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# Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

F	Or C	alendar year 2010, or tax year beginn	ing		08,	/01 <b>, 2010</b>	, and en	ding		07/31, 2011
_		eck all that apply   Initial return	<u> </u>	In		of a former p				Final return
		Amended ret	urn		Addre	ss change			Name change	<del>-</del>
N	ame	of foundation				···· · · · · · · · · · · · · · · · · ·			A Employer identifi	cation number
7	ΉE	SHARKS FOUNDATION							77-	0374062
N	umbe	er and street (or P O box number if mail is not d	elivered to	street addr	ess)		Room/s	uite	B Telephone number	(see page 10 of the instructions)
5	25	WEST SANTA CLARA STREET							(40	8) 999-5784
c	ity or	town, state, and ZIP code		•					C If exemption applica pending, check here	ition is
									D 1 Foreign organizat	<b>▶</b>
5	AN	JOSE, CA 95113							2 Foreign organiza	
H	<u>C</u> h	eck type of organization X Section	501(c)(3	g) exem	pt private f	foundation			85% test, check h computation	
$\perp$		Section 4947(a)(1) nonexempt charitable tri				ivate founda	tion		E If private foundation	status was terminated
ı	Faı	r market value of all assets at end 💹		-	nod XC	ash [] Acc	rual		1 = '	)(1)(A), check here . >
		rear (from Part II, col (c), line		(specif					F If the foundation is	in a 60-month termination
				umn (d)	must be on	cash basis )		,	under section 507(b)	(1)(B), check here
L	art	Analysis of Revenue and Expenses total of amounts in columns (b), (c), and (c)		(a) Reve	nue and	(b) Net inve	estment	1	(c) Adjusted net	(d) Disbursements for charitable
		may not necessarily equal the amounts in		expens		incom		'	income	purposes
_	r	column (a) (see page 11 of the instruction	s).)					ļ		(cash basis only)
	1	Contributions, gifts grants, etc., received (attach schedu	le) .		84,486.			1		
	2	Check ► attach Sch B			1 722		1 722	1		7 mar. 1
	3	Interest on savings and temporary cash investme			1,733.		1,733	┼		ATCH 1
	4	Dividends and interest from securities			_			┼		
	5 a		••-			i ·		╁—		
		Net rental income or (loss)						-		
Ē	6a b	Net gain or (loss) from sale of assets not on line Gross sales pice for all	10					1		
Š	_	assets on time 6a						1		
Š	7	Capital gain net income (from Part IV, line	ı					+		<del></del>
	8	Net short-term capital gain		<del></del>		·		$\vdash$		
	9 10 a	Gross sales less returns:	·		·					
		and allowantes	*				·····	<del>                                     </del>		
		Gross profit or (loss) (altach schedule)	·					╁		
	11	Other income (attach schedule)		7	66,245.				766,245.	ATCH 2
	12	Total. Add lines 1 through 11		9	52,464.		1,733.		766,245.	
_	13	Compensation of officers, directors, trustees, etc			Ō,					
		Other employee salaries and wages		1	05,888.				105,888.	
מ	15	Pension plans, employee benefits			3,395.				3,395.	
5		Legal fees (attach schedule)								
Š		Accounting fees (attach schedule)								
۸ د	С	Other professional fees (attach schedule).								
5	17	Interest						<u> </u>		
10	18	Taxes (attach schedule) (see page 14 of the instruction	วกร)้ 🍍		8,652.				8,652.	
≣Ì	19	Depreciation (attach schedule) and deplete	on				<del> </del>	ļ		
2	20	Occupancy								
4	21	Travel, conferences, and meetings					_			
5	22	Printing and publications			20 512				222 512	
	23	Other expenses (attach schedule) ATCH		3	32,513.	<del></del>			332,513.	
5	24	Total operating and administrative expen		4	50 440				450 440	
5	_	Add lines 13 through 23			50,448. 36,744.				450,448.	226 744
	25	Contributions, gifts, grants paid			87,192.				450,448.	336,744 336,744
4	26	Total expenses and disbursements Add lines 24 and	d 25		01,192.				430,440.	330,144
,	27	Subtract line 26 from line 12		1	65,272					
;		Excess of revenue over expenses and disbursements			00,2121		1,733.			
		Net investment income (if negative, enter-			-		_,,,,,,,		315,797.	
- 6	•	ATTICLE OF THE COMP IN DECIME ENTER -1).			1				,	

F	art II	Ralanco Shoote	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
	CI (III	Balance Sheets	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng	1,014,616.	1,002,372	1,002,372.
	2					
	3	Accounts receivable	cash investments			
		Less allowance for doul	btful accounts ▶	3.	167,515	. 167,515.
	4			•	·	
	`		btful accounts ▶			
	5					
	6		officers, directors, trustees, and other			
	"		ich schedule) (see page 15 of the instructions)			
i	7	Other notes and leans of	consciential (see page 15 of the instructions)	**********	<i>i</i> .	·
	′	Uner notes and loans in	eceivable (attach schedule)	the state of the s	•	, ,
			btful accounts			<del> </del>
its	8	Inventories for sale or use				
ssets	9		eferred charges			
٧			e government obligations (attach schedule)			<del> </del>
ı	b	Investments - corporate	stock (attach schedule)			<del> </del>
i	11 C	Investments - corporate Investments - land, buildings	bonds (attach schedule)	1.00	<del></del>	1 174 11 11 11 11 11
	• •	and equipment basis			A 2 11 11 11 11 11 11	AND THE PROPERTY.
		Less accumulated deprecia (attach schedule)				
	12		loans			
	13 14	Investments - other (atta	ch schedule)	pr ==		
	14	equipment basis	·		<u>.</u>	12 A M 1 A A A A A A A A A A A A A A A A A
-		Less accumulated depreciat (attach schedule)	uon		<u></u>	
ŀ			<b>-</b> )			
ı	16		completed by all filers - see the			
_		instructions Also, see pa	age 1, item l)	1,014,619.	1,169,887	1,169,887.
Į	17	Accounts payable and a	ccrued expenses			
1	18	<b>—</b>				
es	19					
ĔI			rs, trustees, and other disqualified persons			
9	21		tes payable (attach schedule)			
	22		▶)	10,004.	0	
-		·				
	23	Total liabilities (add lines	s 17 through 22)	10,004.	0	
			ow SFAS 117, check here ▶			
- 1		and complete lines 2	A through 26 and lines 30 and 31			
S	24	Unrestricted	-			1 25%
띪	25	Temporarily restricted			·	1
ह्न	26	Permanently restricted				· .
9	20	Foundations that do	not follow SEAS 447			†
뒤		check here and come	not follow SFAS 117, blete lines 27 through 31.			
딋	27	Capital stock trust prince	ipal, or current funds			, , ,
2	28	Paid in or capital surplus or	land, bldg , and equipment fund			
٣ı			lated income, endowment, or other funds	1,004,615.	1,169,887	· '
B			und balances (see page 17 of the			4
힐				1,004,615.	1,169,887	
	31	Total liabilities and not	assets/fund balances (see page 17	2,001,013.	2,20,007	4
İ				1,014,619.	1,169,887	'
	art III	Analysis of Cha	 nges in Net Assets or Fund B		1,100,007	<u>'I</u>
					must sarsath	1
			alances at beginning of year - Part			1 004 615
			on prior year's return)			1,004,615.
		amount from Part I, III				165,272.
		r increases not include	d in line 2 (itemize) ▶			1 160 00=
						1,169,887.
		eases not included in li			5	
<u> </u>	Total	net assets or fund bal	ances at end of year (line 4 minus li	ne 5) - Part II, column (b)	), line 30 6	1,169,887.

(a) List an	d describe the kind(s) of property sold orick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P-Purchas	acquired	(d) Date sold (mo , day, yr )
1a	inck warehouse, or common stock, 200	is in the corp	D-Donatio	n (mo , day, yr )	
b			<del>                                     </del>		
c				*-	
d					_
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
<u>a</u>					
_b					
_с					_
d					
е					
Complete only for assets	showing gain in column (h) and owner	T		) Gains (Col (h) g	
(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	со	I (k), but not less t Losses (from co	
а					
b					
С					
d			1		
_e			ļ <sub>1</sub>		
2 Capital gain net income or	(not canital loce)	gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain	יי ) or (loss) as defined in sections 12				
-	line 8, column (c) (see pages 13				
_	ine 8		3		
		duced Tax on Net Investment I			
	·	outable amount of any year in the b	ase perio	od?	Yes X No
		, see page 18 of the instructions be	efore ma	king any entries	
(a)	(b)	(c)	101011114	(b)	_
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2009	347,121.	1,036,122.			0.335019
2008	308,462.	873,205.			0.353253
2007	280,902.	365,218.			0.769135
2006	323,796.	235,976.			1.372156
2005	231,000.	242,105.			0.954131
2 Total of line 1, column (d)			2		3.783694
<del>-</del>	for the 5-year base period - divide	• • •			
number of years the found	lation has been in existence if less	s than 5 years	3		0.756739
4 Enter the net value of non-	charitable-use assets for 2010 fro	m Part X, line 5	4	1,(	016,699.
5 Multiply line 4 by line 3			5		769,376.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		17.
			7	-	769,393.
If line 8 is equal to or gre	ater than line 7, check the box in	n Part VI, line 1b, and complete t	8 hat part		336,744. rate See the

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	the ins	tructi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			-
•	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			35.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			35.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			35.
6	Credits/Payments	•.		, - ,, , -
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 7,802.			· · · .
	Exempt foreign organizations-tax withheld at source 6b 0.	, , ,	. 34 13	, - «
	Tax paid with application for extension of time to file (Form 8868) 6c 0.	;	j. 3.	,
	Backup withholding erroneously withheld 6d	4 x 3		
7	Total credits and payments Add lines 6a through 6d	•	ິ່7, ε	302.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		7,7	767.
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ 7,767. Refunded ▶ 11			
Pai	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	13.37	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	F4.7	11/2/2	
	published or distributed by the foundation in connection with the activities		in it	i N
С	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	12.01.6		
	(1) On the foundation >\$ (2) On foundation managers > \$	5.3		3-
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	(9. %)		, ,
	on foundation managers ►\$		P.,	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities	77.2	∳ : <i>j</i>	-
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	,		£
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		
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		5 /	, .
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	19,7,70		
	By language in the governing instrument, or	.	,·	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	l	·	'
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	1, 1	<i>-:</i> `·	
	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	8 b	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? 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		Х

Pai	rt VII-A Statements Regarding Activities (continued)			
1,1	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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	· · · · · · · · · · · · · · · · · · ·	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	
	Website address ►N/A			
14	The books are in care of ► KEN CAVENEY Telephone no ► 408-999	5-57	84 <sup></sup>	
1.4	Located at ►525 WEST SANTA CLARA ST, SAN JOSE, CA ZIP+4 ► 95113			
16	The books are in care of KEN CAVENEY  Located at 525 WEST SANTA CLARA ST, SAN JOSE, CA  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			T
15	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter	.412.1		1367547
	the name of the foreign country	: :	305.	
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1.2.	- V.L. 10	4 4 7
ı a		, " II	Yes	No
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	32	100	
1 a	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No	17.5- 3	7 (10.05)	
	(1) Engage in the date of exertainge, or reading of property which a disquarries porcer.		7 TE 20	20172
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1.	ا واستهاد	200
	disqualified person?	; 3. ;	1-5"	1.50
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	: :	1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualmed person?	1.2.		<b>新教员</b>
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	12.5	9	13,000
	the benefit of use of a disquamicu person)			34
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		3. 4	
	foundation agreed to make a grant to or to employ the official for a period after		200	
	termination of government service, if terminating within 90 days)			
b	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	التاء الخد	18.3.3	X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b	1,986.43	
	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	JF : 64	·	2.5
	were not corrected before the first day of the tax year beginning in 2010?	1 c	. ~, £ ;	X FF I
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		().( ~ /)	7.
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	7. 1.	. ديرون	53.4
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and		2 . U.	
	6e, Part XIII) for tax year(s) beginning before 2010?	3.4	3	76
	If "Yes," list the years ▶,,,,	3		
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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	ià	استعلقه	التفتا
	all years listed, answer "No" and attach statement - see page 22 of the instructions)	2 b		~ <u>gar</u> *;
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1777 A	, 137, . , , ), .	
	<b>&gt;</b>	1		1.50
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		100	
	at any time during the year? Yes X No	٠,	<u> </u>	
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			( ) Taggi
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	. `;•	111	4 1.9
	Commissioner under section 4943(c)(7)) to dispose 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		120	
	foundation had excess business holdings in 2010 )	3 b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			; .
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		Х

Par	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Requ	ired (conti	nued)			
5 a	During the year did the foundation pay or incur any amou	unt to						
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	Yes	XNo	, ]		
	(2) Influence the outcome of any specific public election							
	directly or indirectly, any voter registration drive?	•		Yes	XN	,	-	1 11
	(3) Provide a grant to an individual for travel, study, or of	her eimilar nurnoses?		Yes	X	Ī	;	
	(4) Provide a grant to an organization other than a char			res	NO	'   <i>'</i>	1::	
	-				X			1.03
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes	A No		J. 3,	1: : :
	(5) Provide for any purpose other than religious, charita	•						
	purposes, or for the prevention of cruelty to children of				X No		1.17	
þ	If any answer is "Yes" to 5a(1)-(5), did any of the trans					7.37		
	Regulations section 53 4945 or in a current notice regard				·	5b		11. 7.1
	Organizations relying on a current notice regarding disas	ter assistance check l	nere	!	<b>-</b> []	1.4		3° 3° 3
C	If the answer is "Yes" to question 5a(4), does the foundation	ation claim exemption	from the tax			1955		4,30
	because it maintained expenditure responsibility for the g	rant?		Yes	No	6 i 3 i	(t <sub>0</sub> , 1)	3
	If "Yes," attach the statement required by Regulations sec	tion 53.4945-5(d)				2.3		****
6 a	Did the foundation, during the year, receive any funds, of	firectly or indirectly, to	pav premiums				in a	iğar (=
	on a personal benefit contract?	•		Yes	X No	100		
b	Did the foundation, during the year, pay premiums, direct					6 b		X
	If "Yes" to 6b, file Form 8870	,		· · · · · ·		Sille	distrib	
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes	No		<b>光</b> 摄	
	If "Yes," did the foundation receive any proceeds or have	•	•	•		<del>'' - '-</del>		X
	VIII Information About Officers, Directors						<u></u>	L
_	and Contractors				-	•		
	ist all officers, directors, trustees, foundation m	anagers and their (b) Title, and average	(c) Compensation (see	(d) Contribu				
	(a) Name and address	hours per week devoted to position	(If not paid, enter	employee ben	efit plans	(e) Expens other al		
	<del></del>	de voted to position	<u> </u>	and delaned to	IIperisation		••	
AT	ACHMENT 5		0.		0.			0
							-	
2 (	ompensation of five highest-paid employees (otl	nor than those inc	ludad on line 1 . sa	0 0000 22 0	f the inet	uotiona)		
ī ii	none, enter "NONE."	ier than those me	idded on file 1 - Se	e page 23 0	i uie irisu	uctions).		
		(b) Title, and average		(d) Contribu		(a) France		
(a)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee I plans and d	eferred	(e) Expens other all		
		devoted to position	<del></del>	compens	ation			
	IONE							
	NONE		·					
					1			
					1			
							_	
	~			<u> </u>				
					.			
	number of other employees paid over \$50,000							

Part VIII	Information About Officers, Directors, Trustees, Foundation Mana and Contractors (continued)	gers, Highly Paid Emplo	yees,
3 Five h	ighest-paid independent contractors for professional services (see page 2	3 of the instructions). If n	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		·	
		······································	
		<del></del>	
Total number	er of others receiving over \$50,000 for professional services	<u> ▶</u>	NONE
Part IX-A	Summary of Direct Charitable Activities		
List the found	lation's four largest direct charitable activities during the tax year. Include relevant statistical infe	ormation such as the number of	Γ
	and other beneficianes served, conferences convened, research papers produced, etc	ormation such as the number of	Expenses
1 N/A			
	*		
2		· · · · · · · · · · · · · · · · · · ·	····
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 24 of the insti		
	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 prog	ram-related investments. See page 24 of the instructions		
3 NONE	ann related arrestations occ page 27 of the institutions		
3			
		·- <del>-</del>	
Total, Add In	nes 1 through 3	<b>.</b>	<del> </del>

Form 990-PF (2010)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions)	ign foundatior	ıs,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1.	
	purposes.	[ ]	
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,032,182.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1 d	1,032,182.
е	Total (add lines 1a, b, and c)  Reduction claimed for blockage or other factors reported on lines 1a and	C11 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	1c (attach detailed explanation)	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Cubination Ofice Size 4d	3	1,032,182.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
		4	15,483.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,016,699.
6	Minimum investment return. Enter 5% of line 5	6	50,835.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privations and certain foreign organizations check here ▶ and do not complete this j		
1	Minimum investment return from Part X, line 6	1	50,835.
2 a			
b	Income tax for 2010 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	35.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	50,800.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · ·
5		5	50,800.
6	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	50,800.
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	" " " " " " " " " " " " " " " " " " "	
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	336,744.
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	0.
3	Amounts set aside for specific charitable projects that satisfy the	المعادلة	
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3 b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	336,744.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	336,744.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal qualifies for the section 4940(e) reduction of tax in those years	culating wheth	er the foundation

Form 990-PF (2010)

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7		_		50,800.
2	Undistributed income, if any, as of the end of 2010		-		
а	Enter amount for 2009 only			0.	i i i i i i i i i i i i i i i i i i i
b	Total for prior years 20 08 ,20 07 ,20 06			,	7.5 %
3	Excess distributions carryover, if any, to 2010	·			
а	From 2005 38,954.	,		· .	
b	From 2006 312,367.		<b>;</b>		
	From 2007 264, 307.	Ana An	· · · · · ·		
d	From 2008 265, 035.		2 2	÷	
е	From 2009 475, 350.		·		\ \ \{\ \}
f	Total of lines 3a through e	1,356,013.	-	<u> </u>	
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$336,744.		for a series of the series of		
а	Applied to 2009, but not more than line 2a		<b>阿萨森山村 图 68</b>	0.	TANK.
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)	<u> </u>			
С	Treated as distributions out of corpus (Election	226 744	7		
	required - see page 26 of the instructions)	336,744.			
d	Applied to 2010 distributable amount	in the second of the		, * \	
	Remaining amount distributed out of corpus	50,800.	Alegain a si s	· ·	50,800.
5	Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same	30,600.			70,000.
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:	1,641,957.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	(本文) 新 (表 ) A (A	,2,1,2,2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed	EARST A.A. E. M. Arriver		`, `,``	
	income for which a notice of deficiency has been				ا الله الله الله الله الله الله الله ال
	issued, or on which the section 4942(a) tax has been previously assessed				
		Bar Cara			\$1.00 m
u	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2009 Subtract line	1 14 1 1 W. W. W. W.			J
	4a from line 2a Taxable amount - see page 27 of the instructions	*,	, -	0.	
,					
ī	Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be			, , ,	
	distributed in 2011	<u>, , , , , , , , , , , , , , , , , , , </u>	• • • • • • • • • • • • • • • • • • • •	·	
7	Amounts treated as distributions out of corpus		• _ ′		
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the		,	, ,	
_	instructions)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		7.6.
8	Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the				
	instructions)				· · · · · · · · · · · · · · · · · · ·
9	Excess distributions carryover to 2011.	1,641,957.			
	Subtract lines 7 and 8 from line 6a	1,041,937.		· · · · · · · · · · · · · · · · · · ·	
	Analysis of line 9.  Excess from 2006 300, 521.			·	
	064 207			· .]	
	200 025				•
	455 050				•• <del>-</del>
	Excess from 2009				,
			L		

		-	determination letter tha		ating					
	foundation, and the ruling	$\mathfrak g$ is effective for 2010, $\mathfrak e$	enter the date of the ruling		. ▶	<del></del>				
b	Check box to indicate wh	ether the foundation is	a private operating found	dation described in section	4942	(j)(3) or 4942(j)				
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total				
	justed net income from Part	(a) 2010	(b) 2009	(c) 2008	(d) 2007	<b>\-</b>				
	I or the minimum investment return from Part X for each		İ							
	year listed		<b>_</b>							
b	85% of line 2a									
С	Qualifying distributions from Part									
	XII, line 4 for each year listed .					<u></u>				
d	Amounts included in line 2c not used directly for active conduct of exempt activities									
е	Qualifying distributions made	<del></del>								
	directly for active conduct of exempt activities Subtract line 2d from line 2c									
3	Complete 3a, b, or c for the			-	·					
а	alternative test relied upon "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 invest-									
	ment return shown in Part X, line 6 for each year listed									
С	"Support" alternative test - enter									
	(1) Total support other than									
	gross investment income (interest, dividends, rents,									
	payments on secunties									
	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 sup- port from an exempt		,							
	organization (4) Gross investment income	·	<del></del>		· · · · · · · · · · · · · · · · · · ·					
9ai	, . ,	ry Information (C	omplete this part	only if the founda	ation had \$5 000	or more in ass				
			e page 28 of the ins		, . ,					
	-	Foundation Manage	rs:		· ···· · · · · · · · · · · · · · · · ·	<del>, "</del>				
	Information Regarding		ave contributed more	than 2% of the total	contributions receiv	ed by the foundati				
а	List any managers of t	he foundation who h	List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))							
а	List any managers of t	he foundation who h tax year (but only if th	ey have contributed n	nore than \$5,000) (Se	e section 507(d)(2))	ou by the roundan				
а	List any managers of t	he foundation who h tax year (but only if th	ey have contributed n	nore than \$5,000) (Se	e section 507(d)(2))	od by the roundal				
а	List any managers of t before the close of any NONE	tax year (but only if th	ey have contributed n	nore than \$5,000) (Se						
a b	List any managers of t before the close of any	tax year (but only if the foundation who determined	ney have contributed n	nore than \$5,000) (Se the stock of a corpo	ration (or an equally					
a b	List any managers of t before the close of any NONE List any managers of t	tax year (but only if the foundation who determined	ney have contributed n	nore than \$5,000) (Se the stock of a corpo	ration (or an equally					
a b	List any managers of t before the close of any NONE List any managers of t	tax year (but only if the foundation who determined	ney have contributed n	nore than \$5,000) (Se the stock of a corpo	ration (or an equally					
a b	List any managers of t before the close of any NONE List any managers of t ownership of a partners	tax year (but only if the foundation who oship or other entity) of	ney have contributed noted in the contributed noted in the contributed noted in the foundation in the	the stock of a corpo has a 10% or greater	ration (or an equally					
b	List any managers of the before the close of any NONE  List any managers of the ownership of a partnership o	tax year (but only if the foundation who deship or other entity) of Contribution, Grant	own 10% or more of which the foundation	the stock of a corpo has a 10% or greater ip, etc., Programs:	ration (or an equally interest	large portion of t				
b	List any managers of t before the close of any NONE  List any managers of t ownership of a partners  NONE  Information Regarding Check here ▶ ☐ If thunsolicited requests for the partners of	tax year (but only if the foundation who can be ship or other entity) of the Contribution, Grant for funds of the foundation only refunds ion only refun	own 10% or more of which the foundation Gift, Loan, Scholarsh nakes contributions dation makes gifts, g	the stock of a corpo has a 10% or greater ip, etc., Programs: to preselected charit- rants, etc (see page	ration (or an equally interest able organizations a	large portion of t				
b	List any managers of the before the close of any NONE  List any managers of the ownership of a partners  NONE  Information Regarding  Check here ▶ ☐ If the	tax year (but only if the foundation who can be ship or other entity) of the Contribution, Grant for funds of the foundation only refunds ion only refun	own 10% or more of which the foundation Gift, Loan, Scholarsh nakes contributions dation makes gifts, g	the stock of a corpo has a 10% or greater ip, etc., Programs: to preselected charit- rants, etc (see page	ration (or an equally interest able organizations a	large portion of the				
b !	List any managers of t before the close of any NONE  List any managers of t ownership of a partners  NONE  Information Regarding Check here ▶ ☐ If thunsolicited requests for the partners of	tax year (but only if the foundation who can be contribution, Grant, the foundation only refunds if the foundations, completer conditions, completer.	own 10% or more of which the foundation Gift, Loan, Scholarsh makes contributions dation makes gifts, gete items 2a, b, c, and	the stock of a corpo has a 10% or greater ip, etc., Programs: to preselected charit- rants, etc (see page d	oration (or an equally interest able organizations a 28 of the instruction	large portion of t				
b a	List any managers of t before the close of any NONE  List any managers of t ownership of a partners  NONE  Information Regarding Check here ▶ ☐ If the unsolicited requests foorganizations under oth The name, address, an N/A	tax year (but only if the foundation who can be contribution, Grant for foundation only representations, completed telephone number of the foundations, f the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundation of the fo	own 10% or more of which the foundation akes contributions dation makes gifts, gete items 2a, b, c, and of the person to whom	the stock of a corpo has a 10% or greater ip, etc., Programs: to preselected charit- rants, etc (see page d	eration (or an equally interest able organizations a 28 of the instructions and addressed	large portion of t				
b	List any managers of t before the close of any NONE  List any managers of t ownership of a partners  NONE  Information Regarding  Check here ▶ ☐ If the unsolicited requests for organizations under oth The name, address, and	tax year (but only if the foundation who can be contribution, Grant for foundation only representations, completed telephone number of the foundations, f the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundation of the fo	own 10% or more of which the foundation akes contributions dation makes gifts, gete items 2a, b, c, and of the person to whom	the stock of a corpo has a 10% or greater ip, etc., Programs: to preselected charit- rants, etc (see page d	eration (or an equally interest able organizations a 28 of the instructions and addressed	large portion of t				
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a b	List any managers of t before the close of any NONE  List any managers of t ownership of a partners  NONE  Information Regarding Check here ▶ ☐ If the unsolicited requests foorganizations under oth The name, address, an N/A	tax year (but only if the foundation who can be foundation only reported by the foundation only reported the foundations, completed telephone number of the foundations should be subtentially the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundation of the f	own 10% or more of which the foundation akes contributions dation makes gifts, gete items 2a, b, c, and of the person to whom	the stock of a corpo has a 10% or greater ip, etc., Programs: to preselected charit- rants, etc (see page d	eration (or an equally interest able organizations a 28 of the instructions and addressed	large portion of the				
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a b c	List any managers of the before the close of any NONE  List any managers of the ownership of a partners  NONE  Information Regarding Check here ▶ ☐ If the unsolicited requests for organizations under othe The name, address, an N/A  The form in which applied ATTACHME  Any submission deadling  ANNUALLY, A  Any restrictions or lime	tax year (but only if the foundation who can be foundation, Grant, the foundation only refunds if the foundations, completed telephone number of cations should be subsequently to the foundation of the foundations of the foundations of the foundations should be subsequently to the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundations of the foundation of the foundatio	own 10% or more of which the foundation akes contributions dation makes gifts, gote items 2a, b, c, and of the person to whomomitted and information and infor	the stock of a corport has a 10% or greater ip, etc., Programs: to preselected charitariants, etc (see page dependence) applications should be an and materials they see the EACH YEAR	able organizations a 28 of the instructions addressed should include	nd does not acce				

Form 990-PF	(2010)			77-0374062	Page 1
Part XV	Supplementary Informati	on (continued)			
3 Gran	ts and Contributions Paid I	During the Year or App	roved for I	Future Payment	
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	T	Amount
Name	and address (home or business	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	Purpose of grant or contribution	Amount
a Paid o	during the year				
ATTAC	HMENT 9			1	
			İ		
		•			
			İ		
			Ì		
			Ì		
Total				▶ 3a	336,744.
	ved for future payment			<u>"</u>	
Total		<u> </u>		<b>&gt;</b> 3b	

Part XV	/I-A Analysis of Income-Produ	cing Acti	vities			
Enter gros	s amounts unless otherwise indicated	Unrel (a)	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	function income
1 Progra	m service revenue	Business code		Exclusion code	Amount	(See page 28 of the instructions)
a						
		·				
				<del></del>		
_						
ř —				***		
g Fees	s and contracts from government agencies					
2 Membe	ership dues and assessments			<u> </u>	1 722	
	on savings and temporary cash investments			14	1,733.	
	nds and interest from securities	Fire Street	New York States 1992 (1997)	· ARREST ARREST	and the last of the last	THE MEDITING WHEET
	na moment	200 00 m - 2 5	LOWARRING ENTERING AND	s sheketter st.	CONTRACTOR LA LOS LOS LOS LA LA CONTRACTOR L	- The state of his grown in refer to the
	ot-financed property					
	tal income or (loss) from personal property					
	investment income					
	(loss) from sales of assets other than inventory			<u> </u>		
9 Net inc	come or (loss) from special events			01	460,805.	
	profit or (loss) from sales of inventory			<del>                                     </del>	•	
	revenue a		<u> </u>	+		
_						
е						
12 Subtota	al. Add columns (b), (d), and (e)	L'ANDERE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE			462,538.	
	Add line 12, columns (b), (d), and (e)				13	462,538.
(See works	sheet in line 13 instructions on page 29 to Relationship of Activities			amant Divers		
Line No. ▼	Explain below how each activit accomplishment of the foundation instructions )	y for which	h income is reported i ot purposes (other than	n column (e by providing	e) of Part XVI-A contrib g funds for such purpos	uted importantly to the es) (See page 29 of the
N/A			<del></del>			
		<del></del>	to the state of th			
		-				
				<del></del>		
					_,_,	
		·····				
				·····		
				-		

	Exempt Orga	ınizations							
1 Did	the organization directly	y or indirectly er	ngage in any of the fo	llowing wit	h any other or	ganization described		Yes	No
in se	ection 501(c) of the C	ode (other than s	section 501(c)(3) organiz	ations) or	in section 527,	relating to political			
	nizations?								
a Trans	sfers from the reporting f	oundation to a non-	charitable exempt organizati	on of			!		
(1) (	Cash		· · · · · · · · · · · · · · · · · · ·				1a(1)		Х
									Х
	r transactions							-	
		naritable exempt org	anization				15(1)		Х
			mpt organization					1 !	Х
								1 1	Х
									Х
							1	1 1	Х
			ndraising solicitations						X
			r assets, or paid employees						Х
			s," complete the follow					fair r	narkei
	•		es given by the reporting	-		-			
			ment, show in column	-					
(a) Line no	(b) Amount involved		nent, snow in column icharitable exempt organization			sfers, transactions, and sha			
(a) Line no	N/A	(c) Name of flori	ichantable exempt organization	N/		sicis, transactions, and sna	ing ana	ngemer	
	14/21				<u> </u>	<del></del>			
				<del>-</del>					
			Thirt I I						
		<del></del>			<del> </del>			<del></del>	
	<u> </u>								
			·····						
2a Is th	e foundation directly	or indirectly affili	ated with, or related to	o, one or	more tax-exem	pt organizations			_
descr	ribed in section 501(c) of t	he Code (other than	n section 501(c)(3)) or in se	ection 527?	. <b></b> .		Ye	<sub>ss</sub> LX	No
<b>b</b> If "Ye	es," complete the following	schedule							
	(a) Name of organization	1	(b) Type of organizati	on		(c) Description of relations	ship		
		N	/A						
	•								
			<del></del>						
Un	ider penalties of periury, I de	clare that I have example	mined this return, including ac	ccompanying	schedules and state	ements, and to the best of	of my kr	nowledg	je and
Sign   bel	lief, it is true, dorrect, and com	rplete Declaration of p	preparer (other than taxpayer or	r fiduciary) is b	pased on all informa	tion of which preparer has	any kno	wledge	
Here 📐		<del>/</del>		6/7/	12	40+ Secti	t	_	
	Signature of officer or trustee	•		Date	<b>─</b> ── <b>&gt;</b> T	itle		J	
	Print/Type preparer's	name	Preparer's signature		Date		PTIN		
Datal			11 .1.		111	Check If			
Paid	Blian Kuehn	ts .	Un Had		5/21/12	self-employed	P012	5609	6
Preparer	Firm's name HA	RRIS MYCFO,	LLC		<del>''                                   </del>	Firm's EIN ▶ 77-0			
Jse Only									
•	·   · · · · · · · · · · · · · · · · · ·	LO ALTO, C		(	94303	Phone no 650 2	10-5	000	
			· -	•			orm 990		2010
						•		1	• • /

#### 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 SHARKS FOUNDATION 77-0374062 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 Form 990-PF 501(c)(3) exempt private foundation 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 [X] 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 331/3 % 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 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)

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)

Page \_\_\_\_\_ of \_\_\_\_ of Part I

Name of organization THE SHARKS FOUNDATION

Employer identification number 77-0374062

			<u> </u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 _	KEVIN COMPTON  737 BRYANT STREET  PALO ALTO, CA 94301	\$30,000.	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
2 _	APPLIED MATERIALS  9700 E. HIGHWAY 290, BLDG. 34 M/S 3400	\$ 5,000.	Person X Payroll
	AUSTIN, TX 78724	Φ	(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3 _	SAP GLOBAL MARKETING, INC.  95 MORTON STREET, 2ND FLOOR  NEW YORK, NY 10014	\$15,000.	Person X 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
4 _	COMERICA BANK  333 W. SANTA CLARA STREET  SAN JOSE, CA 95113	\$20,750.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
			a noncastr contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			(d)
No.	Name, address, and ZIP + 4  ALLIED WASTE  1601 DIXON LANDING ROAD	Aggregate contributions	(d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization THE SHARKS FOUNDATION

Employer identification number 77-0374062

Part I	Contributors	(see instructions)
I WILL	COntinuators	(366    1311 46116113)

Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7 -	HEWLETT PACKARD  11445 COMPAQ CENTER DRIVE WEST  HOUSTON, TX 77070	\$5,000.	Person X 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
8 _	RELIABLE CONCEPTS  954 CHESTNUT STREET  SAN JOSE, CA 95110	\$5,020.	Person X 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
9 _	BAY AREA PORSCHE DEALERS  2637 SOUTH MONROE DRIVE  LAKEWOOD, CO 80227	\$29,000.	Person X 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
_ 10 _	HUGGIES-KIMBERLY-CLARK CORP.  P.O. BOX 2020  NEENAH, WI 54957	\$5,000.	Person X 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
_ 11 _	VARIOUS CONTRIBUTORS LESS THAN \$5,000	\$49,716.	Person X 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)

ATTACHMENT 1

INVESTMENTS	
CASH	
I ON TEMPORARY CASH INVEST	
NO	
INTEREST	
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PART	
990PF,	
FORM	

THE SHARKS FOUNDATION

NET INVESTMENT INCOME	1,727.	1,733.
REVENUE AND EXPENSES PER BOOKS	1,727.	1,733
		TOTAL
DESCRIPTION	COMERICA LPL	

- OTHER INCOME PART I FORM 990PF,

DESCRIPTION SHARKS FEST INCOME

AND EXPENSES PER BOOKS 766,245. REVENUE

ADJUSTED NET INCOME 766,245.

766,245.

766,245.

TOTALS

ATTACHMENT 2

TS2837 517K

ATTACHMENT 3

TAXES	
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PART	
990PF,	
FORM	

THE SHARKS FOUNDATION

ENUE AND	EXPENSES PER BOOKS	8,652.
REV	DESCRIPTION PER	PAYROLL TAXES

ADJUSTED	NET	INCOME
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8,652.

TOTALS

8,652.

EXPENSES	
OTHER	
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PART	
990PF,	
FORM	

REVENUE AND EXPENSES	ഥ
	DESCRIPTION SHARKS FEST EXPENSES OTHER OPERATING EXPENSES OTHER EXPENSES

ADJUSTED	NET	INCOME	305,440.	23,746.	3,327.	

332,513.

332,513.

TOTALS

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GREG JAMISON 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	PRESIDENT/CEO	Ö	Ċ	.0
CHARLIE FAAS 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	SECRETARY	.0		
MALCOLM BORDELON 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	VICE PRESIDENT	.0		•
MONTE CHAVEZ 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	BOARD MEMBER	.0	.0	
KEN CAVENEY 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	TREASURER	.0	.0	
HEATHER HUNTER 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	BOARD MEMBER	.0	.0	

ATTACHMENT 5 (CONT'D)

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

TS2837 517K

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	.0	.0	.0	.0	0.0
COMPENSATION	·	.0	.0	.0	.0	, . 0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR OF PUBLIC RELATIONS	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER
NAME AND ADDRESS	JIM SPARACO 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	ROSEMARY TEBALDI 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	LYNN WOLFE 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	AMBER BOYLE 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	UY UT 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	GARY VALENZUELA 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113

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ATTACHMENT 5 (CONT'D)	EXPENSE ACCT AND OTHER ALLOWANCES	.0	0
ATTACH	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0	0
	COMPENSATION	0	0
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	BOARD MEMBER	GRAND TOTALS
FORM 990PF, PART VIII - LIS	NAME AND ADDRESS	MARY GRACE MILLER 525 WEST SANTA CLARA STREET SAN JOSE, CA 95113	

BLU001-02

### FORM 990PF, PART XIII - DISTRIBUTION FROM CORPUS ELECTION

PURSUANT TO IRC SEC. 4942(H)(2) AND REG. 53.4942(A)-3(D)(2), THE SHARKS FOUNDATION HEREBY ELECTS TO TREAT CURRENT YEAR QUALIFYING DISTRIBUTION IN EXCESS OF THE PRECEDING TAX YEAR'S UNDISTRIBUTED INCOME AS BEING MADE OUT OF CORPUS.

2005 \$ 38,954 2006 \$297,790

### 990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

AN APPLICATION WILL BE PROVIDED TO PERSONS SUBMITTING A WRITTEN REQUEST FOR AN APPLICATION FORM.

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#### 990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

THE ORGANIZATION PROVIDEDS FUNDS TO 501(C)(3) ORGANIZATIONS OPERATING IN THE VICINITY OF SANTA CLARA COUNTY, CA. SPECIAL EMPHASIS IS PLACED ON ORGANIZATIONS PROMOTING THE WELFARE, DEVELOPMENT AND/OR GUIDANCE OF PERSONS UNDER THE AGE OF 18.

ATTACHMENT 9			AMOUNT	336,744.
			PURPOSE OF GRANT OR CONTRIBUTION	GENERAL CHARITABLE PURPOSE
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	AND	FOUNDATION STATUS OF RECIPIENT	NONE PUBLIC CHARITY
			RECIPIENT NAME AND ADDRESS	SEE STATEMENT A

77-0374062

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

THE SHARKS FOUNDATION

336, 744
TOTAL CONTRIBUTIONS PAID

+ A

44

(Rev January 2011)

Department of the Treasury

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Application   Return   Application   Is For   Code   Code   Is For   Code	Internal Revenu	e Service	► File a	ı separate a	pplication for each return.		
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic of time to file (6 mos acorporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time to file (6 mos acorporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file 8868 to request an extension of time to file any of the forms lated in Part 1 or Part II with the exception of Form 8870. 8868 to request an extension of time to file any of the forms lated in Part 1 or Part II with the exception of Form 8870. 8868 to request an extension of time to file any of the forms lated in Part 1 or Part II with the exception of Form 8870. 8868 to request an extension of time forms the part 1 or Part I or Pa	<ul> <li>If you are</li> </ul>	filling for ar	Automatic 3-Month Extension,	complete	only Part I and check this box		▶ X
Electronic filling (e-file). You can electronically file Form \$868 if you need a 3-month automatic extension of time to file (6 mos a corporation required to file Form \$99.7), or an additional (not automatic) 3-month automatic extension of time to file and a corporation required to file Form \$870. Into 8858 to request an extension of time to file any of the forms tisted in Part I or Part II with the exception of Form 8870. Into Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the FIS in paper form instructions.) For more details on the electronic filling of this form, wist inverving your/file and click on e-file for Chambes & Nonprof Part I automatic 3-month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - cheeck this box and complete Part tonly.  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income fax returns.  Type or Name of exampt originatization  Type or Name of exampt originatization  Type or Name of exampt originatization  Type or Name of exampt originatization  Type or Name of exampt originatization  Type or Name of exampt originatization  Type or Name of exampt originatization  Number, street, and come or suite no. If a P.O. box, see instructions.  SAN JOSE, CA 95113  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Bern 990-Bern 990-Bern 990-Bern 990-Bern 990-Term 990-Te	<ul><li>If you are</li></ul>	filing for ar	Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part II (on pag	je 2 of this form).	
a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically in 8888 to request an extension of time to file any of the forms lated in Part in or Part II with the exception of Form 8870, into Return for Transfers Associated With Cartain Personal Banefit Contracts, which must be sent to the FS in paper form instructions). For more details on the electronic filing of this form, yells twwist, goverifier and click on e-file for Cambries & Nonprof Part I and Acorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.  All other corporations (including 1120-C filers), partnerships, REMICs, and frusts must use Form 7004 to request an extension of life to file income fex returns.  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Name of example organization  Type or Code is For Code is For Code is Form 990-T (corporation)  Porm 990-T (filers organization Application is for (file a separate application for each return)  Porm 990-T (sec. 401(a) or 408(a) invest)  Type or Name of example organization o	Do not comp	olete Part II (	<i>ınless</i> you have already been gra	nted an au	itomatic 3-month extension on a pre	eviously filed Form 886	i8.
Acorporation required to file Form 990-T and requesting an automatic 8-month extension - check this box and complete Part Lonly.  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of life to file income tax returns.  Type of Name of exampts organization Type of Print File by the date of the return that the substitutions, standard treatment of the income tax returns.  Type of Name of exampts organization Type of Name of exampts organization Type of Name of exampts organization Type of Name of exampts organization Type of Name of exampts organization Type of Name of exampts organization Number, street, and foom or stills no. If a P.O. box see instructions, San JOSE, CA 95113  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code to Form Code to Form Son 990 O1 Form 990-T (corporation) Form 990-EZ O3 Form 990-T (corporation) Form 990-EZ O3 Form 990-T (sec. 401(a) or 408(a) inst) O3 Form 990-T (sec. 401(a) or 408(a) inst) O5 Form 990-T (sec. 401(a) or 408(a) inst) O5 Form 990-T (sec. 401(a) or 408(a) inst) O6 Form 990-T (sec. 401(a) or 408(a) inst) O6 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form 990-T (sec. 401(a) or 408(a) inst) O7 Form	a corporation 8868 to require Return for	n required juest an ex Transfers A	to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona	nal (not au forms liste al Benefit	tomatic) 3-month extension of time ed in Part I or Part II with the exce Contracts, which must be sent to	e. You can electronica eption of Form 8870, o the IRS in paper f	illy file Forr Informatio format (se
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of tin to file income tax returns.  Type or print Type or print TRE SHARKS FOUNDATION TRE SHAR						nie for Chanties & Non	profits.
Part I only.  ### All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of tin to file income tax returns.  Type or Print THE SHARKS FOUNDATION							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of tine to file income tax returns.  Type or print The SHARKS FOUNDATION TRESH TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN		-	· · · · · · · · · · · · · · · · · · ·			box and complete	
In the Income tax naturns	Part I only				<u> </u>		▶∟
Type or print    Name of exempt organization   THE SHARKS FOUNDATION   T77-0374062				rips, REMIC	Cs, and trusts must use Form 7004 to	request an extension	of time
THE SHARKS POUNDATION  THE SHARKS POUNDATION				<u>.</u>		Employer identification	n number
Number, street, and room or sulte no. If a P.O. box, see instructions,  525 WEST SANTA CLARA STREET  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  SAN JOSE, CA 95113  Enter the Return code for the return that this application is for (file a separate application for each return)		i	· -			, , , , , , , , , , , , , , , , , , ,	
due date for lifting your return See Iffiling your return SAN JOSE, CA 95113  Interest the Return code for the return that this application is for (file a separate application for each return)  Interest SAN JOSE, CA 95113  Interest See Iffiling your return See Iffiling your return SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest SAN JOSE, CA 95113  Interest SAN JOSE, CA 95113  Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest SAN JOSE, CA 95113  Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Interest SAN JOSE, CA 95113  Interest See Inter				v see instru	rtions	17-0374002	<u>.</u>
Eithing your minut has a state of the return that this application is for (file a separate application for each return)				× 900 mspa	500.10.	•	
Enter the Return code for the return that this application is for (file a separate application for each return)	filing your			a foreion ad	dress, see instructions.		
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code I		•	· ·				
Application    Return   Application   Secure		014. 00		<del></del>			
SEFOR    SEFOR   SEFO	Enter the Re	turn code f	or the return that this application	is for (file a	a separate application for each return	)	0 4
Is For   Code   Is For   Cofe   Code   Is For   Cofe   Code   Co	Application		- · · · · - · · · · · · · · · · · · · ·	Return	Application	· · · · · · · · · · · · · · · · · · ·	Return
Form 990-BL Form 990-EZ  03 Form 4720  Form 990-FF  04 Form 5227  Form 990-T (sec. 401(a) or 408(a) trust)  05 Form 6069  Form 990-T (trust other than above)  06 Form 8870  • The books are in the care of ▶ KEN CAVENEY  Telephone No. ▶ 408 999-5784  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the sist with the names and EINs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15, 20 12, to file the exempt organization return for the organization named above. The extens for the organization's return for:  □ Calendar year 20 or  □ X tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  □ Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions.  3a § 9,  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit.  3b § 9,  Caution. If you are going to make an electronic fund withdrawal with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions.  3a § Caution. If you are going to make an electronic fund withdrawal with this form is Form 8453-EO and Form 8879-EC.	_ *			Code	is For		Code
Form 990-BL Form 990-EZ  03 Form 4720  Form 990-FF  04 Form 5227  Form 990-T (sec. 401(a) or 408(a) trust)  05 Form 6069  Form 990-T (trust other than above)  06 Form 8870  • The books are in the care of ▶ KEN CAVENEY  Telephone No. ▶ 408 999-5784  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the sist with the names and EINs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15, 20 12, to file the exempt organization return for the organization named above. The extens for the organization's return for:  □ Calendar year 20 or  □ X tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  □ Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions.  3a § 9,  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit.  3b § 9,  Caution. If you are going to make an electronic fund withdrawal with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions.  3a § Caution. If you are going to make an electronic fund withdrawal with this form is Form 8453-EO and Form 8879-EC.			· · · · · · · · · · · · · · · · · · ·	01	Form 990-T (corporation)		07
Form 990-PF				02	<del></del>		08
Form 990-F   04   Form 5227  Form 990-T (sec. 401(a) or 408(a) trust)   05   Form 6069  • The books are in the care of ► KEN CAVENEY  Telephone No. ► 408 999-5784   FAX No. ►  • If the organization does not have an office or place of business in the United States, check this box	Form 990-EZ	<del> </del>		03			09
Form 990-T (trust other than above)  • The books are in the care of   KEN CAVENEY  Telephone No.   408 999-5784  FAX No.   • If the organization does not have an office or place of business in the United States, check this box   • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  • It this is for a Group Return, enter the organization's for the group, check this box  • If this is a list with the names and EINs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 03/15, 20 12, to file the exempt organization return for the organization named above. The extens for the organization's return for:  • Calendar year 20 or  • X tax year beginning 08/01, 20 10, and ending 07/31, 20 11.  2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  5 If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit.  6 Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E	Form 990-PF			04	Form 5227		10
Telephone No. ▶ 408 999-5784 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box	Form 990-T	(sec. 401(a	) or 408(a) trust)	05	Form 6069		11
Telephone No. ▶ 408 999-5784 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box	Form 990-T	(trust other	than above)	06	Form 8870		12
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calendar year 20 or X tax year beginning 08/01, 2010, and ending 07/31, 2011.  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E	until		03/15 , 20 12 , to file the e				xtension is
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Form 8868 (	Rev 1-2012)					Page 2
<ul><li>If you a</li></ul>	re filing for an Additional (Not Automatic) 3-M	onth Exter	nsion, complete only Part I	I and check	k this box	▶ X
	y complete Part II if you have already been gra					
• If you a	re filing for an Automatic 3-Month Extension,	complete o	only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	xtension o	of Time. Only file the orig	jinal (no c	opies needed).	
			E:	nter filer's id	dentifying number,	see instruction:
	Name of exempt organization or other filer, see in	structions.		Emplo	oyer identification nu	mber (EIN) or
Type or						
print	THE SHARKS FOUNDATION					
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social	security number (SS	SN)
due date for	525 WEST SANTA CLARA STREET		<del></del>	<u> </u>		
filing your return See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.			
instructions.	SAN JOSE, CA 95113		<del> </del>			
	Return code for the return that this application	is for (file a		ch return)	<del></del>	
Applicatio	n	Return	Application			Return
Is For		Code	Is For			Code
Form 990		01				
Form 990-	··· ··· ·· · · · · · · · · · · · · · ·	02	Form 1041-A			80
Form 990-		01	Form 4720		<del></del>	09
Form 990-		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	not complete Part II if you were not aiready	granted an	automatic 3-month exten	sion on a p	previously filed Fo	rm 8868. /
	oks are in the care of KEN CAVENEY			<del></del>	<del></del> •	
	ne No. ► 408 999-5784	·	AX No. ▶	!- b	<del></del> •	<u> </u>
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•	uest an additional 3-month extension of time un			d ending		, 20 11 .
	alendar year, or other tax year beginni tax year entered in line 5 is for less than 12 m				Final return	, 20 11 .
	Change in accounting period	Onnie, Gried	K (CUSON.	····		
7 State	in detail why you need the extension _TAXPA	YER IS	WAITING FOR INFORM	ATION E	FROM THIRD	
PARI	TIES AND ADDITIONAL TIME IS NEE	DED IN	ORDER TO FILE A CO	OMPLETE	AND	
	URATE TAX RETURN					
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	int paid previously with Form 8868.				8b\$	9,742.
c Balan	ice Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if require	ed, by using	EFTPS	_
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	Signature and Verifica					
	es of perjury, I declare that I have examined this form, in ct, and complete, and that I am authorized to prepare this for		ompanying schedules and stateme	ents, and to the	he best of my knowle	edge and bellef,
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Signature 🕨			Title >		Date ►	Rev 1-2012)
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