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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.

OMB No 1545-0052

For	calen	dar year 2010, or tax yea	ır beginning		, and ending		
G	heck	all that apply:	Initial return Amended return	Initial return of a fo		Final returr	1
Nai	ne of	foundation	- Antinded Fetalii	Address chang		A Employer Identification	n number
		OT ANDED EX	MTTV POINTS	MION INC		94-3400451	
Nur	nbera		MILY FOUNDA If mail is not delivered to street		Room/suite	B Telephone number	
		•	EN BLVD. 11T	•		(650) 948-	.8737
Cit	or to	own, state, and ZIP code	11, DEVD1 1111	1 1 2001		C if exemption application is p	
		SAN JOSE,	CA 95113-2	226		D 1. Foreign organization:	
н	heck	type of organization:	X Section 501(c)(3) ex			Foreign organizations me check here and attach co	
] Se	ction 4947(a)(1) nonexem	pt charitable trust	Other taxable private founda	tion	E If private foundation sta	
I Fa	ir ma	arket value of all assets at e	end of year J Accounting	=	Accrual	under section 507(b)(1)(A), check here
		Part II, col. (c), line 16)	Ot Ot	her (specify)		F If the foundation is in a	
D				mn (d) must be on cash b	• • • • • • • • • • • • • • • • • • • •	under section 507(b)(1	
	ırt I	(The total of amounts in columnecessarily equal the amoun	mns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grant	-			N/A	
iue	2	Check X if the foundation					
	3	cash investments		283.	283.		STATEMENT 1
	4	Dividends and interest fro	om securities	79,770.	79,770.		STATEMENT 2
		Gross rents Net rental income or (loss)					
	آ ۽ ا	Net gain or (loss) from sale of	annets net en line 10	-90,138.		H RI	CEIVED
	Ь	Gross sales price for all	150,503.			1-	
Revenue	7	Capital gain net income (from			0.	m Al	G 1 8 224 S
æ	8	Net short-term capital gai	• •			i L	1 - 2011 0 -
	9	Income modifications				QG	DENTIE
	10a	Gross sales less returns and allowances					- LIV, UI
	1	Less Cost of goods sold					
	l	Gross profit or (loss)		1 000	1 000		
	11	Other income	L 44	-1,088. $-11,173.$	-1,088. 78,965.		STATEMENT 3
_	12 13	Total. Add lines 1 throug Compensation of officers, dire		-11,1/3.	78,965.		0.
	14	Other employee salaries a		0.	0.		0.
	15	Pension plans, employee	•				
nses	16a	Legal fees				-	
Sen:	Ь	Accounting fees	STMT 4	6,175.	0.		0.
ă	c	Other professional fees					
ijve	17	Interest .	<u> </u>	286.	0.		0.
Operating and Administrative Expe	18	Taxes	STMT 5	-1,551.	0.		0.
	19	Depreciation and depletio	on		- ·		
₹	20	Occupancy Travel, conferences, and	meetings				
ي ف	20	Printing and publications					
7 ia ⊃ 60	23	Other expenses	STMT 6	92.	0.		0.
	24	Total operating and adm					<u> </u>
) Der		expenses. Add lines 13 ti		5,002.	0.		0.
0	25	_ ·		197,840.			197,840.
•	26	Total expenses and disb	ursements.	Ţ.,	-		
		Add lines 24 and 25		202,842.	0.		197,840.
	27	Subtract line 26 from line	-	214 245			
	ı	Excess of revenue over expen		-214,015.	78,965.		
	l	Net investment income (if no	-		10,303.	N/A	
0235 12-0			eduction Act Notice, see 1	the instructions.			Form 990-PF (2010)

023511 12-07-10 3,492,360.

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Decreases not included in line 2 (itemize)

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

09240812 350757 00586

3

	n 990-PF (2010) OLANDER FAMILY FOUNDATION, INC art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or		3400			Page 4
		4940	- see ir	IStru	CLIO	15)_
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				7	0.0
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	 			90.
	of Part I, line 27b		Ì			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	-			$\frac{0.}{90.}$
3	Add lines 1 and 2	3	-			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	+			0.
_	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 			90.
6	Credits/Payments:					
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	_	1			
	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
	I Backup withholding erroneously withheld	┥ _				^
	Total credits and payments. Add lines 6a through 6d	7	-			$\frac{0}{2}$
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	1			<u>22.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	-			<u> 12.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ			
	Enter the amount of line 10 to be: Credited to 2011 estimated tax art VII-A Statements Regarding Activities	<u> 11</u>	1			
			T		Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interversity political campaign?	ine in	ŀ	10	163	
h	o Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	2	-	1a 1b		$\frac{x}{x}$
U	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis			וטו		<u> </u>
	distributed by the foundation in connection with the activities.	ried or				
c	Did the foundation file Form 1120-POL for this year?			1c		X
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ŀ	10		
u		١.				
A	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
Ŭ	managers. > \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
_	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n. or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Ī	4a		X
	o If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A [4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		· [5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the s	ate law				
	remain in the governing instrument?		. [6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?		. [7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	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	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for one of the foundation claiming status as a private operating status as a section of the foundation claiming status as a section claim of the foundation claiming status as a section of the foundation claiming status as a section claim of the foundation claiming status as a section of the foundation claiming status as a section claim of the foundation claiming status as a section claim of the foundation claiming status as a section claim of the foundation claim of the f	alendar	[
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

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	rt 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		<u>x</u>
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 exemption application?		13	Х	
	Website address ► N/A The books are in care of ► KNIGHT & COMPANY CPA'S Telephone no.	16E01	0 4 0	-87	27
14	The books are in care of ► KNIGHT & COMPANY CPA'S Located at ► 425 FIRST ST # A, LOS ALTOS, CA Telephone no.			-0/	<u>3 /</u>
4-		ZIP+4 ▶ <u>94</u>	U		$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	1 45 1	3.1	/A	لـــا
40	and enter the amount of tax-exempt interest received or accrued during the year	15	1/4	Yes	No
10	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	1	10	163	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	}	16		
	the foreign country				
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	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?	es 🗶 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	a disqualified person?	es 🗓 No			
	· · · · · · · · · · · · · · · · · · ·	es 🔀 No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Ye	es 🗶 No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			İ	
	for the benefit or use of a disqualified person)?	es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	rf the foundation agreed to make a grant to or to employ the official for a period after	(==1			
		es X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	▶└			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2010?		<u>1c</u>		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$):				
a	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	g l			
	before 2010?	es X No			
	If "Yes," list the years \blacktriangleright ,,,,,				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	t			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ı		i	
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
3a					
	• • • • • • • • • • • • • • • • • • • •	es 🗶 No			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons af				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to d	-			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C				
	Form 4720, to determine if the foundation had excess business holdings in 2010.)	N/A	3b	<u> </u>	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	 	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b		<u>X</u>
		Form	n 99 ()-PF (2010)

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Part VII-B Statements Regarding Activities for Which I 5a During the year did the foundation pay or incur any amount to:	orm 4/20 May be r	requirea (contin	ued)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(a)\2		es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	. ,,	••••		
any voter registration drive?	• •		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		· —	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
• •		□ v _é	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,				
the provention of cruelty to children or enimale?	or cododitional purposses, or .		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	 Ier the excentions described :			1
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	56
Organizations relying on a current notice regarding disaster assistance check h	•			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		 Ined		
			s 🗀 No	
expenditure responsibility for the grant?		1/A	** NO	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			
a personal benefit contract?	pay premiums on		es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	oreand banefit contract?			6b X
	ersonal Denenit Contract?		· · · -	6b X
If "Yes" to 6b, file Form 8870.	haltar transaction 0	v.	s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	· ·			76
b If "Yes," did the foundation receive any proceeds or have any net income attribution. Doct VIII Information About Officers, Directors, Trust		nogoro Highli		7b
Part VIII Paid Employees, and Contractors	ees, roundation wa	inagers, nigni	y	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other allowances
RONALD OLANDER	to position DIRECTOR	`enter'-0-)'	compensation	allowalices
PO BOX 4096	DIRECTOR			
TRUCKEE, CA 96160	0.00	0.	ا م	0
TRUCKEE, CA 90100	0.00	· · ·	0.	0.
		ļ	-	
		_		
				į
2 Compensation of five highest-paid employees (other than those inc	looded on the call Manager			
2 Compensation of live nignest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other
	devoted to position		compensation	allowances
NONE				1
		<u> </u>		
		1		
				İ
			<u> </u>	<u> </u>
Total number of other employees paid over \$50,000			>	, 0
			Form 9	990-PF (2010)

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	• •	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Con	npensation
NONE			
Total number of others receiving over \$50,000 for professional services		D	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferenc	tical information such as the	Expense	······································
1 N/A		-	
	· · · · · · · · · · · · · · · · · · ·		
2			
		i	
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total Add lines 1 through 3			0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··
	Average monthly fair market value of securities	1a	3,659,029.
b	Average of monthly cash balances	1b	29,284.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,688,313.
	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	3,688,313.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	55,325.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,632,988.
6	Minimum investment return. Enter 5% of line 5	6	181,649.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
P	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	181,649.
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.)		
C	Add lines 2a and 2b	2c	790.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	180,859.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	180,859.
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	180,859.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		405.040
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	197,840.
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	
þ	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	<u> 197,840.</u>
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	790.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u> 197,050.</u>
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for	the section

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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				180,859.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			167,665.	
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				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ▶\$ 197,840.				
a Applied to 2009, but not more than line 2a			167,665.	
b Applied to undistributed income of prior			107,003.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				•
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				30,175.
e Remaining amount distributed out of corpus	0.			30,173.
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))	· · ·			<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			<u></u>
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				150,684.
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.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:	!			
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				<u> </u>
				Form QQA-DF (2010)

	FAMILY FO				100451 Page 10
Part XIV Private Operating Fo	oundations (see i	nstructions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter th	at it is a private operating			
foundation, and the ruling is effective for		- •	▶ ∟	-	
b Check box to indicate whether the found	ation is a private opera	ting foundation described	ın section	4942(j)(3) or4	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				1	
exempt activities					
e Qualifying distributions made directly			<u> </u>		
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		1			
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		1			
an exempt organization					·
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comp	ete this part only	if the foundation	n had \$5,000 or n	ore in assets
at any time during t	he year-see the	instructions.)			
1 Information Regarding Foundatio	_				
a List any managers of the foundation whi			tributions received by th	e foundation before the c	ose of any tax
year (but only if they have contributed m	iore than \$5,000). (See	section 507(a)(2).)			
NONE	 				
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	tion of the ownership of a	partnership or
NONE	-				
2 Information Regarding Contributi	on Grant Gift Loa	n Scholarshin etc. D	rograms.		
Check here X if the foundation of the foundation makes gifts, grants, etc.	nly makes contribution	s to preselected charitable	organizations and does		
				oompioto itomo za, v, t, a	10 U.
a The name, address, and telephone num	oer of the person to wh	om applications snould be	e addressed:		
b The form in which applications should b	e submitted and inform	nation and materials they s	hould include:		
c Any submission deadlines:					-
d Any restrictions or limitations on awards	s, such as by geograph	ical areas, charitable fields	, kinds of institutions. or	other factors:	
,	.,, goog.up	and the second s	, =>		
023601 12-07-10					Form 990-PF (2010)

orm 990-PF (2010) OLANDER FAMIL Part XV Supplementary Information	Y FOUNDATION, (continued)	INC	94-340	0451 Page 11
3 Grants and Contributions Paid During the Ye	· · · · · · · · · · · · · · · · · · ·	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
a Paid during the year				
			1	
		,		
		!		
•				
				•
SEE STATEMENT 8		_	<u> </u>	107.040
Total b Approved for future payment			<u>▶ 3a</u>	197,840.
B Approved for future payment				
NONE				
<u> </u>				
		İ	i	

Form **990-PF** (2010)

Total 023611 12-07-10

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Allibuist	
<u> </u>		.	+ +		
		 			
<u> </u>	 				
d					<u> </u>
e			1		
			-		
g Fees and contracts from government agencies					
2 Membership dues and assessments		 -			·
3 Interest on savings and temporary cash investments			14	283.	
4 Dividends and interest from securities			14	79,770.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					-
6 Net rental income or (loss) from personal property					
7 Other investment income			14	-1,088.	
8 Gain or (loss) from sales of assets other			1 - 1		
than inventory			18	-90,138.	
9 Net income or (loss) from special events			1 - 1	<u></u>	.
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		().	-11,173.	0.
13 Total. Add line 12, columns (b), (d), and (e)		`	. +1 1	13_	-11.173.
(See worksheet in line 13 instructions to verify calculations.)		• ••		, <u> </u>	

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

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).						

023621 12-07-10

Form **990-PF** (2010)

Form 990-PF (2010) OLANDER FAMILY FOUNDATION, 94-3400451 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge Sign President Here Signature of officer or trustee Print/Type preparer's name Date Check PTIN Preparer's signature self- employed Paid 08/12/11 KIRK KNIGHT **Preparer** Firm's name ► KNIGHT & COMPANY Firm's EIN ▶ **Use Only**

Form **990-PF** (2010)

(650)948-8737

Phone no.

STE A CA 94022

Firm's address ▶ 425 FIRST ST

LOS ALTOS.

94-3400451 OLANDER FAMILY FOUNDATION, PAGE OF Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a 500 SHS AT&T INC |08/23/07|10/22/10 b 77 SHS AMERICAN INTL GROUP INC P 08/13/0205/06/10 c 500 SHS AVERY DENNISON CORP P |08/13/02|07/12/10 SHS CINTAS CORP P d 300 12/19/02|10/26/10 e 500 P SHS CGMI 05/15/03|10/26/10 f 400 P SHS MSC INDUSTRIAL DIRECT CO 05/07/0707/13/10 g 600 SHS SIGMA-ALDRICH CORP P 10/09/02|10/01/10 h 900 SHS TJX COMPANIES INC P VARIOUS 12/07/10 CAPITAL GAINS DIVIDENDS k m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 13,797. 20,275 -6.478.a 2,791. 95,957 -93,166. b -14,232.17,013. 31,245 C 8,093. 14,377 -6,284.d 13,488. 18,653. -5,165. е <u> 19,3</u>76. 19,924. -548. 35,766. 13,219 22,547. g 40,111. h 26,991 13,120. 68 68. ١ m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) (I) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -6,478.a -93,166. b <u>-14,232.</u> C -6,284. d -5,165. е -548. f 22,547. 13,120. h 68. m n 0 If gain, also enter in Part I, line 7 If (loss), enter *-0-* in Part I, line 7 2 Capital gain net income or (net capital loss) -90,138. 2

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

N/A

FORM 990-PF INTEREST ON SAVINGS A	AND TEM	IPORARY C	ASH :	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
CEDAR FAIR LP				-	2	83.
TOTAL TO FORM 990-PF, PART I, LIN	E 3, CC	OLUMN A		=	2	83.
FORM 990-PF DIVIDENDS AND	D INTER	REST FROM	SEC	URITIES	STATEMENT	2
SOURCE	GROSS	S AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
SMITH BARNEY 546-23660-13 032		79,838.		68.	79,770	
TOTAL TO FM 990-PF, PART I, LN 4		79,838.		68.	79,7	70.
FORM 990-PF	OTHER 1	INCOME			STATEMENT	3
DESCRIPTION		(A) REVENUE PER BOOKS		(B) NET INVEST- MENT INCOME		
CEDAR FAIR, LP - SSB ACCT BMAC 2004 POOL, LLC			586. 502.	-586 -502		
TOTAL TO FORM 990-PF, PART I, LIN	E 11 =	-1,(088.	-1,088	•	
FORM 990-PF A	CCOUNT	ING FEES	·		STATEMENT	4
EXP	(A) ENSES BOOKS	(B) NET INVI MENT IN				
ACCOUNTING	6,175	•	0	•		0.
TO FORM 990-PF, PG 1, LN 16B	6,175		0	•		0.

FORM 990-PF	TAX	ES		·-·	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
LICENSES & FEES INTERNAL REVENUE SERVICE	35. -1,586.		0.			0.	
TO FORM 990-PF, PG 1, LN 18	-1,551.		0.			0.	
FORM 990-PF	OTHER E	XPENSES		<u> </u>	STATEMENT	6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
OTHER EXPENSE	92.		0.			0.	
TO FORM 990-PF, PG 1, LN 23	92.		0.			0.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7	
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T	
SECURITIES ACCOUNT BMAC 2004 POOL LP INT		COST COST	3	3,507,138. -31,469.	3,774,3 -31,4		
TOTAL TO FORM 990-PF, PART I	I, LINE 13	_		3,475,669.	3,742,9	15.	

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 8		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT	
ACKCS RESCUE 6000 HIGH BLUFF CT RALEIGH, NC 27612	NONE SUPPORT	PUBLIC	10,000.	
AMERICAN CANCER SOCIETY 1710 WEBSTER STREET OAKLAND, CA 94612	NONE OPERATING	PUBLIC	1,000.	
ASSISTANCE LEAGUE OF LOS ALTOS 169 STATE STREET LOS ALTOS, CA 94022	NONE SUPPORT	PUBLIC	5,000.	
ASSISTANCE LEAGUE OF LOS ALTOS/ASSISTEENS 169 STATE STREET LOS ALTOS, CA 94022	NONE SUPPORT	PUBLIC	1,000.	
BEST BUDDIES FIT FUNDRAISING	NONE SUPPORT	PUBLIC	500.	
CATHOLIC CHARITIES OF SANTA CLARA 2625 ZANKER RD SAN JOSE, CA 95134	NONE SUPPORT	PUBLIC	2,500.	
CHEETAH CONSERVATION FUNDS 2210 MT. VERNON AVE. SUITE 301 ALEXANDRIA, VA 22301	NONE OPERATING	PUBLIC	1,000.	
CHILDREN'S THERAPY CENTER 29-01 BERKSHIRE ROAD FAIR LAWN, NJ 07410	NONE SUPPORT	PUBLIC	500.	

OLANDER FAMILY FOUNDATION, INC			94-3400451
LAW FOUNDATION OF SILICON VALLEY 111 W ST JOHN ST., STE 315 SAN JOSE, CA 95113		PUBLIC	1,500.
LOAVES AND FISHES 358 NORTH MONTGOMERY ST SAN JOSE, CA 95134	NONE SUPPORT	PUBLIC	1,000.
LOS ALTOS HIGH SCHOOL ATHLETICS 1299 BRYANT AVE MOUNTAIN VIEW, CA 94040	NONE SUPPORT	PUBLIC	10,000.
MIRACLE DISTRIBUTION CENTER	NONE OPERATING	PUBLIC	300.
MT VIEW HIGH SCHOOL ATHLETICS 3535 TRUMAN AVE. MOUNTAIN VIEW, CA 94040		PUBLIC	7,000.
MVLA COMMUNITY SCHOLARS 183 HILLVIEW AVE LOS ALTOS, CA 94022		PUBLIC	3,000.
NPCA 1300 19TH STREET, NW SUITE 300 WASHINGTON, DC 20036	NONE OPERATING	PUBLIC	1,000.
NRDC 40 WEST 20TH STREET NEW YORK, NY 10011	NONE OPERATING	PUBLIC	1,500.
RELAY FOR LIFE ACS	NONE SUPPORT	PUBLIC	8,000.
RESCUE RANCH PO BOX 7112 BELLE CHASSE, LA 70037	NONE SUPPORT	PUBLIC	10,000.

OLANDER FAMILY FOUNDATION, INC			94-3400451
SACRED HEART SCHOOL 13718 SARATOGA AVE SARATOGA, CA 95070	NONE OPERATING	PUBLIC	2,000.
SPRINGER SCHOOL 1120 ROSE AVE. MOUNTAIN VIEW, CA 94040	NONE EDUCATION	PUBLIC	7,000.
STEVE HALLGRIMSON FOUNDATION 10 ALMADEN BLVD, 11TH FLR SAN JOSE, CA 95112	NONE SCHOLARSHIP FUND	PUBLIC	4,000.
STEVENSON SCHOOL GOLF TEAM 3152 FOREST LAKE ROAD PEBBLE BEACH, CA 93953	NONE SUPPORT	PUBLIC	5,000.
TAHOE FOREST HOSPICE 10083 LAKE AVE. TRUCKEE, CA 96161	NONE SUPPORT	PUBLIC	7,000.
TAHOE FOREST HOSPITAL FOUNDATION 10121 PINE AVE. TRUCKEE, CA 96161	NONE SUPPORT	PUBLIC	5,000.
TAHOE KID'S MUSEUM 11711 DONNER PASS RD. TRUCKEE, CA 96161	NONE OPERATING	PUBLIC	5,000.
TURNING WHEELS FOR KIDS 2400 MOORPARK AVE. STE 201 SAN JOSE, CA 95128	NONE OPERATING	PUBLIC	500.
UNIVERSITY OF SANTA CLARA BASEBALL 500 EL CAMINO REAL SANTA CLARA, CA 95053	NONE SUPPORT	PUBLIC	5,000.
YOSEMITE FUND 155 MONTGOMERY ST, STE 1104 SAN FRANCISCO, CA 94104	NONE SUPPORT	PUBLIC	10,000.

OLANDER FAMILY FOUNDATION, INC			94-3400451
YWCA 375 S 3RD ST. SAN JOSE, CA 95112	NONE OPERATING	PUBLIC	1,000.
AMERICAN LUNG ASSOCIATIN 1301 PENNSYLVANIA AVE. STE 800 NW WASHINGTON , DC 20004	NONE SUPPORT	PUBLIC	100.
BEAR VALLEY MUSIC FESTIVAL P.O. BOX 5068 BEAR VALLEY, CA 95223		PUBLIC	1,000.
BLACH SCHOOL 1120 COVINGTON ROAD LOS ALTOS, CA 94024	NONE SUPPORT	PUBLIC	6,000.
BOYS AND GIRLS CLUB OF NATIONAL CITY 1430 D AVE. NATIONAL CITY, CA 91950	NONE OPERATING	PUBLIC	3,000.
COMMUNITY FUND-JUNIOR GIANTS STRETCH DRIVE 24 WILLIE MAYS PLAZA SAN FRANCISCO, CA 94107	NONE SUPPORT	PUBLIC	440.
CSU FOUNDATION 401 GOLDEN SHORE, 6TH FLOOR LONG BEACH, CA 90802	NONE SUPPORT	PUBLIC	5,000.
EASTSIDE COLLEGE PREPARATORY 1041 MYRTLE STREET EAST PALO ALTO, CA 94303	NONE SCHOLARSHIP FUND	PUBLIC	8,000.
EMQ FAMILIES FIRST 251 LLEWELLYN AVE CAMPBELL, CA 95008	NONE SUPPORT	PUBLIC	1,000.
HOSPICE OF THE VALLEY 4850 UNION AVE. SAN JOSE, CA 95124	NONE SUPPORT	PUBLIC	1,000.

OLANDER FAMILY FOUNDATION, INC			94-3400451
HUMANE SOCIETY OF TRUCKEE 10382 DONNER PASS RD #3 TRUCKEE, CA 96161	NONE OPERATING	PUBLIC	6,000.
INNVISION 1900 THE ALAMEDA, SUITE 400 SAN JOSE, CA 95126	NONE SUPPORT	PUBLIC	1,000.
KTEH P.O. BOX 641750 SAN JOSE, CA 95164	NONE OPERATING	PUBLIC	2,000.
MARTHA'S KITCHEN 311 WILLOW STREET SAN JOSE, CA 95110-3215	NONE SUPPORT	PUBLIC	1,000.
MIDORI KAI 10 ALMADEN BLVD, 11TH FLR SAN JOSE, CA 95113	NONE SUPPORT	PUBLIC	3,500.
ONE HEART SOURCE P.O. BOX 24293 LOS ANGELES, CA 90024	NONE SUPPORT	PUBLIC	5,000.
PALO ALTO HOUSING AUTHORITY 725 ALMA STREET PALO ALTO, CA 94301-2403	NONE SUPPORT	PUBLIC	2,500.
RESPONSIBILITY P.O. BOX 433199 SAN YSIDRO, CA 92143	NONE SUPPORT	PUBLIC	4,500.
RILEY'S PLACE 880 RUNNYMEDE ROAD WOODSIDE, CA 94062	NONE SUPPORT	PUBLIC	5,000.
RONALD MCDONALD HOUSE ONE KROC DRIVE OAK BROOK , IL 60523	NONE SUPPORT	PUBLIC	1,000.

· OLANDER FAMILY FOUNDATION, INC			94-3400451
SAN JOSE STATE SCHOOL OF BUSINESS ONE WASHINGTON SQUARE SAN JOSE, CA 95192	NONE SUPPORT	PUBLIC	10,000.
SANTA CLARA GOLF PROGRAM 500 EL CAMINO REAL SANTA CLARA, CA 95053	NONE SUPPORT	PUBLIC	2,000.
	NONE SUPPORT	PUBLIC	5,000.
SANTA CLARA SOFTBALL 500 EL CAMINO REAL SANTA CLARA, CA 95053	NONE SUPPORT	PUBLIC	2,000.
SPORTSGRANTS FOUNDATION 2149 W CASCADE AVE 106A-49 HOOD RIVER, OR 97031	NONE SUPPORT	PUBLIC	200.
STROKE AWARENESS FOUNDATION 2105 S BASCOM AVE CAMPBELL, CA 95008	NONE SUPPORT	PUBLIC	2,500.
THE SPARTAN FOUNDATION ONE WASHINGTON SQUARE SAN JOSE, CA 95192	NONE SUPPORT	PUBLIC	300.
SANTA CLARA UNIVERSITY TUITION ASSISTANCE 500 EL CAMINO REAL SANTA CLARA, CA 95053	NONE SUPPORT	PUBLIC	2,500.
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		197,840.

(Rev. December 2005)

Department of the Treasury

Notice of Inconsistent Treatment or Administrative Adjustment Request (AAR) (For use by partners, S corporation shareholders, estate and domestic trust beneficiaries,

foreign trust owners and beneficiaries, REMIC residual interest holders, and TMPs)

OMB No 1545-0790

Attachment Sequence No. 84

Check boxes that apply: (a) X Notice of inconsistent treatment (b) Administrative adjustment request (AAR)		see sepai	ate motruc	LIUIIS.		
Check boxes that apply: (a) X Notice of inconsistent trealment (b) Administrative adjustment request (AAR)	Name(s) shown on return				ldentifyin	g number
1 Check boxes that apply: (a) X Notice of inconsistent treatment (b) Administrative adjustment request (AAR) 2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). 3 Identify type of pass-through entity (a) X Partnership (b) Electing large partnership (c) S corporation (d) Estate (e) Trust (f) REMIC 4 Employer identification number of pass-through entity 5 Name, address, and ZIP code of pass-through entity 5 Name, address, and ZIP code of pass-through entity 6 Tax shelter registration number (if applicable) of pass-through entity 7 Internal Revenue Service Center where pass-through entity fire store that the pass of the pa		-				
2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). 3 Identify type of pass-through entity: (a) X Partnership (b) Electing large partnership (c) S corporation (d) Estate (e) Trust (f) REMIC 4 Employer dentification number of pass-through entity 94–3400451 5 Name, address, and ZIP code of pass-through entity 43–3400451 5 Name, address, and ZIP code of pass-through entity 94–3400451 5 Name, address, and ZIP code of pass-through entity 75 BMAC INVESTMENT COMPANY 2004 POOL, LLC 3720 CAMPUS DR., STE 200 NEWPORT BEACH, CA 92660 9 Your tax year 1/1/2010 to 12/31/2010 9 Your tax year (a) Description of inconsistent or administrative Adjustment Request (AAR) items (b) Disconsistency a in (c) Amount as shown on Schediek R. Schedile 3. Schediek 3.	General information					
2 If you are a tax matters partner (TMP) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions). 3 Identify type of pass-through entity: (a) X Partnership (b) Electing large partnership (c) S corporation (d) Estate (e) Trust (f) REMIC 4 Employer dentification number of pass-through entity 94–3400451 5 Name, address, and ZIP code of pass-through entity 43–3400451 5 Name, address, and ZIP code of pass-through entity 94–3400451 5 Name, address, and ZIP code of pass-through entity 75 BMAC INVESTMENT COMPANY 2004 POOL, LLC 3720 CAMPUS DR., STE 200 NEWPORT BEACH, CA 92660 9 Your tax year 1/1/2010 to 12/31/2010 9 Your tax year (a) Description of inconsistent or administrative Adjustment Request (AAR) items (b) Disconsistency a in (c) Amount as shown on Schediek R. Schedile 3. Schediek 3.	1 Check boxes that apply: (a) X Notice of inconsistent	treatment	(ь) [Administrative adjus	stment request (AAR)	
requesting substituted return treatment? (see instructions). (a) X Partnership (b) Electing large partnership (c) S corporation (d) Estate (e) Trust (f) REMIC (a) X Partnership (b) Electing large partnership (c) S corporation (d) Estate (e) Trust (f) REMIC (a) X Partnership (b) Electing large partnership (e) S corporation (d) Estate (e) Trust (f) REMIC (a) X Partnership (b) Electing large partnership (e) S corporation (d) Estate (e) Trust (f) REMIC (a) X Partnership (b) Electing large partnership (e) S corporation (d) Estate (e) Trust (f) REMIC (a) X Partnership (b) Electing large partnership (e) S corporation (d) Estate (e) Trust (f) REMIC (a) X Partnership (b) Trust (f) REMIC (b) REMIC S corporation (d) Estate (e) Trust (f) REMIC (a) X Partnership (b) Trust (f) REMIC (b) REMIC S corporation (d) Estate (e) Trust (f) REMIC (a) X Partnership (f) Partnership (f) Partnership (f) Partnership (f) Partnership (f) Partnership (f) (b) REMIC Partnership (f) Partnership (f						
(a) X Partnership (b) Electing large partnership (c) S corporation (d) Estate (e) Trust (f) REMIC 4 Employer identification number of pass-through entity 94-3400451 5 Name, address, and ZIP code of pass-through entity 5 Name, address, and ZIP code of pass-through entity 7 Internal Revenue Service Center where pass-through entity 17/2010 to 12/31/2010 BMAC INVESTMENT COMPANY 2004 POOL, LLC 3720 CAMPUS DR., STE 200 BMAC INVESTMENT COMPANY 2004 POOL, LLC 3720 CAMPUS DR., STE 200 Part III Inconsistent or Administrative Adjustment Request (AAR) tems (a) Description of inconsistent or administrative Adjustment Request (AAR) tems (see instructions) (see instructions) Treatment Amount of Treatment Amount of Item Treatment Treatment Amount of Item Treatment	• • • • • • • • • • • • • • • • • • • •		-			Yes X No
5 Name, address, and ZIP code of pass-through entity 5 Name, address, and ZIP code of pass-through entity 3720 CAMPUS DR., STE 200 NEWPORT BEACH, CA 92660 PartIII Inconsistent or Administrative Adjustment Request (AAR) Items (a) Description of monosistent or administrative adjustment request (AAR) Items (cee instructions) (e) Commission of monosistent or administrative adjustment request (AAR) Items (cee instructions) 10 LINE 1) Ordinary Business Income X -502.00 Amount of item instructions in the part III item number before each explanation. If more space is needed, continue your explanations on the back. (cee and d) Description of monosistent or administrative adjustment request (AAR) Items (cee instructions) (a) Description of monosistent or administrative adjustment request (AAR) Items (cee instructions) (b) Inconsistent or Administrative adjustment Request (AAR) Items (cee instructions) (ce) Difference of commission of item	3 Identify type of pass-through entity: (a) X Partnership (b) Electing large partnersh	hip (c)	S corp	oration (d) Esta	ate (e) Trust	(f) REMIC
BMAC INVESTMENT COMPANY 2004 POOL, LLC 3720 CAMPUS DR., STE 200 NEWPORT BEACH, CA 92660 PartIII Inconsistent or Administrative Adjustment Request (AAR) Items (a) Description of inconsistent or administrative adjustment request (AAR) Items (b) Amount of item of officer in policies (AAR) Items (c) Amount of item of officer in policies (AAR) Items (d) Amount of item officer in policies (AAR) Items (e) Description of inconsistent or administrative Adjustment request (AAR) Items (e) Description of inconsistent or administrative Adjustment request (AAR) Items (e) Amount of item of officer in policies (AAR) Items (e) Description of inconsistent or administrative adjustment request (AAR) Items (f) Amount of item of officer in policies (AAR) Items (e) Amount of item of or your return, whichever applies (see instructions) of item of officer in policies (AAR) Items (e) Defirence of the correct (AAR) Items (C) Amount as above on a first or or item of officer in policies (AAR) Items (e) Defirence of the investment of a policies (AAR) Items (f) Amount of item of or your return, whichever applies (see instructions) of item of officer in policies (AAR) Items (g) Amount of item of items in the statement of your return, whichever applies (see instructions) of items of officer in policies (AAR) Items (g) Amount of items of items in the statement of your return, whichever applies (see instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instructions) of your return, whichever applies (See instr	4 Employer identification number of pass-through entity 94-3400451		6 Tax sh	elter registration numb	per (if applicable) of pas	s-through entity
1/1/2010 to 12/31/2010 NEWPORT BEACH, CA 92660 9 Your tax year 1/1/2010 to 12/31/2010	5 Name, address, and ZIP code of pass-through entity				nter where pass-throug	h entity filed its return
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Form 8868

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of this	form).		
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	m 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6	months for a corpo	oration
required 1	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	tension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Cer	taın
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details on the	he elec	tronic filing of this fo	orm.
	irs.gov/efile and click on e-file for Charities & Nonprofits.		,			,
Part I	Automatic 3-Month Extension of Time	e. Only su	ibmit original (no copies needed).			
A corpora	ation required to file Form 990-T and requesting an autoi	matic 6-mo	onth extension - check this box and com	plete		
Part I only	у					
All other	corporations (including 1120-C filers), partnerships, REM	fiCs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
to file inc	ome tax returns.					
Type or	Name of exempt organization			Emp	loyer identification	number
print	OLANDER FAMILY FOUNDATION,	INC		و ا	4-3400451	
File by the due date for	Number, street, and room or suite no. If a P.O. box, s		tions.			
filing your	TEN ALMADEN BLVD. 11TH FLOO					
return See instructions	City, town or post office, state, and ZIP code. For a for SAN JOSE, CA 95113-2226		lress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
	,	Ι	T			T
Applicati · –	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A		-	08
Form 990		03	Form 4720			09
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
rom 990	O-T (trust other than above) KNIGHT & COMPA] 06	Form 8870			12
• T						
	poks are in the care of \triangleright 425 FIRST ST #	A -	-	2		
	none No. ► (650) 948-8737	- : Al 1 t-	FAX No. ► (650)948-302	3		
	organization does not have an office or place of busines		•	 !- !- / -		
1	is for a Group Return, enter the organization's four digit	-			r the whole group, c	
box 🕨	. If it is for part of the group, check this box	•	ach a list with the names and EINs of all		ers the extension is	ior.
1 I re	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2011, to file the exempt				The endone's	
	-	ot organiza	tion return for the organization named a	ibove.	The extension	
	or the organization's return for:					
	X calendar year 2010 or					
	tax year beginning	, an	ad ending		- ·	
2 If ti	he tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fina	al retur	n	
	Change in accounting period					
_	Onlings in accounting points					
3a If ti	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	nrefundable credits. See instructions.	-	•	3a	\$	0.
_	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	imated tax payments made. Include any prior year over	-		3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa			1	-	
	using EFTPS (Electronic Federal Tax Payment System).	-	•	3c	s	0.
	If you are going to make an electronic fund withdrawal			•	EO for payment inst	
	or Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re	_

023841 01-03-11