9					
<u>h</u>				 	
				 	
k					
1	-				
m					
n					
0				<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h (e) (i) Gain or (loss) plus (f) minus (g)	
a 11,963.					11,963.
b 19.					19.
c 193.					193.
d 780.			-		780.
e f				-	
g					
h					
1					
k					
<u> </u>					
m					
0					
	ng gain in column (h) and owned by t	he foundation on 12/31/69	(I) Lo	sses (from col. (h))
#NEAAN (40/04/00	(j) Adjusted basis	(k) Excess of col. (ı)	Gains (excess	of col. (h) gain ove	r col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	Dut r	not less than "-0-")	
а					11,963.
b					19.
C					193. 780.
<u>d</u>					780.
<u>e</u> f			 		
g					· · · ·
h		· · · · · · · · · · · · · · · · · · ·	- t		
1					
I					
<u>k</u>					
<u>m</u>				 	
<u>n</u> 0					
-	<u> </u>	5 5			
2 Capital gain net income or (net ca	ipital loss) { If gain, also enter If (loss), enter 10-0-	in Part I, line / - in Part I, line 7	2		306,906.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and	d (6):			
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	}		NT / N	
ii (1055), eillei -u- III rait i, IIIIe (,		3	N/A	

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of show any relationship to Amount any foundation manager Name and address (home or business) recipient or substantial contributor CHARITY PROJECT GOODLIFE 117 W FERRY STREET 500. BERRIEN SPRINGS, MI 49103 500, Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVING	S AND TEMPOR	ARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE		(A) REVENUE PER BOOK		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	3
INTEREST FROM BANKS/INVESTMENTS		37,9	54.	37,954.		
TOTAL TO PART I, LI	NE 3	37,9	54.	37,954.		
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECU	JRITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
DIVIDEND INCOME FROM INVESTMENTS NONDIVIDEND	123,568.	0.	123,568	3. 123,56	58.	
DISTRIBUTIONS	1,767.	0.	1,767	7.	0.	
TO PART I, LINE 4	125,335.	0.	125,335	123,56	58.	
FORM 990-PF	**************************************	RENTAL INCOM	E		STATEMENT	3
KIND AND LOCATION C	F PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INC	OME
NET RENTAL REAL EST	ATE LOSS FRO	OM PASSTHRUS		1	<34,5	25.>
TOTAL TO FORM 990-F	PF, PART I, I	LINE 5A			<34,5	25.>

FORM 990-PF	OTHER	INCOME		STATEMENT	4
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
ROYALTIES FROM PASSTHROUGHS OTHER INCOME FROM PASSTHROUGH SECTION 1231 GAIN FROM PASSTH		26. 12,408. 2,406.	12,408.	•	
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	14,840.	14,840		
FORM 990-PF	T?	AXES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
STATE TAXES FOREIGN TAXES	1(1,797).).		0.
TO FORM 990-PF, PG 1, LN 18	1,807	7.).		0.
FORM 990-PF	OTHER	EXPENSES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
LICENSES & PERMITS INVESTMENT FEES PORTFOLIO DEDUCTIONS 50% CHARITABLE CONTRIBUTIONS	75 24,529 30,451	24,529 L. 30,453	l.		0. 0. 0.
FROM PASSTHROUGHS ORDINARY LOSS FROM PASSTHROUGHS BANK SERVICE CHARGES	7,182	2. 7,182	5. 2. J.		0.
PROFESSIONAL FEES MANAGEMENT FEES	312 24,215	2. 312	2.		0.
TO FORM 990-PF, PG 1, LN 23	86,779	86,69! =======	5. 		0.

FORM 990-PF 07	THER FUNDS		STATEMENT 7
DESCRIPTION		(A) BEGINNING OF YEAR	(B) END OF YEAR
ENDOWMENT FUND		10,444,200.	9,740,487.
TOTAL TO FORM 990-PF, PART II, LINE	3 29	10,444,200.	9,740,487.
FORM 990-PF OTHE	R INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB - 8998	COST	1,684,323.	2,804,504.
MERRILL LYNCH - 4124	COST	659,559.	1,018,109.
ASCEND PARTNERS II LP	COST	804,091.	839,425.
EDUCATION LOANS	COST	158,394.	158,394.
CHARLES SCHWAB - 7421	COST	931,453.	1,019,242.
FRANCISCO PARTNERS III - CAYMAN LP FRANCISCO PARTNERS III LP	COST COST	302,371. 194,810.	379,915. 278,396.
ARMOR QUALIFIED LP	COST	503,872.	560,105.
WW MULTISTATE PROPERTIES I LLC -	COST	303,072.	300,103.
OLYMPUS PROPERTY	0051	415,019.	415,085.
FRANCISCO PARTNERS III - DOMESTIC	COST	,	,
AIV L.P.		79,562.	98,367.
BREP VII COMMERCIAL REAL ESTATE	COST		
TRUST		499,764.	483,161.
JP MORGAN FOUNDATION	COST	306,000.	306,000.
CHARLES SCHWAB - 4729	COST	1,741,578.	1,648,263.
TOTAL TO FORM 990-PF, PART II, LINI	E 13	8,280,796.	10,008,966.

Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 •

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			ightharpoonup
• 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).		
До по	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	ly filed Fo	rm 8868.	
	onic filing (e-file). You can electronically file Form 8868 if					orporation
require	d to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 8	368 to request a	ın extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	Transfers /	Associated With	Certain
Perso	nal Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details of	on the elec	tronic filing of t	his form,
visıt w	ww irs.gov/efile and click on e-file for Charities & Nonprofits	5.				
Part	I Automatic 3-Month Extension of Time	e. Only s	submit original (no copies nee	eded).		
A corp	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete		
Part I	only					
	er corporations (including 1120-C filers), partnerships, REN	fICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
to file	ncome tax returns.			Enter file	r's identifying	number
Туре	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification n	umber (EIN) or
print						
City Sec. 41	RAVI AND NAINA PATEL FOUND	ATION			77-0490	360
File by ti due date	for Number, street, and room or suite no. If a P.O box, s	ee instruc	tions.	Social se	curity number (SSN)
filing you return S						
instructi	City, town or post office, state, and ZIP code. For a f	oreign add	dress, see instructions.			
	BAKERSFIELD, CA 93309					
Enter	he Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4
						
Applic	ation	Return	Application			Return
Is For		Code	ls For			Code
Form 9	990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	1720 (Individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069			
Form 9	190-T (trust other than above)	06	Form 8870			12
	PRADIP SHAH		DAVED CETELD CA	0220	0	
	books are in the care of 6501 TRUXTUN A	VENUE		9330	9	
	ephone No. ► 661-322-2206		Fax No. >			. —
	e organization does not have an office or place of busines		·			P
• If th	is is for a Group Return, enter the organization's four digit	7			r the whole grou	•
box	<u> </u>		ach a list with the names and EINs o		ers the extension	n is for.
1	request an automatic 3-month (6 months for a corporation					
		ot organiza	tion return for the organization name	ed above.	The extension	
	s for the organization's return for:					
i	► X calendar year 2013 or					
	tax year beginning	, an	nd ending		<u> </u>	
2	f the tax year entered in line 1 is for less than 12 months, o	check reas	son: L Initial return L	Final retur	n	
	Change in accounting period				T	
	f this application is for Forms 990 BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0.
	nonrefundable credits See instructions.			3a	\$	
	f this application is for Forms 990-PF, 990-T, 4720, or 6069			1		3 042
	estimated tax payments made. Include any pnor year over			3b_	\$	3,042.
	Balance due. Subtract line 3b from line 3a. Include your pa					0.
	by using EFTPS (Electronic Federal Tax Payment System)				\$	
Cautio	 n. If you are going to make an electronic funds withdrawal tions. 	l (direct de	ebit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879-E	O for payment

Form 8868 (Rev. 1-2014)

RAVI AND NATINA PATEL FOUNDATION 77-0490360	Form !	3868 (Rev. 1-2014)					Page 2
Fight 8			tension, c	complete only Part II and check this	box		► X
Pearl II	Note.	Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.	
Name of exempt organization or other filer, see instructions. RAVI AND NAINA PATEL FOUNDATION ANIMOW, street, and room or suite no. If a P.O. box, see instructions. Social security number (SN) 5501 TRUXTUN AVENUE Enter the Return code for the return that this application is for (file a separate application for each return) Application BAKERSFIELD, CA 93309 Enter the Return code for the return that this application is for (file a separate application for each return) Application Form 990 or Form	If yo						
Type or print into the print into print into the print into print into the print into print into the print into print into the print into print into the print into print into the print into print into the print into print into print into the print into print into the print into print into print into the print into print into the print into print into the print into print into the print into the print into th	Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the orig	inal (no	copies nee	eded).
RAVI AND NAINA PATEL FOUNDATION 77-0490360 RAVI AND NAINA PATEL FOUNDATION 77-0490360				-		-	
RAVI AND NATINA PATEL FOUNDATION 77-0490360	Type	or Name of exempt organization or other filer, see instru	ctions.		Employer	dentification n	umber (EIN) or
Application Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)	print						
Soli TRUXTUN AVENUE City, town or post office, state, and ZiP code. For a foreign address, see instructions. BAKERSFIELD, CA 93309	File by the RAVI AND NAINA PATEL FOUNDATION					77-0490	360
City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Return Application Return Application Code Is For Code Form 990 or Form 990 EZ 01 Form 990 ED Code Is Form 1041-A 08 Form 990 ED Code Is Form 1041-A 08 Form 990 Fo	due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN					SSN)	
BAKERSFIELD, CA 93309 Enter the Return code for the return that this application is for (file a separate application for each return) Application BF or Code Is For Code Is For Code Sorm 990 or Form 990-EZ O1 Form 990-BL Com 4720 (undwdual) Com 4720 (undwdual) Com 990-Form 990	return See 6501 TRUXTUN AVENUE						
Application Is For Code Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A O3 Form 4720 (individual) O3 Form 4720 (individual) O4 Form 5227 O5 Form 990-FC O6 Porm 990-FC O6 Porm 990-FC O7 Porm 990-FC O7 Porm 990-FC O8 Form 990-FC O8 Form 990-FC O9 Form 99	instruction	Oily, town or post office, state, and zir code. For a id	oreign add	iress, see instructions.			·
Application Is For Code Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A O3 Form 4720 (individual) O3 Form 4720 (individual) O4 Form 5227 O5 Form 990-FC O6 Porm 990-FC O6 Porm 990-FC O7 Porm 990-FC O7 Porm 990-FC O8 Form 990-FC O8 Form 990-FC O9 Form 99	Enter	the Return code for the return that this application is for file	a canara	to application for each return)			04
Ser Code Is For Ser	Eliter	the Neton code for the fetum that this application is for the	a separa	te application for each return,			لغلفا
Ser Code Is For Ser	Applic	ation	Return	Application			Return
Form 990-BL 02 Form 1041-A 08 Form 4720 (interthan individual) 09 Form 990-PF 04 Form 5227 10 Form 990-PF 04 Form 5227 11 Form 990-PF 05 Form 6669 11 Form 990-T (trust other than above) 05 Form 6669 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Pert II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. PRADIP SHAH The books are in the care of ▶ 6501 TRUXTUN AVENUE - BAKERSFIELD, CA 93309 Telephone No. ▶ 661-322-2206 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If it is for part of the group, check this box In the Large standarditional 3-month extension of time until NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning and ending find the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. C Balance due. Subtract the 8 b from line 6a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II			Code	Is For			Code
Form 4720 (Individual) Form 990-PF O4 Form 5227 10 Form 990-PF O5 Form 6669 11 Form 990-PF O6 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888. PRADIP SHAH The books are in the care of 6501 TRUXTUN AVENUE - BAKERSFIELD, CA 93309 Telephone No. 661-322-2206 If this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this a for a Group Return, enter the extension of time until OF Calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period The tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba If this application is for Forms 990-BP, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	Form 9	990 or Form 990-EZ	01				
Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. PRADIP SHAH The books are in the care of ► 6501 TRUXTUN AVENUE - BAKERSFIELD, CA 93309 Telephone No. ► 661-322-2206 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for all filts for part of the group, check this box If the standal distance of time until the part of the group, check this box If the standal and additional 3-month extension of time until the tax year entered in line 5 is for less than 12 months, check reason: If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. Ba If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of peripy, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,	Form 9	990-BL	02	Form 1041-A			08_
Form 990-T (sec, 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888. PRADIP SHAH The books are in the care of \$\int 6501\$ TRUXTUN AVENUE - BAKERSFIELD, CA 93309 Telephone No. \$\int 661-322-2206\$ Fax No. \$\int If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, check this box If this is for part of the group, check this box If this is for part of the group, check this box and attach a list with the names and EliNs of all members the extension is for. If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any non-refundable credits. See instructions. See Solution and the set of the	Form 4	4720 (Individual)	03	Form 4720 (other than individual)			09
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. PRADIP SHAH The books are in the care of ▶ 6501 TRUXTUN AVENUE − BAKERSFIELD, CA 93309 Telephone No.▶ 661-322-2206 Fax No.▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If it is for part of the group, check this box A I request an additional 3-month extension of time until For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any proyear overpayment allowed as a credit and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of parityr, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	Form 9	390-PF	04	Form 5227			10
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. PRADIP SHAH The books are in the care of ▶ 6501 TRUXTUN AVENUE → BAKERSFIELD, CA 93309 Telephone No.▶ 661-322-2206 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the extension is for for additional 3-month extension of time until NOVEMBER 15, 2014 For calendar year 2013, or other tax year beginning , and ending a fit the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Forms 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	Form 9	390-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
PRADIP SHAH The books are in the care of ▶ 6501 TRUXTUN AVENUE - BAKERSFIELD, CA 93309 Telephone No. ▶ 661-322-2206 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four cligit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four cligit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. If the tax year and additional 3-month extension of time until NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of pergyry, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							12
The books are in the care of ▶ 6501 TRUXTUN AVENUE - BAKERSFIELD, CA 93309 Telephone No. ▶ 661-322-2206 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning, and ending If the tax year entered in line 5 is for less than 12 months, check reason:	STOP		i an autor	natic 3-month extension on a prev	iously file	ed Form 8868.	
Telephone No. ▶ 661-322-2206 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box If this is for part of the group, check this box If it is for part of the group, check this box A request an additional 3-month extension of time until NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perijury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form					0000	•	
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box Irequest an additional 3-month extension of time until NOVEMBER 15, 2014 For calendar year 2013, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, check reason: Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. Ba If this application is for Forms 990-BL, 990-FF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of periury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.			VENUE		9330	9	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning and ending If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 8b \$ 3,042. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 8c \$ 0. Signature and Verification must be completed for Part II only. Under penalties of perityry, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							. —
If the soft part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until NOVEMBER 15							
I request an additional 3-month extension of time until NOVEMBER 15, 2014. For calendar year 2013, or other tax year beginning	_						
For calendar year 2013, or other tax year beginning					all memb	ers the extension	n is for.
If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form			NOVEM				
Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 3,042. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							
ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8 b \$ 3,042. 8 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8 c \$ 0. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form		Change in accounting period	neck reas	on: initial return	Finai r	eturn	
PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 0. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 3,042. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form			ADDED	MO CAMUED TATEODMA	T T C NT	MEGECCAD	V mo
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. By this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	_				TION	MECESSAR	1 10
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	-	FREFARE A COMPLETE AND ACCORA.	TE KE	IURN.			
nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form		f this application is for Forms 990-PL 990-PE 990-T 4720	or 6060	anter the tentative tax less any	7	,	
If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form			, 01 0009,	enter the tentative tax, less any			0 -
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 3,042. 8b \$ 3,042. 8b \$ 3,042. 8c \$ 0. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.	-		enter an	v refundable gradite and estimated	Od	- 	
previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form							
Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form			lowed as a	s credit and any amount paid	g _h	•	3.042.
EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form	-	·	vment wit	th this form if required by using		Ψ	
Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form				in the form, it requires, by doing	80	s	0.
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form				st be completed for Part II o		_ -	
	Under p	penalties of perjury, I declare that I have examined this form, includ	ling accomp	•	-	f my knowledge a	nd belief,
Signature Date & F. 11-14		X			Date	► 8-11-14	,

Form 8868 (Rev. 1-2014)