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Form **990-PF**

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

OMB No 1545 0052

2010

Department of the Treasury Internal Revenue Service

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

For cale	endar year 20)10, or ta	ax year beginni	ng		, 2010	and ending			
G Che	ck all that ap	ply	Initial return	Init	ial Return o	of a former p	ublic charity			Final return
			Amended ret	urn		Address	hange	Na	me	change
3.11 4									Α	Employer identification number
	tross Fou Albatros								Ļ	20-8064368
	Diego, CA								В	Telephone number (see the instructions)
	9-,								c	If exemption application is pending, check here
H CI	heck type of	organiza	ation X Sec	tion 50	1(c)(3) exe	mpt private f	oundation		1	2 Foreign organizations meeting the 85% test, check
			nonexempt cha				rivate found	ation	l_	here and attach computation
	ir market value o			J Acc	counting m	ethod C	ash X Aco	crual	E	If private foundation status was terminated under section 507(b)(1)(A), check here.
•	rom Part II, colun		•	<u> </u>	Other (specif	·			F	If the foundation is in a 60-month termination
► \$ Part I		9,031		(Part I	, column (c	l) must be or	cash basis)		under section 507(b)(1)(B), check here.
Farti			venue and total of amount	e in	(a) Rev	enue and	(b) Net inv		ent	
	columns (i	b). (c). a	and (d) mav not	neces-	expenses	s per books	incor	ne		income for charitable purposes
	sarily equa (see the ir	al the ar Istructio	nounts in colum	ın (a)						(cash basis only)
			grants, etc, received	(att sch).	3, 3	139,203.				
	2 Ck ►		oundn is not req to a							15 page 16
	3 Interes	t on sav ivestmer	ings and tempo	rary						N/A
			rest from securities			305,447.	30	5,44	17.	
j	5a Gross r									
_	b Net rental or (loss)						<u>.</u>			
R E V	6 a Net gain/e b Gross sal		sale of assets not or			165,331.				
Ž	_ assets on	line 6a	r all 1,662 ome (from Part IV, lir		-		81	4,58	2 0	
E N			capital gain	16 2)		_	01	.4,50	, , ,	·
U E		modific	cations							
_	10 a Gross sal returns ar allowance	es less nd								
	b Less Cos	st of								
	c Gross pro		(aft sch)	·						H RECENTED
			attach schedule	e).						+ - · · · · · · · · · · · · · · · · · ·
										38 11 142
			s 1 through 11		3,9	909,981.	1,12	0,0	<u> 36</u>	
			ficers, directors, trust aries and wages	ees, etc		0.				
			employee bene	efits						HOGDEN III
А	16a Legal fee									
D M	b Accountii	ng fees (at	ttach sch) See	St 1		12,800.	1	.2,80	00.	
N	c Other pro	-	tach sch)							
OPERAT	17 Interes		Coo (o	<u> </u>	22 205		1 0	20	
RR	,	ch scheduleXs :iation (a		otm 2		23,305.		1,22	20.	•
ŤŤ	sch) ar	nd deple	tion							
N V	20 Occupa									
			nces, and meet ublications	ings						
2064> zmoxm			s (attach sched	ule)						
			<u>See Stateme</u>			1,775.		1,7	75.	
S E	24 Total o	perating	g and administr I lines 13 throug	ative		37,880.	1	5,79	3 E	
□ S			, grants paid Par			775,000.	1	. J , 1 :	, , ,	775,000.
C	26 Total e	xpenses	s and disburser							
0	Add lın	es 24 ar	nd 25 6 from line 12:			312,880.	1	5,79	95.	. 775,000.
			b from line 12: nue over exper	ises						
MANNED OCT		bursem			3,0	097,101.				
			ome (if negative, ente	-			1,10	14,24	11.	
253	C Adjusted	net incom	ie (if negative, enter	-0-)	<u> </u>					



Parl	- 11	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
	· · · ·	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing			<u> </u>
	2	Savings and temporary cash investments	4,157,811.	5,683,680.	5,683,680.
	3	Accounts receivable			
		Less ¹ allowance for doubtful accounts ►			
	4	Pledges receivable			
		Less allowance for doubtful accounts ►			,,,,,,
	5	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions).			
	7	Other notes and loans receivable (attach sch)			
ŝ		Less allowance for doubtful accounts ►		- 	
A S E T	8	Inventories for sale or use			
Ť	9	Prepaid expenses and deferred charges	22,547.	462.	462.
S		a Investments — U.S. and state government obligations (attach schedule)			
		b Investments — corporate stock (attach schedule)	9,804,367.	11,668,124.	11,668,124.
		c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis	 		
		Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13		146,100.	1,679,300.	1,679,300.
	14				
		Less. accumulated depreciation (attach schedule)			
	15	/	1.		
	סו	Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	14,130,826.	19,031,566.	19,031,566.
Ŀ	17	Accounts payable and accrued expenses			
Å	18	Grants payable] , ,
A B	19	Deferred revenue .]
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons] ;
Į T	21	Mortgages and other notes payable (attach schedule)]
1	22	Other liabilities (describe			į
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here	0.	<u> </u>	1 :
NF	١,,	and complete lines 24 through 26 and lines 30 and 31.			i ,
ΕU	24	Unrestricted Temporarily restricted		· · · · · · · · · · · · · · · · · · ·	
T N D	25	Permanently restricted			1
	20				-
SBSA		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ΕL	27				:
T A S N	28				1 '
С	29		14,130,826.	19,031,566.	1
O E R S	30	· · · · · · · · · · · · · · · · · · ·	14,130,826.	19,031,566.	;
	31	· · · · · · · · · · · · · · · · · · ·	14,130,826.	19,031,566.	
Par	t III	Analysis of Changes in Net Assets or Fund Balance			
1	Tota	al net assets or fund balances at beginning of year — Part II, colu of-year figure reported on prior year's return)	ımn (a), line 30 (must a	gree with	14,130,826.
2		er amount from Part I, line 27a		2	3,097,101.
3		increases not included in line 2 (itemize) See Statement	4	3	1,803,639.
4		lines 1, 2, and 3	· -	4	19,031,566.
5		eases not included in line 2 (itemize)	•	5	
6		al net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), I		19,031,566.

	(a) List and describe 2-story brick warehous	the kind(s) of property sold (e g , r e, or common stock, 200 shares ML	eal estate, .C Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a	See Statement 5		<u> </u>	D — Donation	 	
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale		(h) Gain or (e) plus (f) m	(loss) iinus (g)
a						
b						
С	******					
d						
е	· · · · · · · · · · · · · · · · · · ·	<u></u>				
		ng gain in column (h) and owned by			(1) Gains (Col	ımn (h)
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if ar		gain minus column (l nan -0-) or Losses (fi	om column (h))
a	, , , , , , , , , , , , , , , , , , , ,					·
b						···
<u>C</u>						
d						
е		<u>_</u>			,	
2	Capital gain net income or (net	capital loss)If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	2		814,589.
3	Net short-term capital gain or (loss) as defined in sections 1222(5)	and (6).		,	
		8, column (c) (see the instructions) If (loss), enter -0-			
Par	in Part I, line 8	Section 4940(e) for Reduce		3		8,908.
	s,' the foundation does not qual	tion 4942 tax on the distributable ar ify under section 4940(e) Do not co	mplete this part	<u> </u>	Yes	X No
1		n each column for each year, see th	ne instructions before making	any entries		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets (co	(d) Distribution lumn (b) divided	
	2009	525,000.	9,881	L,972.		0.053127
	2008	550,000.	10,412			0.052819
	2007	280,000.	4,934	1,108.		0.056748
	2006					
	2005					
_	Total of hims 1 and some 48					0 100004
2	Total of line 1, column (d)			2	 	0.162694
3	Average distribution ratio for th number of years the foundation	e 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5, or by the 5 years	3		0.054231
4	Enter the net value of nonchar	table-use assets for 2010 from Part	X, line 5	4	1	4,845,396.
5	Multiply line 4 by line 3			5		805,081.
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		11,042.
7	Add lines 5 and 6			7		816,123.
8	Enter qualifying distributions from	om Part XII, line 4		8		775,000.
-		han line 7, check the box in Part VI,	line 1b, and complete that p		% tax rate See t	•

F <u>orm</u> !	990-PF (2010) Albatross Foundation 20-8064368		P	age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instruction	ions)		
1 a E	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 instr.)			
b [Domestic foundations that meet the section 4940(e) requirements in Part V,		22,0	85.
(check here ► and enter 1% 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, column (b).			
2 1	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable oundations only. Others enter -0-)			0.
	Add lines 1 and 2		22,0	85.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		22,0	085.
6 (Credits/Payments			
	2010 estimated tax pmts and 2009 overpayment credited to 2010 6a 22,738.			
	Exempt foreign organizations — tax withheld at source 6b			
	Fax paid with application for extension of time to file (Form 8868).			
	Backup withholding erroneously withheld 6d		-	
	Fotal credits and payments Add lines 6a through 6d		22,7	738.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			, , ,
	Fax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		•	553.
	Enter the amount of line 10 to be. Credited to 2011 estimated tax			0.
	VII-A Statements Regarding Activities		***	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		Х
b (Oid it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c l	Did the foundation file Form 1120-POL for this year?	1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \Rightarrow 0. (2) On foundation managers \Rightarrow 0.	Į		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0.	1		
	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			<u> </u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		_	l
•	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?	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see the 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) of each state as required by General Instruction G? If 'No,' attach explanation .	8b	X	
•	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (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 BAA

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Par	t VII-A Statements Regarding Activities (Continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions).		11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	;	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exer Website address . ► N/A	mption application	17 13	Х	_
14		phone no. ► 8	 -8-551-0	169	
		+ 4 ► 92037		= = -	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check and enter the amount of tax-exempt interest received or accrued during the year		 N/A		N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or of bank, securities, or other financial account in a foreign country?	<u> </u>	a 16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter foreign country.	the name of the			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Require	d	<u></u>		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	During the year did the foundation (either directly or indirectly)				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X]No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X]No		j
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	⊢	No No		;
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X]No		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes X]No		
t	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions describ Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the ins	ed in tructions)?	1b		/A
	Organizations relying on a current notice regarding disaster assistance check here	` ▶ [Ī
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted that were not corrected before the first day of the tax year beginning in 2010?	acts,	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	a			
ā	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes X]No		
	If 'Yes,' list the years ► 20 , 20 , 20 , 20				
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section				/3
	all years listed, answer 'No' and attach statement — see the instructions.)		2 <u>b</u>	N,	/A
,	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the y 20, 20, 20, 20	ears nere	,		
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X] No		
t	o If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the found or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period ap by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beques (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720,	proved t. or			
	determine if the foundation had excess business holdings in 2010)		3b	N	/A
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
ŀ	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could				
_	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	T	4b		X
BAA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Form 99	0-PF (

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Part VII-B Statements Regarding Activit		<u>1 4720 May Be Req</u>	uired (continued)						
5a During the year did the foundation pay or incu									
(1) Carry on propaganda, or otherwise attempt	ot to influence legislation	on (section 4945(e))?	Yes X	No					
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ition drive?			No					
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No					
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes X No.									
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No					
b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?									
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [5b N/A					
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No					
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)		'					
6a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X]No					
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6b X					
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	lation a partir to a prob	ubited toy abolton transc		1815					
b If yes, did the foundation receive any proceed				No Do					
Part VIII Information About Officers, D									
and Contractors	,		, o. o, g g a. c .	p.oy000,					
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).						
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances					
Brent V. Woods	President	0.	0.	0.					
2865 Albatross Street	2.00								
_San Diego, CA 92103-6101									
_Laurie_CMitchell	Secretary/Tr	0.	0.	0.					
2865 Albatross Street	2.00								
San Diego, CA 92103-6101									
Marilyn J. Woods	Director	0.	0.	0.					
2865 Albatross Street San Diego, CA 92103-6101	0								
San Diego, CA 92103-6101	- 201								
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see in	structions) If none a	nter 'NONE '					
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,					
paid more than \$50,000	hours per week devoted to position	(c) compensus.	employee benefit plans and deferred compensation	other allowances					
None	·=-								
									
			"-						
			·						
Total number of other employees paid over \$50,000)	<u> </u>		<u> </u>					
BAA	TEEA0306L (07/23/10		Form 990-PF (2010)					

Rant VIII Information About Officers, Directors, Trustees, Foundation Manag and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If no enter 'NONE.'	one,
	e of service (c) Compensation
None	,
Total number of others receiving over \$50,000 for professional services	- 0
Partix A Summary of Direct Charitable Activities	
	the number of
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 <u>N/A</u>	
2	
3	
4	
"	
Rart IX B: Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2 Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.
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see instructions.)	o. o.g.	roundations,
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	1 a	10,940,913.
b Average of monthly cash balances	1ь	4,130,555.
c Fair market value of all other assets (see instructions)	1 c	1,200,0001
d Total (add lines 1a, b, and c)	1 d	15,071,468.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		<u> </u>
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	15,071,468.
		10,011,100.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	226,072.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	14,845,396.
6 Minimum investment return. Enter 5% of line 5.	6	742,270.
Partixis Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations		
and certain foreign organizations check here ► and do not complete this p		iodi iddilorio
1 Minimum investment return from Part X, line 6	1 1	742,270.
2a Tax on investment income for 2010 from Part VI, line 5 22, 085.		, 12, 2, 0.
b Income tax for 2010 (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b	2 c	22,085.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	720,185.
4 Recoveries of amounts treated as qualifying distributions	4	120/100.
5 Add lines 3 and 4	5	720,185.
6 Deduction from distributable amount (see instructions)	6	,20,200.
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	720,185.
	انسا	
RantXIIF Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes		
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	775,000.
b Program-related investments — total from Part IX-B	1 b	
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 a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule).	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	775,000.
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 (see instructions).	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4 .	6	775,000.

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Form **990-PF** (2010)

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				720,185.
2 Undistributed income, if any, as of the end of 2010			·	<u> </u>
a Enter amount for 2009 only			0.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				•
b From 2006				
c From 2007 124, 528.				
d From 2008 . 55, 579.				'
e From 2009 36, 163.				
f Total of lines 3a through e	216,270.			ı
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$ 775,000.				!
a Applied to 2009, 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 2010 distributable amount				720,185.
e Remaining amount distributed out of corpus	54,815.			
5 Excess distributions carryover applied to 2010	0.			0.
(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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	271,085.			
, ,	2,1,000.			
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 2009. Subtract line 4a from				
line 2a. Taxable amount — see instructions		,	0.	
f Undistributed income for 2010 Subtract lines	l			
4d and 5 from line 1. This amount must be			t	•
distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed			•	
by section 170(b)(1)(F) or 4942(g)(3)	•			
(see instructions)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.			· · · · · · · · · · · · · · · · · · ·
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	271,085.			
10 Analysis of line 9.				
a Excess from 2006			İ	,
b Excess from 2007 124, 528.				
c Excess from 2008 55, 579.				
d Excess from 2009 36, 163.				
e Excess from 2010 54,815.				

BAA

Form **990-PF** (2010)

Part XIV Private Operating Foundation	ns (see instruc	ctions and Part <u>\</u>	VII-A, question 9)	N/A
1a If the foundation has received a ruling or on is effective for 2010, enter the date of the	letermination letter ruling	r that it is a private	operating foundatio	n, and the ruling	
b Check box to indicate whether the foundat	ion is a private op	erating foundation o	lescribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from					
an exempt organization ,					
(4) Gross investment income					
Part XV Supplementary Information			organization ha	ad \$5,000 or mor	e in
assets at any time during th		istructions.)		···	
1 Information Regarding Foundation Mana					
a List any managers of the foundation who leads of any tax year (but only if they have	nave contributed m	nore than 2% of the	total contributions i	eceived by the found	dation before the
See Statement 6	e contributed more	: man 45,000). (See	3ection 507(d)(2))		
Doo beacoment t					
b List any managers of the foundation who	own 10% or more	of the stock of a cor	rporation (or an equ	ally large portion of	the ownership of
a partnership or other entity) of which the	foundation has a	10% or greater inter	est		
None					
2 Information Regarding Contribution, Gra					
Check here \(\begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} \begin{align*} the foundation make complete items 2a, b, c, and d \end{align*}					
a The name, address, and telephone number	er of the nerson to	whom applications	should be addresse	d.	
a the name, address, and telephone number	or the person to	whom applications	silvaia be addresse	u.	
b The form in which applications should be	submitted and info	rmation and materi	als they should incli		-
b The form in which applications should be	submitted and imo	mation and materi	als they should men	aue	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	able fields, kinds of	institutions, or other	tactors

Form 990-PF (2010) Albatross Foundation

20-8064368

Page 10

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor oundation Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year Rady Children's Hospital None N/A 50,000. General Support San Diego, CA New Children's Museum None N/A 625,000. General Support San Diego, CA Museum of Contemporary Art N/A None General Support 50,000. San Diego, CA San Diego Public Library None N/A 50,000. General Support San Diego, CA 775,000. Total За b Approved for future payment

Total

3ь

Part XVI-A	Anal	vsis	of I	ncome-	Produ	icina	Activiti	٥
I WICKII	MIII	y JiJ	U I I	IICOIIIC-	1 1040	ucing	MOUNTU	·

Enter gross	amounts unless otherwise indicated	Unrelated	d business income	Excluded by	section 512, 513, or 514	(0)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instructions)
_	am service revenue			code		
		+		+		
c		+		 		
d				1		- .
		T			· . ·	
f						
g Fees	and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·
	pership dues and assessments					
	t on savings and temporary cash investments			1.0	205 447	700
	ends and interest from securities			14	305,447.	
	ental income or (loss) from real estate financed property			+		
	ebt-financed property			+ +		_ · · · · · · · · · · · · · · · · · · ·
	ntal income or (loss) from personal property			1	- ·	· · · · · · ·
	investment income		•			
	(loss) from sales of assets other than inventory			18	465,331.	
	ncome or (loss) from special events			ļļ		
	s profit or (loss) from sales of inventory	<u> </u>				
	revenue.		·			
a		 				
				 		
d						
е						
	otal Add columns (b), (d), and (e)				770,778.	
	Add line 12, columns (b), (d), and (e)				13	770,778.
	theet in line 13 instructions to verify calculation				 	
Part XVI	-B Relationship of Activities to the	Accompli	shment of Exem _l	pt Purpose	es	
Line No. ▼	Explain below how each activity for which in accomplishment of the foundation's exempt	ncome is repo purposes (otl	rted in column (e) of ner than by providing	Part XVI-A c funds for suc	ontributed important ch purposes) (See t	ly to the ne instructions)
N/A						
	* * * * * * * * * * * * * * * * * * * *			····		
			·			
				•		
		 				
						· · · · · · · · · · · · · · · · · · ·
						
		 -	 -			
				 		
						
	<u> </u>					
			-			
-						

Form 990-PF (2010) Albatross Foundation 20-8064368 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the	. araamisalian direkti.	بالمصافعة والمحافظة		£ - 11					162	110
describ	e organization directly bed in section 501(c) of g to political organizat	of the Code (oth	gage in any of the ier than section 501	following wit I(c)(3) organ	h any othe izations) o	r organization r in section	on 527,			
-	ers from the reporting		noncharitable exe	mpt organiza	ation of:					1
(1) Ca		,						1a (1)		X
(2) Oth	her assets		•					1a (2)		X
b Other t	transactions							, ,		
(1) Sa	les of assets to a non	icharitable exem	npt organization					1b(1)	_	$\bar{\mathbf{x}}$
(2) Pu	rchases of assets fror	m a noncharitab	le exempt organiza	ation				1 b (2)		X
(3) Re	ntal of facilities, equip	oment, or other	assets					1 b (3)	-	X
(4) Re	ımbursement arrange	ments .						1 b (4)		X
	ans or loan guarantee							1 b (5)		X
(6) Pe	rformance of services	or membership	or fundraising soli	citations				1 b (6)		X
c Sharing	g of facilities, equipm	ent, mailing list	s, other assets, or p	paid employe	ees			1c		<u> </u>
the god any tra	answer to any of the a ods, other assets, or s ansaction or sharing a	services given b rrangement, sho	y the reporting four ow in column (d) th	ndation If the e value of the	e foundation	n received I	less than fair mark	et value in	ue of	
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt or	ganızatıon	(d) De	scription of tran	nsfers, transactions, and	d sharing arran	gemen	s
N/A										
		 								
	 									
	- · · · · · · · · · · · · · · · · · · ·	<u> </u>								
		 	·				· · · · ·			

				-			-			
	· · · · · · · · · · · · · · · · · · ·	`								
										
		<u> </u>								
	·	· · · · · · · · · · · · · · · · · · ·					·	-		
describ	foundation directly or bed in section 501(c) (complete the followi	of the Code (oth	ed with, or related er than section 501	to, one or m I(c)(3)) or in	ore tax-ex section 52	empt organı. 7?	zations	Yes	X	No
	a) Name of organizati	ion	(b) Type of	organization		(0) Description of re	lationship		
N/A			· · · · · · · · · · · · · · · · · · ·		<u> </u>					
										
						<u>.</u>	 			
1										
Sign Here	penalties of perjury, I declar ct, and complete Declaration	of preparer (other th	ed this return, including a an taxpayer or fiduciary) i	ccompanying sch	formation of w	atements, and to	o the best of my knowled as any knowledge	•	t is true	
s	ignature of officer or trustee				/ [/] Date		Title			
•	Print/Type preparer's nar	me	Preparer's signal	ure	D	ate 1 1.	Check if if	PTIN		
Paid	Gregory A. W] '	10/3/11	self-employed	N/A		
Preparer	· · · · · · · · · · · · · · · · · · ·	lassey, Wel		, LLP		1 1	Firm's EIN ► N/A			
Use Only	I Firm's address	814 Ivanho								
	L	a Jolla, C	A 92037				Phone no 858	-5 <u>51</u> -016	59	
BAA								Form 99 0	0-PF ((2010)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number				
Albatross Foundation		20-8064368				
Organization type (check 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 527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a pri 501(c)(3) taxable private foundation	vate foundation				
Check if your organization is covered by the Ge Note . Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule. anization 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 contributor (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one				
Special Rules						
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ, that met the 33-1/3% support test of the from any one contributor, during the year, a contribution of VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I a	of the greater of (1) \$5,000 or				
For a section 501(c)(7), (8), or (10) organizaggregate contributions of more than \$1,00 the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ, that received from any one 0 for use <i>exclusively</i> for religious, charitable, scientific, literals. Complete Parts I, II, and III.	e contributor, during the year, rary, or educational purposes, or				
contributions for use exclusively for religiou if this box is checked, enter here the total coupurpose. Do not complete any of the parts in	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 aggregate to more than \$1,000 lf 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 nonexclusively					
religious, charitable, etc, contributions of \$5	5,000 or more during the year .	► \$				
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file See 2 of their Form 990, or check the box on line H of its Form grequirements of Schedule B (Form 990, 990-EZ, or 990-F	m 990 F7 or on line 2 of its Form				
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	ee the Instructions for Form 990, Schedu	lle B (Form 990, 990-EZ, or 990-PF) (2010)				

Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org		, -	identification number
Albati	coss Foundation	20-80	064368
Part I	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Brent Woods & Laurie Mitchell		Person X Payroll
	2865 Albatross Street	\$ <u>3,139,203.</u>	Noncash X
	San Diego, CA 92103-6101		(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Page

of 1

of Part II

Albatross Foundation

Employer identification number 20-8064368

Ranilla	Noncash	Property	(see	instructions.)	
---------	---------	----------	------	----------------	--

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	100,000 Shrs Alcatel Lucrent ADR		- · · · · · · · · · · · · · · · · · · ·
1	1,500 Shrs American Intl Group New		
	13,059 Shrs Bankatlantic Bncrp	-	
	5,880 PNC Finl Services GP	\$\$\$\$\$\$	Various
_	100,000 Tenet Healthcare Corp		
(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
		\$\$	
BAA	<u></u>	Schedule B (Form 990, 990-F7	200 55: 10010

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

BAA

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Transfer of gift

2010	Page 1	
	Albatross Foundation	20-8064368
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees	(a) (b) Net (c)	(d)
Accounting Fees .	Expenses Investment Adjusted Net Income \$ 12,800. \$ 12,800. \$ 12,800. \$ 12,800.	Charitable Purposes \$ 0.
Statement 2 Form 990-PF, Part I, Line 18 Taxes		
Federal Excise Tax Foreign Taxes State Taxes	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 22,085.	(d) Charitable Purposes
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses		
Investment Fees	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 1,775. \$ 1,775. \$ 1,775. \$ 1,775.	(d) Charitable Purposes \$ 0.
Statement 4 Form 990-PF, Part III, Line 3 Other Increases		
Unrealized Gain on Invest	ments Solution Soluti	1,803,639. 1,803,639.
Statement 5 Form 990-PF, Part IV, Line 1 Capital Gains and Losses for Ta	ax on Investment Income	
Item (a) December 1 1 10,659 Bank Atlant: 2 5,000 Proshs Ultrash 3 909 AOL Inc. 4 7,500 Macy's Inc.	(b) How (c) Date Acquired Acquired Acquired 10/07/20 Purchased Purchased 12/17/20 Purchased 1/11/20	Sold 09 10/05/2010 10 11/09/2010 07 4/15/2010

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Federal Statements

Page 2

Albatross Foundation

20-8064368

Statement 5 (continued)
Form 990-PF, Part IV, Line 1
Capital Gains and Losses for Tax on Investment Income

					(b)	How	(c) Date	(d) Date
<u> Item</u>		(a) De	scription		Acq	uired	Acquired	Sold
5	2,510 Tim	e Warner Ca	ble		Purc	chased	12/17/2007	4/16/2010
6	25,000 Ja	rdine Strat	Hldg		Purc	chased	9/23/2005	9/15/2010
7	2,400 Ban	k Atlantic	Bncrp		Purc	chased	5/16/2008	10/05/2010
8	1,380 PNC	Finl Servi	.ces ¯		Purc	chased	Various	10/05/2010
9	300 Ameri	can Intl Gr	oup New		Purc	chased	6/17/2008	11/17/2010
10	10,000 Eb	ay, Inc.	-		Purc	chased	1/12/2009	11/17/2010
11	2,500 Hom	e Depot, In	C.		Purc	chased	12/17/2007	12/22/2010
12		an Intl Gro			Purc	chased	6/17/2008	12/29/2010
	(e)	(f)	_(g)	(h)	(i)	(j)	_ (k)	(1)

	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(1)
	Gross	Deprec.	Cost	Gain	FMV	Adj. Bas.	Excess	Gain
<u> Item</u>	<u>Sales</u>	<u> Allowed</u>	<u>Basis</u>	(Loss)	12/31/69	12/31/69	<u>(i)-(j)</u>	(Loss)
1	10,652.		11,725.	-1,073.				\$ -1,073.
2	182,489.		172,508.	9,981.				9,981.
3	24,990.		25,131.	-141.				-141.
4	176,539.		158,633.	17,906.				17,906.
5	131,616.		121,497.	10,119.				10,119.
6	663,132.		59,053.	604,079.				604,079.
7	2,398.		2,640.	-242.				-242.
8	73,949.		78,218.	-4,269.				-4,269.
9	12,601.		12,612.	-11.				-11.
10	295,787.		140,008.	155,779.				155,779.
11	87,866.		65,626.	22,240.				22,240.
12	852.		631.	221.				221.
							Total	

Statement 6 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or More Contributors

Brent V. Woods Laurie C. Mitchell

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2011)

If you are	e filing for an Automatic 3-Month Extension, con	plete only	Part I and check this box			► X
• If you are	e filing for an Additional (Not Automatic) 3-Montl	h Extensior	n, complete only Part II (on page 2 of the	s form).	
Do not comp	plete Part II unless you have already been grante	d an autom	atic 3-month extension on a previously f	iled Fo	orm 8868	
corporation in request an e Associated V	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which mig of this form, visit www irs gov/efile and click of	automatic) Part I or Pa ust be sent	 3-month extension of time You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruction) 	ctronic format	cally file Form tion Return fo	8868 to r Transfers
Partel A	utomatic 3-Month Extension of Time.	nly subm	nit original (no copies needed).			
	n required to file Form 990-T and requesting an a			omple	ete Part I only	▶
•	porations (including 1120-C filers), partnerships,			•	-	_
	Name of exempt organization			Emplo	yer identification	number
Type or						
print	Albatross Foundation			20-	8064368	
File by the	Number, street, and room or suite number. If a P O box, see in	structions				
due date for filing your	2865 Albatross Street					
return See instructions	City, town or post office, state, and ZIP code For a foreign additional foreign additiona	ress, see instru	ctions			
	San Diego, CA 92103-6101					
	10000 200000				·	
Enter the Re	eturn code for the return that this application is fo	r (file a sep	parate application for each return)			04
Application Is For		Return Code	Application Is For			Return Code
Form 990		01	Form 990-T (corporation)			07
Form 990-Bl		02	Form 1041-A			08
Form 990-E2		03	Form 4720			09
Form 990-PI		04	Form 5227			10
	Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069					11
Form 990-T (trust other than above) 06 Form 8870						12
Telephon If the org If this is check the exter I I requesting the exterior of	is are in the care of Greg Wehr see No \$858-551-0169 ganization does not have an office or place of bus for a Group Return, enter the organization's four its box [1]. If it is for part of the group, check insion is for est an automatic 3-month (6 months for a corporation is for the organization's return for. calendar year 20 10 or	siness in th digit Group k this box ation require ganization r	exemption Number (GEN) . If and attach a list with the names a ed to file Form 990-T) extension of time eturn for the organization named above			
	tax year entered in line 1 is for less than 12 mont lange in accounting period			al retu	ırn	
3a If this nonref	application is for Form 990-BL, 990-PF, 990-T, 47 fundable credits. See instructions. application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment al	069, enter a	any refundable credits and estimated tax	3a 3b		22,738.
	ce due. Subtract line 3b from line 3a. Include you 5 (Electronic Federal Tax Payment System) See			3c	· · · · · · · · · · · · · · · · · · ·	0.
Caution. If y payment ins	you are going to make an electronic fund withdraw structions	wal with thi	s Form 8868, see Form 8453-EO and For	m 887	79-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868	(Rev 1-2011)				Page 2	
• If you a	are filing for an Additional (Not Automatic) 3-Mont	h Extensior	n, complete only Part II and check the	his box	► X	
Note. Only	complete Part II if you have already been granted	an automa	tic 3-month extension on a previous	ly filed Form 8868.	_	
• If you a	are filing for an Automatic 3-Month Extension, con	nplete only	Part I (on page 1)			
	Additional (Not Automatic) 3-Month Exte			no copies needed).		
Name of exempt organization Employer identification number						
T						
Type or print	Albatross Foundation			20-8064368		
	Number, street, and room or suite number. If a P O box, see insti	ructions	•			
File by the extended	ended Massey, Wehr & Company, LLP					
due date for filing the	7814 Ivanhoe Avenue					
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	La Jolla, CA 92037					
	33 5555					
Enter the F	Return code for the return that this application is fo	or (file a sep	parate application for each return)		04	
Application	——————————————————————————————————————	Poturn	Application		Return	
Application Is For	п	Return Code	Application Is For		Code	
Form 990		01		A CONTRACTOR OF THE PARTY OF TH		
Form 990-E	BL	02	Form 1041-A		08	
Form 990-E	EZ	03	Form 4720		09	
Form 990-F	PF	04	Form 5227		10	
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069						
Form 990-	T (trust other than above)	06	Form 8870		12	
STOP! Do	not complete Part II if you were not already grante	ed an auton	natic 3-month extension on a previo	ously filed Form 8868.		
	oks are in care of ► <u>Greq_Wehr</u>					
Teleph	one No ► <u>858-551-0169</u>	FAX No. ►	858-454-8494			
If the o	organization does not have an office or place of but	siness in the	e United States, check this box		▶ 📙	
If this is	s for a Group Return, enter the organization's four	digit Group	Exemption Number (GEN)	. If the	is is for the	
whole grou	ıp, check this box ▶ 🔲 If it is for part of the gr	oup, check t	his box 🕒 🔛 and attach a list wit	h the names and EINs	of all	
members t	the extension is for					
	uest an additional 3-month extension of time until					
5 For c	alendar year <u>2010</u> , or other tax year beginnin tax year entered in line 5 is for less than 12 mont	g	, 20 , and ending	 , 20 .		
6 If the	tax year entered in line 5 is for less than 12 mont	ths, check re	eason Initial return	Final return		
	Change in accounting period					
	e in detail why you need the extensionAddi_			r to gather all	<u>the</u>	
<u>inf</u>	formation necessary to file a co	mplete :	and accurate return.			
nonre	s application is for Form 990-BL, 990-PF, 990-T, 43 efundable credits. See instructions	-	•	8a \$	22,738.	
b If this	s application is for Form 990-PF, 990-T, 4720, or 6	069, enter a	any refundable credits and estimated	d tax		
	nents made. Include any prior year overpayment al Form 8868	lowed as a	credit and any amount paid previou	SIY 8b\$	22,738.	
c Balaı EFTF	nce due. Subtract line 8b from line 8a Include you PS (Electronic Federal Tax Payment System) See	ir payment v	with this form, if required, by using	8c \$	0.	
			d Verification			
Under penaltie correct, and co	es of perjury, I geclare that I have examined this form, including accomplete, and that I am authorized to prepare this form			owledge and belief, it is true,		
Signature -				Date ►		
BAA		FIFZ0502L	11/15/10	Form 8868	(Rev 1-2011)	
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