

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



Form 990-PF

Return of Private Foundation

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

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.

2010

Name of foundation			des year 2010 or tay year hadinaine		, and ending		
Name of foundation	_			Instal satura of a fa		Cipal rature	
Name of foundation	G (песк	· · · · · · · · · · · · · · · · · · ·				1
THE SECURITAS FOUNDATION Number and stock (or PC Do law number and used stock) Port of Number and stock (or PC Do law number and used stock) Elegistrate SAN FRANCISCO, CA 94111 H. Check type of organization: EXI Section 501(c)(2) exempt private foundation SAN FRANCISCO, CA 94111 H. Check type of organization: EXI Section 501(c)(2) exempt private foundation Section 4947(s)(1) nonexempt characterist trust: Other tracels provided foundation Section 4947(s)(1) nonexempt characterist trust: Other fundation Section 4947(s)(1) nonexempt characterist trust: Other fundation of the fundation of t	Alor			Audiess chang	<u> </u>		number
B Telephone number Al 5 - 88 5 - 64 00	Ivai	iie oi	Tourioation			Employer identification	i ildilibei
B Telephone number Al 5 - 88 5 - 64 00			ייים פריום ביים ביים אויים ביים אויים ביים ביים ביים ביים ביים ביים ביים	T∩N		22-3624166	•
City or lown, state, and 2P code SAM FRANCISCO CA 9411	Nur	nber ar			Room/suite		<u> </u>
Control Cont	"		•				100
SAN FRANCISCO. CA 94111 D. 1. Foreign organizations, check here Section 591(7) cample principle foundation Section 4947(a)(1) nonexempt character to true Dither (ascent) Dither (Cub	or to		· ·	<u>. </u>		
Check tope of organization: X Section 501c(1/3) event private foundation Section 4947(a)(1) nonewempt charactable trust Other taxabile private foundation Tari market value of all assets at end of year Accounting method: Cash X Accrual (trom Part II), cot (c), inn 15) Other (secotiv) Other case Accounting method: Cash X Accrual (trom Part II), cot (c), inn 15) Other (secotiv)	"	, 01 10		111		1 ' '' '	
Section 4947(a) (1) nonexempt charatable trust	H (heck				2 Foreign organizations mu	eeting the 85% test,
Farr market value of all assets at end of year 1	<u> </u>	_	- · · · · · · · · · · · · · · · · · · ·		ition		
The Part I Co.d (c) Ine 16) Part I Control (c) Part I Pa	I Fa						
Part 1			· —	•			
Part Analysis of Revenue and Expenses (c) may not receive the analysis of Revenue and Expenses per Dools (maxister) equal the amounts of column (c) may not receive the analysis of Revenue and Expenses per Dools (maxister) equal the amounts of column (c) may not receive the analysis of Revenue and Expenses per Dools (maxister) equal the amounts of column (c) maxister (c) maxis	•		725 , 975 . (Part I, colui	mn (d) must be on cash t	pasis)		
1 Contributions, gifts, grants, etc., received 624,350. N/A	Pa	art I				(c) Adjusted net	(d) Disbursements
Check			necessarily equal the amounts in column (a))		income	income	
Interest on asonys and temporary 1,146 1,146 STATEMENT 1		1	Contributions, gifts, grants, etc., received	624,350.		N/A	
1		2		-	·		
Sa Gross rents Sa Water and Sa New York Sa New Yor		3	Interest on savings and temporary cash investments				
D Net rental income or (loss)		4	Dividends and interest from securities	29.	29.		STATEMENT 2
Same		5a	Gross rents				
Description		b	Net rental income or (loss)				<u>-</u>
8 Net snort-term capital gain 9 Income modifications CEIVED 10a and allowances 11 Other income 11 12 Total Add lines 1 through Tick 11 13 Compensation of efficies, disclosur, trustees the 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 17 Interest 18 Taxes STMT 5 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative 25 Contributions, girts, grants paid 26 Total expenses and disbursements 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But rest lines 20 Subtract line 26 from line 12: 21 Excess of revenue over expenses and disbursements 22 But rest lines 23 Subtract line 26 from line 12: 24 Excess of revenue over expenses and disbursements 25 But investment income (if negative, enter -0-) 26 Contributions, girts, grants paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But investment income (if negative, enter -0-) 20 Contributions, girts, grants paid 21 Excess of revenue over expenses and disbursements 22 But investment income (if negative, enter -0-) 28 But investment income (if negative, enter -0-) 29 Contributions, girts, grants paid 20 Contributions, girts, grants paid 21 Excess of revenue over expenses and disbursements 22 But investment income (if negative, enter -0-) 23 But investment income (if negative, enter -0-) 24 But investment income (if negative, enter -0-) 25 Contributions, girts, girts paid 26 Contributions, girts, girts paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But investment income (if negative, enter -0-) 20 Contributions (if negative	<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10	89,440.			
8 Net snort-term capital gain 9 Income modifications CEIVED 10a and allowances 11 Other income 11 12 Total Add lines 1 through Tick 11 13 Compensation of efficies, disclosur, trustees the 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 17 Interest 18 Taxes STMT 5 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative 25 Contributions, girts, grants paid 26 Total expenses and disbursements 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But rest lines 20 Subtract line 26 from line 12: 21 Excess of revenue over expenses and disbursements 22 But rest lines 23 Subtract line 26 from line 12: 24 Excess of revenue over expenses and disbursements 25 But investment income (if negative, enter -0-) 26 Contributions, girts, grants paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But investment income (if negative, enter -0-) 20 Contributions, girts, grants paid 21 Excess of revenue over expenses and disbursements 22 But investment income (if negative, enter -0-) 28 But investment income (if negative, enter -0-) 29 Contributions, girts, grants paid 20 Contributions, girts, grants paid 21 Excess of revenue over expenses and disbursements 22 But investment income (if negative, enter -0-) 23 But investment income (if negative, enter -0-) 24 But investment income (if negative, enter -0-) 25 Contributions, girts, girts paid 26 Contributions, girts, girts paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But investment income (if negative, enter -0-) 20 Contributions (if negative	enc	b	assets on line 6a 285, 962.		00 440		
8 Net snort-term capital gain 9 Income modifications CEIVED 10a and allowances 11 Other income 11 12 Total Add lines 1 through Tick 11 13 Compensation of efficies, disclosur, trustees the 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 17 Interest 18 Taxes STMT 5 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative 25 Contributions, girts, grants paid 26 Total expenses and disbursements 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But rest lines 20 Subtract line 26 from line 12: 21 Excess of revenue over expenses and disbursements 22 But rest lines 23 Subtract line 26 from line 12: 24 Excess of revenue over expenses and disbursements 25 But investment income (if negative, enter -0-) 26 Contributions, girts, grants paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But investment income (if negative, enter -0-) 20 Contributions, girts, grants paid 21 Excess of revenue over expenses and disbursements 22 But investment income (if negative, enter -0-) 28 But investment income (if negative, enter -0-) 29 Contributions, girts, grants paid 20 Contributions, girts, grants paid 21 Excess of revenue over expenses and disbursements 22 But investment income (if negative, enter -0-) 23 But investment income (if negative, enter -0-) 24 But investment income (if negative, enter -0-) 25 Contributions, girts, girts paid 26 Contributions, girts, girts paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements 29 But investment income (if negative, enter -0-) 20 Contributions (if negative	ě	7	• •		89,440.		
b Less Cost of goods and decided and a constraint of the constraint of the cost of goods and a cost of goo	_	8		a			
b Less Cost of goods and decided and a constraint of the constraint of the cost of goods and a cost of goo		9	Income modifications PECLIVED		<u> </u>		
C Gross profit of (loss) NOV 8 2011 Content of the state of the st		L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	·		
11 Other income 13 12 Total Add lines 1 inrough 13 13 Compensation of officers described extractions and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 1, 261 0 0 1, 261 0 1 2, 141 0 1 2 1 2 1		0					
12 Total Add lines Incognition		I	Other income (17)	2			
13 Compensation of officer's discitors, trustees, etc.		1	to all the by the second of th		90.615.		
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 1,261. 0. 1,261. b Accounting fees STMT 4 4,282. 2,141. 2,141. c Other professional fees 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	_	1	Compensation of officers: Directors mustees etc				0.
15 Pension plans, employee benefits 16a Legal fees STMT 4 4							
16a Legal fees STMT 3 1,261. 0. 1,261. b Accounting fees STMT 4 4,282. 2,141. c Other professional fees 17 Interest 18 Taxes STMT 5 89. 10. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income		1					
b Accounting fees STMT 4 c Other professional fees 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ë			1,261.			1,261.
c Other professional fees Total operating and disbursements Add lines 24 and 25 Contributions, gifts, grants paid	ë			4,282.	2,141.		2,141.
Total operating and disbursements. Add lines 24 and 25 Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total operating and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest Total expenses and disbursements. Add lines 24 and 25 Zoughard Interest 21 Zougha	Ř	c	Other professional fees				
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	8	17	Interest				
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	rat	18	Taxes STMT 5	89.	10.		0.
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	isi.	19	Depreciation and depletion				
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	֝֟֝֞֝֓֞֝֟֝֟֝֟֝ <u>֚֚</u>	20	· · · · ·	-			
23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	Ă	21					
24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) R Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	, ש	22	_	622	415		21.0
25 Contributions, gins, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	ָ 	23	·	633.	41/.	-	416.
25 Contributions, gins, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)	rat	24	•	6 265	2 560		2 610
25 Contributions, gins, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-)		-	-		<u> </u>		
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A)]	25		441,336.		 	<u> </u>
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	<u> </u>	20	·	227 603	2 569		224.956
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	<u></u>	27		221,003.	2,300		
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	<u>></u>	1		487.362.			
c Adjusted net income (if negative, enter -0-)	(N)	1		10.,502.	88.047.		
		1					
	023			the instructions.			Form 990-PF (2010)

Form'990-PF (2010) Page 2 SECURITAS FOUNDATION <u> 22-3624166</u> Beginning of year Attached schedules and amounts in the description **Balance Sheets** column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 12,817 12,817. 20,483. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: 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 7 Other notes and loans receivable Less: allowance for doubtful accounts I 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 196,522 STMT 7 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans STMT 8 2,325 703,516 703,516. 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation STATEMENT 9 15 Other assets (describe ▶ 19,283 9,642 9,642. 238,613 725,975 725,975. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable Deferred revenue Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 0 27 Capital stock, trust principal, or current funds 0 0 28 Paid-in or capital surplus, or land, bldg., and equipment fund 238,613 725,975 29 Retained earnings, accumulated income, endowment, or other funds <u>238,613</u>. 725,975 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 238,613 725,975 **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	238,613.
2	Enter amount from Part I, line 27a	2	487,362.
3	Other increases not included in line 2 (itemize)	3	_ 0.
4	Add lines 1, 2, and 3	4	725,975.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	725,975.
_			- 000 05

	SECURITAS FOUNDE		Income		2	2-362	4166	Page 3	
(a) List and descri	be the kind(s) of property sold (e.g.,	, real estate,		(b) How acquired P - Purchase	(c) Date a		(d) Date	e sold	
	ehouse; or common stock, 200 shs			D - Donation	(mo., da		(mo., da		
1a 10500 SHS - VAI	IDUS HOLDINGS L'	TD		P	11/1	11/14/08 01/05			
<u>b</u>									
<u>c</u>									
<u>d</u>									
(e) Gross sales price	(f) Depreciation allowed		t or other basis			ain or (loss s (f) minus			
205 062	(or allowable)	pius e.	xpense of sale		(e) bing	(1) 11111111111111111111111111111111111	· · ·	,440.	
a 285,962.			196,522	4.			03	,440.	
<u>b</u>									
d	·			-					
e									
	gain in column (h) and owned by t	the foundation	on 12/31/69		(I) Gains (C	ol. (h) gain	minus		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)		òl. (k), but r		n -0-) or		
a							89	,440.	
b			·						
C									
d									
е									
2 Capital gain net income or (net cap	If gain, also enter If (loss), enter -0-			} 2			89	,440.	
3 Net short-term capital gain or (loss								-	
If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8	column (c).			} 3		N/A	<u> </u>		
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Investment In	come				
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment ind	come.)					
If section 4940(d)(2) applies, leave th	is part blank.								
Was the foundation liable for the secti	on 4942 tax on the distributable am	ount of any ye	ar in the base peri	od?			Yes	X No	
If "Yes," the foundation does not quali	fy under section 4940(e). Do not co	mplete this pa	rt						
1 Enter the appropriate amount in e	ach column for each year; see instru	uctions before	making any entrie	S.					
(a) Base period years Calendar year (or tax year beginnin	g in) Adjusted qualifying dist	tributions	Net value of nor	(c) ncharitable-use asse	ts	Dıstrı (col. (b) dı	(d) bution ratio vided by col.	(c))	
2009		9,766.		412,57	5.			59955	
2008		3,556.		581,08				<u> 19141</u>	
2007		2,658.		56,91				46700	
2006		0.			0.			<u>00000</u>	
2005		0.		=	0.	τ-	.0	<u>00000</u>	
2 Total of line 1, column (d)					2		. 9	<u> 25796</u>	
3 Average distribution ratio for the 5		on line 2 by 5,	or by the number	of years	}		_	05456	
the foundation has been in existen	ce if less than 5 years				3		.1	<u>85159</u>	
4 Enter the net value of noncharitable	le-use assets for 2010 from Part X,	line 5			4_		98	<u>,732.</u>	
5 Multiply line 4 by line 3					5		18	,281.	

6

7 Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form **990-PF** (2010)

880.

19,161.

224,956.

See the Part VI instructions.

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

		(2010) THE SECURITAS FOUNDATION							3624			age 4
	rt VI	Excise Tax Based on Investment Income (Section 4940					(e), or 4	948	- see i	nstru	ction	ıs)
1a	Exempt	t operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	ter "N/	/A " o	n line 1	l .)	1				
		ruling or determination letter: (attach copy of letter if nece										
b	Domes	tic foundations that meet the section 4940(e) requirements in Part V, check here	$\cdot \mathbf{x}$	and	d enter	1%	}	1			8	80.
	of Part	I, line 27b										
C	All othe	er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I, I	line 12,	col. (b).)					
2	Tax und	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	hers e	nter	- 0-)			2				<u>0.</u>
3	Add line	es 1 and 2						3_			8	<u>80.</u>
4	Subtitle	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	hers e	enter	-0-)			4				0.
5	Tax ba	sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-						5			8	80.
6	Credits	/Payments:										
а	2010 e	stimated tax payments and 2009 overpayment credited to 2010	6a	_				1				
b	Exempt	t foreign organizations - tax withheld at source	6b	_				1				
C	Tax pai	d with application for extension of time to file (Form 8868)	6c					1				
d	Backup	withholding erroneously withheld	6d					ļ	1			
7	Total cr	redits and payments. Add lines 6a through 6d						7				<u>0.</u>
8	Enter a	ny penalty for underpayment of estimated tax. Check here if Form 2220 is attac	ched					8				<u>2.</u>
		e. If the total of lines 5 and 8 is more than line 7, enter amount owed					>	9		_	<u>8</u>	82.
10	Overpa	yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						10				
		he amount of line 10 to be: Credited to 2011 estimated tax				Ref	ınded ►	11				
	_	-A Statements Regarding Activities									N 1	<u> </u>
1a	During	the tax year, did the foundation attempt to influence any national, state, or local legisl	ation (or di	id it par	ticipate o	r intervene	e in			Yes	
		litical campaign?								<u>1a</u>		X
		pend more than \$100 during the year (either directly or indirectly) for political purpos								_1b		<u>X</u> _
		answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copi	es o	of any i	matenal	s publishe	ed or				
	dıstnb	uted by the foundation in connection with the activities.]		
		foundation file Form 1120-POL for this year?								1c		_X_
d		he amount (if any) of tax on political expenditures (section 4955) imposed during the					_					
		n the foundation. > \$ 0 . (2) On foundation managers.					0.	<u>-</u>				
е		he reimbursement (if any) paid by the foundation during the year for political expendi	ture ta	ıx ım	posed	on found	ation					
		ers. ▶ \$0.										77
2		e foundation engaged in any activities that have not previously been reported to the IF	RSP							2		<u>X</u>
		s," attach a detailed description of the activities				_						
3		e foundation made any changes, not previously reported to the IRS, in its governing i		nent,	, article	s of inco	rporation,	or				77
		s, or other similar instruments? If "Yes," attach a conformed copy of the change								3_	 	<u>X</u>
		e foundation have unrelated business gross income of \$1,000 or more during the year	rv					3.1	1/3	4a		<u>X</u>
		has it filed a tax return on Form 990-T for this year?						Ŋ	I/A	4b	 	X
5		nere a liquidation, termination, dissolution, or substantial contraction during the year?								5		
		s," attach the statement required by General Instruction T	4h.a.e									
ь		e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	uiei.									
	-	anguage in the governing instrument, or	ı dıran	ation.	a that a	onflint ii	ith the etat	o law				
		tate legislation that effectively amends the governing instrument so that no mandator	y un ec	JUUIT	5 mai c	JUITHICE W	ונוו נווכ סנמו	CIAW		6	X	
7		ain in the governing instrument?								7	X	
1		e foundation have at least \$5,000 in assets at any time during the year? s," complete Part II, col (c), and Part XV.								-		
0.			ne\									
oa		he states to which the foundation reports or with which it is registered (see instruction	110)	_								
	NY If the a	nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorne	v Go	neral /	or decine	ate)					
0		inswer is Yes to line 7, has the roundation furnished a copy of Form 990-PF to the A h state as required by General Instruction G? If "No," attach explanation	KOI HE	y ue	neiai (l	น กดอเกิเ	uio)			8b	х	
٥		instate as required by General Instruction G? If No, "attach explanation foundation claiming status as a private operating foundation within the meaning of se	ction 4	4042)(1)(3) v	or 4949/	(5) for cal	endar		00_		
9		outlineation claiming status as a private operating roundation within the meaning of ser O10 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," c					,, 0, 101 001	onuui		9		X
10	-	y persons become substantial contributors during the tax year? If "Yes," attach a schedu					esses			10		X
		, per la contra de la contra del la contra de la contra de la contra del la contra de la contra de la contra de la contra del la contra de la contra de la contra de la contra del la contra del la contra de la contra del la contra										

023541

2005

Form **990-PF** (2010)

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	62,319.
	Average of monthly cash balances	1b	28,275.
	Fair market value of all other assets	1c	9,642.
d	Total (add lines 1a, b, and c)	1d	100,236.
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	100,236.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,504.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	98,732.
6	Minimum investment return. Enter 5% of line 5	6	4,937.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	4,937.
2a	Tax on investment income for 2010 from Part VI, line 5		
ь	Income tax for 2010. (This does not include the tax from Part VI.)	Ţ <u> </u>	
_	Add lines 2a and 2b	2c	880.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,057.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,057.
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	4,057.
	art XII 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	1a	<u> 224,956.</u>
b	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:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	224,956.
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	880.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	224,076.
	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

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,	<u> </u>			
line 7				4,057.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2010:			·	
a From 2005				
b From 2006				
c From 2007				
d From 2008 214,718.				
e From 2009 169,295.				
f Total of lines 3a through e	384,013.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 224,956.			_	
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.			4 055
d Applied to 2010 distributable amount	000 000			4,057.
e Remaining amount distributed out of corpus	220,899.			
5 Excess distributions carryover applied to 2010 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	604,912.			
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 instr.			0.	·=···
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be 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)	0.	 		
8 Excess distributions carryover from 2005	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.	604 010			
Subtract lines 7 and 8 from line 6a	604,912.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007	ĺ			
c Excess from 2008 214,718.				
d Excess from 2009 169, 295. e Excess from 2010 220, 899.				
e Excess from 2010 220,899.			<u>. </u>	Form 990-PF (2010)

Part XIV Private Operating Fo	oundations (see ins		A. guestion 9)	N/A	524100 rage 10
1 a If the foundation has received a ruling or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ 11/ 21	
foundation, and the ruling is effective for					
b Check box to indicate whether the found			section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for	····				
each year listed					
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 Info			f the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see the i	nstructions.)			<u> </u>
1 Information Regarding Foundatio	_				
a List any managers of the foundation wh			ibutions received by the	foundation before the cl	ose of any tax
year (but only if they have contributed n	iore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 10					
b List any managers of the foundation wh			or an equally large portion	on of the ownership of a	partnership or
other entity) of which the foundation has	3 a 10% of greater interes	SL.			
NONE					
2 Information Regarding Contributi					
Check here X if the foundation of the foundation makes gifts, grants, etc.					
					<u> </u>
a The name, address, and telephone num	per of the person to whor	m applications should be	addressed:		
t. The farms in which and best are about di	a sub-sutted and informa	tion and materials that st	aculd include:		
b The form in which applications should be	e submitted and imorna	tion and materials they si	iodia iliciaae.		
- Any submission deadlines:					
c Any submission deadlines;					
d Any restrictions or limitations on award	s such as hy geographic	al areas, charitable fields	kinds of institutions, or o	other factors:	<u> </u>
a with restrictions of intiligations on awal of	, saciras by geograpiilo	ai ai vas, viiai kabie iicius,	do or momenting or t		
023801 12-07-10					Form 990-PF (2010)
		4.0			

Grants and Contributions Paid During th Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
Paid during the year				
SEE STATEMENT 11			N 00	221,3
Total Approved for future payment			▶ 3a	441,3
Approved for fature payment				
NONE				
NONE				
			!	
Total			▶ 3b	

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

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		d by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	Code		-		-
b	_		- -		-
c	1 1		- -		
d					
e	1 1				
1				-	
g Fees and contracts from government agencies					
2 Membership dues and assessments					· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash	•				
investments			14	1,146.	
4 Dividends and interest from securities			14	29.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	89,440.	
9 Net income or (loss) from special events				,	
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	_				
b	_				
c	_				
d	_				
e	_		\bot		
2 Subtotal. Add columns (b), (d), and (e)		C	<u>. </u>	90,615.	
3 Total. Add line 12, columns (b), (d), and (e)				13	90,61
See worksheet in line 13 instructions to verify calculations.)				

Part XVI-B	Relationship of Activities to the Accomplishm	ent of Exempt Purposes
------------	---	------------------------

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
_ +	the foundation 3 exempt purposes (other than by providing lands for such purposes).
000004	

12-07-10

		ECURITAS FOUND	ATION	22-362	4166	Page 13
Part X			and Transactions an	nd Relationships With Noncha	aritable	
4 5 1	Exempt Organ					Vaa Na
		rectly engage in any of the follow				Yes No
)(3) organizations) or in section 5 ation to a noncharitable exempt of 	- · · · · · · · · · · · · · · · · · · ·	allons?		
	Cash	ation to a noncharitable exempt o	n yanızadıdı di.		10(1)	v
٠,	Other assets				1a(1)	X
٠,	er transactions;				1a(2)	- ^
	Sales of assets to a noncharita	ible evennt organization			16(1)	x
		incharitable exempt organization			1b(2)	X
٠,	Rental of facilities, equipment,				1b(3)	X
٠,	Reimbursement arrangements				1b(4)	X
	Loans or loan guarantees				1b(5)	X
	-	embership or fundraising solicitat	ions		1b(6)	X
		alling lists, other assets, or paid ei			1c	X
	- , , , ,	•	• •	ays show the fair market value of the goods,	other asse	
				in any transaction or sharing arrangement,		•
colu	mn (d) the value of the goods,	other assets, or services received	1.			
(a) Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions, and	sharing arra	ingements
		N/A				
			·····			
	 					
	-			-		
	·					
	+					~
On loth	a foundation discatly or indirec	the offiliated with or solated to on	a or more toy everent ergenize	https://dearthed		-
	•	itly affiliated with, or related to, on ir than section 501(c)(3)) or in se		ations described	Yes	X No
	es," complete the following sch		CHOIT J21 ·	·		IVU
<u> </u>	(a) Name of org		(b) Type of organization	(c) Description of relation	ship	
	N/A	<u> </u>	1,-7,-7,-		- · · · · · · · · · · · · · · · · · · ·	
					· · · · · ·	
_						-
						-
				statements, and to the best of my knowledge and b	elief, it is true	s, correct,
Sign	and complete Declaration of prepa	arer (other than taxpayer or fiduciary) is	based on all information of which pro		, ,)
Here	1 / M/ M/4		1 ((15/11	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ash	<u>vr</u>
	Signature of officer or tri		Date	Title		_
	(Print/Type preparer's na	ame Preparer's	signature	Date Check X if PTIN		
Daid		//	$((\lambda + 1)$	self- employed		
Paid	AMY R. ALL		~ · ·	///////		
Prepa Use C		PHILLIPS LLP		Firm's EIN ►		
026 C		E WATE CONDERM	OMD DI			
		35 MAIN STREET, AN FRANCISCO, C		Phone no. (415	. 1721.	-2500
	<u> </u>	LI PRANCISCO, CA	P 74107_1017	Trilone No. / 41.		DE (2010

023622 04-26-11

(415)781-2500 Form **990-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 THE SECURITAS FOUNDATION 22-3624166 Organization type (check one): Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

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) (2010)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

THE SECURITAS FOUNDATION

22-3624166

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN & SARA HENDRICKSON ADDRESS AVAILABLE UPON REQUEST	\$121,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JOHN & SARA HENDRICKSON ADDRESS AVAILABLE UPON REQUEST	\$503,100.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(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) No.	(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) No.	(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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$Sahadula B (Farm	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Employer identification number

THE SECURITAS FOUNDATION

22-3624166

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	90,000 SHARES PREFERRED STOCK OF INTEGRO LTD.		
		\$\$03,100.	12/31/10
(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
		 \$	90, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) of Part III Name of organization Employer identification number 22-3624166 THE SECURITAS FOUNDATION Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$ (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and 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, and ZIP + 4 Relationship of transferor to transferee

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

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
FIRST REPUBLIC BANK						1,:	146.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A			1,:	146.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A	A)
AMERITRADE	•		29.		0.		29.
TOTAL TO FM 990-PF, PART I,	LN 4		29.		0.		29.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
LEGAL FEES		1,261.		0.	-	1,:	261.
TO FM 990-PF, PG 1, LN 16A		1,261.		0.		1,:	261.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		4,282.	2	,141.		2,:	141.
TO FORM 990-PF, PG 1, LN 16B		4,282.	2	,141.		2,:	141.

FORM 990-PF	ΔΑΤ	KES 			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC	ST-	(C) ADJUSTED NET INCOM		
US TREASURY FRANCHISE TAX BOARD	79. 10.		0. 10.			0.
TO FORM 990-PF, PG 1, LN 18 =	89.		10.			0.
FORM 990-PF	OTHER I	EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC	EST-	(C) ADJUSTED NET INCOM		
FEES AND REGISTRATION BANK FEES MISCELLANEOUS	268. 200. 165.	•	134. 200. 83.			34. 0. 82.
TO FORM 990-PF, PG 1, LN 23	633.		417.			16.
FORM 990-PF	CORPORAT	TE STOCK			STATEMENT	7
DESCRIPTION			вос	OK VALUE	FAIR MARKE	T
SECURITIES - AMERITRADE ACCOUNT	JNT			0.		0.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B			0.		0.
FORM 990-PF	OTHER IN	/ESTMENTS			STATEMENT	8
DESCRIPTION		ALUATION METHOD	вос	OK VALUE	FAIR MARKE' VALUE	T
				416.	4:	16.
MONEY MARKET - AMERITRADE ACC SECURITIES - INTEGRO STOCK INVESTMENTS IN SFRI, LLC	COUNT	COST FMV COST		503,100. 200,000.	503,1 200,0	

FORM 990-PF	OTHER ASSETS		STATEMENT	9
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE	r
PROMISSORY NOTE - CUNA MUTUAL	19,283.	9,642.	9,6	42.
TO FORM 990-PF, PART II, LINE 15	19,283.	9,642.	9,6	42.
10141 330 11	' XV - LINE 1A 'OUNDATION MANAGE	RS	STATEMENT	10

NAME OF MANAGER

JOHN HENDRICKSON SARA HENDRICKSON

FORM 990-PF

STATEMENT 11

	DURING THE YEAR		EWENT II
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
BAY AREA WOMEN'S & CHILDREN'S CENTER 318 LEAVENWORTH STREET SAN FRANCISCO, CA 94102	NONE CHARITABLE	501(C)3	100.
BREAKTHROUGH COLLABORATIVE 545 SANSOME STREET, SUITE 700 SAN FRANCISCO, CA 94111	NONE CHARITABLE	501(C)3	100.
SAN FRANCISCO DAY SCHOOL 350 MASONIC AVENUE SAN FRANCISCO, CA 94118	NONE CHARITABLE	501(C)3	100.
CHILDREN'S DAY SCHOOL 333 DOLORES STREET SAN FRANCISCO, CA 94110	NONE CHARITABLE	501(C)3	6,000.
DEL SOL QUARTET 754 46TH AVENUE SAN FRANCISCO, CA 94121	NONE CHARITABLE	501(C)3	500.
GERMANTOWN FRIENDS SCHOOL 31 WEST COULTER STREET PHILADELPHIA, PA 19144	NONE CHARITABLE	501(C)3	5,000.
JUVENILE DIABETES RESEARCH FOUNDATION 49 STEVENSON STREET, STE 1200 SAN FRANCISCO, CA 94105	NONE CHARITABLE	501(C)3	25.
LEADERSHIP PUBLIC SCHOOLS 2601 MISSION STREET, 9TH FLOOR SAN FRANCISCO, CA 94110	NONE CHARITABLE	501(C)3	75.

GRANTS AND CONTRIBUTIONS

THE SECURITAS FOUNDATION			22-3624166
LICK WILMERDING HIGH SCHOOL 755 OCEAN AVENUE SAN FRANCISCO, CA 94112		501(C)3	12,500.
MICHAEL WOLK HEART FOUNDATION 520 E 72ND STREET NEW YORK, NY 10021		501(C)3	100.
NEIGHBORHOOD PARKS COUNCIL 451 HAYES STREET, 2ND FLOOR SAN FRANCISCO, CA 94102		501(C)3	250.
NORTHWESTERN UNIVERSITY 2020 RIDGE AVENUE EVANSTON, IL 60208		501(C)3	17,500.
NEW YORK ATHLETIC CLUB WATER POLO 180 CENTRAL PARK SOUTH NEW YORK, NY 10019	NONE CHARITABLE	501(C)3	7,500.
OLYMPIC CLUB FOUNDATION PO BOX 280608 SAN FRANCISCO, CA 94128		501(C)3	1,000.
OXBOW SCHOOL 530 THIRD STREET NAPA, CA 94559	NONE CHARITABLE	501(C)3	200.
PUBLIC ADVOCATES INC 131 STEUART ST, SUITE 300 SAN FRANCISCO, CA 94105	NONE CHARITABLE	501(C)3	100.
ROBERT E. REED GASTROINTESTINAL ONCOLOGY RESEARCH FOUNDATION PO BOX 530186 BIRMINGHAM, AL 35253	NONE CHARITABLE	501(C)3	195.
SAN FRANCISCO EDUCATION FUND 727 GOLDEN GATE AVE, 2ND FLOOR SAN FRANCISCO, CA 94102	NONE CHARITABLE	501(C)3	4,625.

THE SECURITAS FOUNDATION			22-3624166
SAN FRANCISCO FRIENDS SCHOOL 250 VALENCIA STREET SAN FRANCISCO, CA 94103	NONE CHARITABLE	501(C)3	500.
SAN FRANCISCO GIRLS CHORUS 44 PAGE STREET, SUITE 200 SAN FRANCISCO, CA 94102		501(C)3	10,150.
SAN FRANCISCO JAZZ ORGANIZATION THREE EMBARCADERO CENTER, LOBBY LEVEL SAN FRANCISCO, CA 94111	NONE CHARITABLE	501(C)3	120.
SAN FRANCISCO OPERA 301 VAN NESS AVENUE SAN FRANCISCO, CA 94102	NONE CHARITABLE	501(C)3	58,411.
ST. JOHN'S UNIVERSITY 8000 UTOPIA PARKWAY NEW YORK, NY 11439	NONE CHARITABLE	501(C)3	35,000.
STANFORD JAZZ WORKSHOP PO BOX 20454 STANFORD, CA 94309	NONE CHARITABLE	501(C)3	150.
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	NONE CHARITABLE	501(C)3	40,000.
THE URBAN SCHOOL OF SAN FRANCISCO 1563 PAGE STREET SAN FRANCISCO, CA 94117	NONE CHARITABLE	501(C)3	347.
UCLA ANDERSON SCHOOL OF MANAGEMENT - 110 WESTWOOD PLAZA, MULLIN MGMT COMMONS, SUITE F315 LOS ANGELES, CA 90095	NONE CHARITABLE	501(C)3	500.
UNIVERSITY OF CALIFORNIA SANTA BARBARA WATER POLO UCSB ICA BUILDING STE 2104 SANTA BARBARA, CA 93106	NONE CHARITABLE	501(C)3	5,000.

THE SECURITAS FOUNDATION			22-3624166
USA WATER POLO 2124 MAIN STREET, SUITE 210 HUNTINGTON BEACH, CA 92648	NONE CHARITABLE	501(C)3	10,000.
VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604	NONE CHARITABLE	501(C)3	5,000.
VILLA SINFONIA FOUNDATION 151 VILLA TERRACE SAN FRANCISCO, CA 94114	NONE CHARITABLE	501(C)3	100.
WORLD LEARNING INTERNATIONAL DEVELOPMENT PROGRAM 1 KIPLING ROAD, PO BOX 676 BRATTLEBORO, VT 05302	NONE CHARITABLE	501(C)3	90.
AMERICAN FRIENDS SERVICE COMMITTEE 1501 CHERRY STREET PHILADELPHIA, PA 19102	NONE CHARITABLE	501(C)3	100.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		221,338.

	68 (Rev_1-2011)					Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	ОX		■ [X]
	nly complete Part II if you have already been granted an a		• • •	Form 8	3868.	
	are filing for an Automatic 3-Month Extension, complete					
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies n	eeded)	
Туре ог	Name of exempt organization			Empl	oyer identification	n number
orint	THE SECURITAS FOUNDATION			2	2-3624166	
ile by the extended	Number, street, and room or suite no. If a P.O. box, se	ee instruc	tions.			
due date fo	242 CALIFORNIA STREET					
iling your eturn See	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
nstruction:	SAN FRANCISCO, CA 94111					
			-			
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Applica	tion	Return	Application			Return
s For		Code	Is For			Code
Form 99		01	13 1 01			Oode
Form 99		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		04	Form 5227			10
orm 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
NTON: -	No mak appendigks Doub II if was suremanded by a discount amount of					
<u> </u>	to not complete Part II if you were not already granted	an auton	natic 3-month extension on a previou	sly file	d Form 8868.	
<u> </u>	JOHN HENDRICKS		natic 3-month extension on a previou	ısly file	d Form 8868.	
		N				
• The b	JOHN HENDRICKS	N				
The t	JOHN HENDRICKS cooks are in the care of > 242 CALIFORNIA	ON STRE	ET - SAN FRANCISCO, FAX No. ▶			. 🗆
The to	JOHN HENDRICKS of the proof of	STRE	ET - SAN FRANCISCO, FAX No. ►	CA	94111 the whole group.	
The to	JOHN HENDRICKS (cooks are in the care of ► 242 CALIFORNIA whone No. ► 415-885-6400 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ►	STRE	ET - SAN FRANCISCO, FAX No. ▶ inted States, check this box emption Number (GEN) If the challest with the names and EINs of all	CA	94111 the whole group.	
The to Telepoint If the box 1 or 1	JOHN HENDRICKS (cooks are in the care of ▶ 242 CALIFORNIA (chone No. ▶ 415-885-6400 (corganization does not have an office or place of business (is for a Group Return, enter the organization's four digit (color of the group, check this box ▶ (color of the group, check this box ▶ (color of the group)	STRE	ET - SAN FRANCISCO, FAX No. ►	CA	94111 the whole group.	
The true of the state of the st	JOHN HENDRICKSO cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ equest an additional 3-month extension of time until or calendar year 2010, or other tax year beginning	STRE	ET - SAN FRANCISCO, FAX No. ▶ inted States, check this box emption Number (GEN) If the ich a list with the names and EINs of all BER 15, 2011 , and ending	CA	94111 the whole groupers the extension	
The true of the state of the st	JOHN HENDRICKS of the property of the propert	STRE	ET - SAN FRANCISCO, FAX No. ▶ inted States, check this box emption Number (GEN) If the ich a list with the names and EINs of all BER 15, 2011 , and ending	CA	94111 the whole groupers the extension	
The treep of this soox 1 or 1	JOHN HENDRICKS of the proof of	STRE	ET - SAN FRANCISCO, FAX No. ▶ inted States, check this box emption Number (GEN) If the ich a list with the names and EINs of all BER 15, 2011 , and ending	CA	94111 the whole groupers the extension	
The treep of this soox 1 from	JOHN HENDRICKS of the core of ► 242 CALIFORNIA whone No. ► 415-885-6400 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ► equest an additional 3-month extension of time until or calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months, concluded the calculation of the control of the control of the group of the tax year entered in line 5 is for less than 12 months, concluded the calculation of t	STRE	ET - SAN FRANCISCO, FAX No. ►	CA is is for memb	94111 the whole group, ers the extension eturn	is for
The treep If the If this poor 1 Fc 6 If [7 Single Park P	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of lift is for part of the group, check this box ▶ equest an additional 3-month extension of time until or calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months, concluded the care in detail why you need the extension Nadditional Extension OF TIME	STRE	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the light a list with the names and EINs of all BER 15, 2011 , and ending Initial return	CA mis is for memb	94111 the whole group, ers the extension eturn DER TO GA	is for
The true of true o	JOHN HENDRICKS (cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ equest an additional 3-month extension of time until or calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months, concluded the cate in detail why you need the extension NADDITIONAL EXTENSION OF TIRLIBLITEMS OF INCOME AND DEDUCTIONAL EXTENSION DEDUCTIONAL EXTENSION OF TIRLIBLITEMS OF INCOME AND DEDUCTIONAL EXTENSION DESUCTIONAL EXTEN	STRE	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the light a list with the names and EINs of all BER 15, 2011 , and ending Initial return	CA mis is for memb	94111 the whole group, ers the extension eturn DER TO GA	is for
The true Telep If the If this box 1 Ir 1 I	JOHN HENDRICKSO cooks are in the care of ▶ 242 CALIFORNIA shone No. ▶ 415-885-6400 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ □ equest an additional 3-month extension of time until or calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months, color change in accounting period ate in detail why you need the extension NADDITIONAL EXTENSION OF TIRLIBLE ITEMS OF INCOME AND DEDUCTETURN MAY BE FILED.	STRE	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interprise Number (GEN) If the check a list with the names and EINs of all BER 15, 2011 , and ending, and ending FILE IS REQUIRED IN SO THAT A COMPLETE A	CA mis is for memb	94111 the whole group, ers the extension eturn DER TO GA	is for
The treep If the If this box 14 Ir 15 Fc 6 If 14 A A A A B B A If	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ □ equest an additional 3-month extension of time until □ or calendar year 2010, or other tax year beginning □ the tax year entered in line 5 is for less than 12 months, c□ Change in accounting period ate in detail why you need the extension □ N ADDITIONAL EXTENSION OF TIRLITEMS OF INCOME AND DEDUCTOR ETURN MAY BE FILED. this application is for Form 990-BL, 990-PF, 990-T, 4720, or the care in the care of the extension of the exte	STRE	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interprise Number (GEN) If the check a list with the names and EINs of all BER 15, 2011 , and ending, and ending FILE IS REQUIRED IN SO THAT A COMPLETE A	CA is is for memb Final r OR	94111 The whole groupers the extension eturn DER TO GA ACCURATE	S for.
The k Telep If the If this OOX 4 Ir 5 Fc 6 If 7 Si A R R	JOHN HENDRICKSO cooks are in the care of ▶ 242 CALIFORNIA chone No. ▶ 415-885-6400 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ equest an additional 3-month extension of time until 1 or calendar year 2010, or other tax year beginning 1 the tax year entered in line 5 is for less than 12 months, concluded the extension 12 months, concluded the extension 13 month extension 14 months, concluded the extension 15 months are in detail why you need the extension 15 months of 17 months 17 months 17 months 17 months 18 months 19 mon	STRE	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the chiral list with the names and EINs of all BER 15, 2011 , and ending, and ending Initial return FILE IS REQUIRED IN SO THAT A COMPLETE A complete the tentative tax, less any	CA mis is for memb	94111 the whole group, ers the extension eturn DER TO GA	is for
The true Telep If the If this book 4	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ cequest an additional 3-month extension of time until or calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months, compared in detail why you need the extension NADDITIONAL EXTENSION OF TILL ITEMS OF INCOME AND DEDUCTOR ETURN MAY BE FILED. This application is for Form 990-PF, 990-PF, 990-T, 4720, or onrefundable credits See instructions This application is for Form 990-PF, 990-T, 4720, or 6069, this application is for Form 990-PF, 990-T, 4720, or 6069, this application is for Form 990-PF, 990-T, 4720, or 6069,	STRE In the Ur Group Exe and atta NOVEM heck reas ME TO FION or 6069, e enter any	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the chiral list with the names and EINs of all BER 15, 2011 , and ending Initial return FILE IS REQUIRED IN SO THAT A COMPLETE A complete the tentative tax, less any refundable credits and estimated	CA is is for memb Final r OR	94111 The whole groupers the extension eturn DER TO GA ACCURATE	S for.
The true Telep If the If this pox 4 Ir 5 For 6 If A A R 8a If b If	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the extension of the tax year entered in line 5 is for less than 12 months, contained in accounting period ate in detail why you need the extension of the accounting period ate in detail why you need the extension of the part of the group. The part of the group of th	STRE In the Ur Group Exe and atta NOVEM heck reas ME TO FION or 6069, e enter any	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the chiral list with the names and EINs of all BER 15, 2011 , and ending Initial return FILE IS REQUIRED IN SO THAT A COMPLETE A complete the tentative tax, less any refundable credits and estimated	CA IIIS IS FOI Memb Final r OR AND 8a	94111 the whole group ers the extension eturn DER TO GAACCURATE	THER
The transfer of the transfer o	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, or payments made. Include any prior year overpayment all reviously with Form 8868.	STREI S In the Ur Group Exe and atta NOVEM heck reas ME TO FION or 6069, e enter any owed as a	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the list with the names and EINs of all BER 15, 2011 , and ending on: Initial return FILE IS REQUIRED IN SO THAT A COMPLETE A complete the tentative tax, less any refundable credits and estimated a credit and any amount paid	CA is is for memb Final r OR	94111 The whole groupers the extension eturn DER TO GA ACCURATE	S for.
The transfer of the transfer o	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this application is for Form 990-BL, 990-PF, 990-T, 4720, or for part of the group this application is for Form 990-PF, 990-T, 4720, or for part of the group that is application is for Form 990-PF, 990-T, 4720, or for part of the group that is application is for Form 990-PF, 990-T, 4720, or for part of the group that is application is for Form 990-PF, 990-T, 4720, or for part of the group that is application is for Form 990-PF, 990-T, 4720, or for part of the group that is application is for Form 990-PF, 990-T, 4720, or for part of the group that is a part of the group tha	STREI S In the Ur Group Exe and atta NOVEM heck reas ME TO FION or 6069, e enter any lowed as a	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the list with the names and EINs of all BER 15, 2011 , and ending on: Initial return FILE IS REQUIRED IN SO THAT A COMPLETE A complete the tentative tax, less any refundable credits and estimated a credit and any amount paid	CA IIIS IS FOI Memb Final r OR AND 8a	94111 the whole group ers the extension eturn DER TO GAACCURATE	THER
The transfer of the transfer o	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ □ equest an additional 3-month extension of time until or calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months, cooking in accounting period attein detail why you need the extension NADDITIONAL EXTENSION OF TIRLITEMS OF INCOME AND DEDUCTETURN MAY BE FILED. This application is for Form 990-BL, 990-PF, 990-T, 4720, or one fundable credits See instructions this application is for Form 990-PF, 990-T, 4720, or 6069, at payments made. Include any prior year overpayment all reviously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your pates.	STREI S In the Ur Group Exe and atta NOVEM heck reas ME TO FION or 6069, e enter any owed as a syment with uctions	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the second list with the names and EINs of all BER 15, 2011 , and ending, and ending FILE IS REQUIRED IN SO THAT A COMPLETE A complete the tentative tax, less any refundable credits and estimated a credit and any amount paid with this form, if required, by using	CA Is is for memb Final r NOR NND 8a	94111 The whole groupers the extension eturn DER TO GA ACCURATE \$	THER 0.
The k Telep If the If this Soox 4 Ir 5 Fo 6 If R 8a If b If ta	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whone No. ▶ 415-885-6400 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ □ equest an additional 3-month extension of time until or calendar year 2010, or other tax year beginning the tax year entered in line 5 is for less than 12 months, cooking in accounting period attein detail why you need the extension NADDITIONAL EXTENSION OF TIRLITEMS OF INCOME AND DEDUCTETURN MAY BE FILED. This application is for Form 990-BL, 990-PF, 990-T, 4720, or one fundable credits See instructions this application is for Form 990-PF, 990-T, 4720, or 6069, at payments made. Include any prior year overpayment all reviously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your pates.	STREI S In the Ur Group Exe and atta NOVEM heck reas ME TO FION or 6069, e enter any lowed as a syment with uctions ature any ing accomp	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the check a list with the names and EINs of all BER 15, 2011 , and ending, and ending Initial return FILE IS REQUIRED IN SO THAT A COMPLETE A complete the tentative tax, less any refundable credits and estimated a credit and any amount paid the this form, if required, by using and Verification.	CA III III III III III III III III III I	94111 The whole group ers the extension eturn DER TO GA ACCURATE \$	0 • 0 •
The k Telep If the If this box 4 Ir 5 Fo 6 If 7 Si A A R 8a If b If ta	JOHN HENDRICKS of cooks are in the care of ▶ 242 CALIFORNIA whose No. ▶ 415-885-6400 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this box ▶ 1. If it is for part of the group, check this period attention accounting period attention in accounting period attention in the same of the extension Included any property of the property of the part of the group in the same of the part of the	STREI SIN THE Ur Group Exe and atta NOVEM THE TO FION or 6069, e enter any lowed as a syment write uctions ature ar ing accomp	ET - SAN FRANCISCO, FAX No. ▶ Inted States, check this box Interpretation Number (GEN) If the check a list with the names and EINs of all BER 15, 2011 , and ending, and ending Initial return FILE IS REQUIRED IN SO THAT A COMPLETE A complete the tentative tax, less any refundable credits and estimated a credit and any amount paid the this form, if required, by using and Verification.	CA III III III III III III III III III I	94111 The whole group, ers the extension eturn DER TO GA ACCURATE \$ \$ \$ f my knowledge and	0. 0.

023842 01-24-11