*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

1	and ending	12/31/2024	

OMB No. 1545-0047

For calendar year 2024, or tax year beginning 01/01/2024 Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Internal Rev	enue Service		Go to www	irs.gov/For	rm8453TE for the	latest inform	ation.						
Name of filer									N				
KRUSHAN FOUNDATION							87-4716839						
Part I	Type of	f Return and Ret	urn Infor	mation									
and Form 6a, 7a, 8a 6b, 7b, 8t below. Do	5330 filers r a, 9a , or 10a b, 9b , or 10b c not comple	e type of return being may enter dollars and below, and the amo , whichever is applicate ete more than one lin	d cents. Fo ount on that cable, blan e in Part I.	r all other for t line of the k (do not er	orms, enter whole return being filed nter -0-). If you er	e dollars only. I with this for ntered -0- on	. If you check the m was blank, the the return, ther	ne box on nen leave l n enter -0-	line 1a, 2a ine 1b, 2b on the ap	a, 3a, 4a, 5a, b, 3b, 4b, 5b,			
		ck here \square			any (Form 990, F								
2a Fo	orm 990-EZ	check here .			revenue, if any (Form 990-EZ, line 9)				2b	57,194			
		L check here		tax (Form 1120-POL, line 22)					Bb				
		check here . \square	pased on investment income (Form 990-PF, Part V, line 5					lb					
	orm 8868 ch	_		nce due (Form 8868, line 3c)					ib				
	orm 990-T cl	_		tax (Form 990-T, Part III, line 4)				· · ·	ib 				
	orm 4720 ch	_			tax (Form 4720, Part III, line 1)				'b				
		rm 5227 check here b FMV of assets at end of tax year (Form 5227, Item I						· · · —	Bb				
	orm 5330 check here b Tax due (Form 5330, Part II, line 19)						<u> </u>)b					
10a Fo		check here Uation of Officer o			t payment reques	ted (Form 80	38-CP, Part III, II	ne 22) 1	0b				
11a		the U.S. Treasury a				nitiate an Aut	omated Clearin	a House (ACH) also	ctronic funds			
	federal tax contact the I also auth	withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.											
b _	executed t 990-PF (as	f this return is being he electronic disclo- specifically identifie	sure conse d in Part I a	ent containe above) to th	ed within this retu e selected state a	rn allowing cagency(ies).	disclosure by th	e IRS of t	his Form	990/990-EZ/			
name of	entity)	jury, I declare that			the above named			, (EIN)		,			
knowledg of the electory to the IRS	e and belief, ctronic return and to rece	nined a copy of the they are true, correct I. I consent to allow theive from the IRS (a) the return or refund, and	ct, and con my interme an acknor	nplete. I furt ediate servic wledgemen	ther declare that the the the the the the the the the th	the amount ir mitter, or elec	n Part I above is ctronic return or	the amou iginator (E	ınt shown RO) to se	on the copy and the return			
Sign	Shannon d	hannon du Plessis February 26, 2025 Shannon du Plessis,							Co-Founder & VP/Treasurer				
Here	Signature of	nature of officer or person subject to tax Date Title, if applicable											
Part III	Declara	ation of Electron	ic Returr	Originat	or (ERO) and I	Paid Prepa	rer (see instr	uctions)					
I am only The entity be filed w Informatic have exar	a collector, officer or perith the IRS to not for Author mined the at	eviewed the above re I am not responsible erson subject to tax to the officer or pers rized IRS e-file Provi bove return and acco This Paid Preparer	e for reviev will have si on subject ders for Bu ompanying	ving the reto gned this fo to tax, and usiness Reto schedules	urn and only decorm before I submand have followed a urns. If I am also and statements, n all information of	lare that this nit the return. Il other requi the Paid Pre and, to the b	form accurately I will give a coprements in Pub parer, under percent of my known	reflects to reflects to of all for 4163, Menalties of wledge an	the data orms and ir odernized perjury I o	on the return. information to I e-File (MeF) declare that I			
ERO's Use	ERO's signature	gnature			Date	Check if self- employed	ERO's SSN or PTIN						
Only		m's name (or yours if If-employed),							EIN				
Oy								Phone no.	Phone no.				
	edge and be	rjury, I declare that I elief, they are true, c											
Paid Prepare		e preparer's name		Preparer's si	gnature		Date		Check if self- employed PTIN				
Use On	l Firm's na	Firm's name						Firm's E	Firm's EIN				
Joe UI	Firm's ad	Firm's address						Phone n	Phone no.				