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SCANNED NOV 2 6 2010

50m 990-PF 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

2009

		r tax year begi	inning			, 2009,	and ending	3		, 20
G Check all t	that apply	Initial retur	'n	L Initia	al return o	of a former p	ublic charity	!	Fin	al return
		Amended	return		Addres	ss change		Name change		
	Name of foun	dation		-				A Employer ide	entification	number
Use the IRS										
label.	THE GOFF	FOUNDATIO	N						20-400	3831
Otherwise,	Number and s	street (or P O box	number	f mail is not delive	red to street	address)	Room/suite	B Telephone number	er (see page 1	0 of the instructions)
print								- [
or type. See Specific	5318 BRAI	EBURN							(713)	579-5100
Instructions.	City or town,	state, and ZIP coo	de	-				C If exemption a pending, check	pplication is	>
	ļ.							D 1 Foreign org		neck here
	BELLAIRE	, TX 77401	-480	2				2 Foreign org		
H Check typ	e of organizati	on X Secti	on 501	(c)(3) exempt	private f	oundation			neck here and	
	=	exempt charitable		. ——	•	ivate foundat	tion	· ·		
	et value of all a			ounting metho			rual	E If private foun under section		
of year (fro	om Part II, col			ther (specify)						-month termination
16) ▶ \$		8,205.		column (d) m		cash basis)	- 	under section		
Part I Anal	ysis of Reven	ue and Expens	ses (The						(d) Disbursements
total o	of amounts in col	lumns (b), (c), an	d (d)	(a) Revenu expenses		(b) Net inve	I .	(c) Adjusted net		for charitable
		equal the amount		books		incom	ic	income		purposes cash basis only)
		tc , received (attach sch					-/			Cash Dasis Only)
2 Check	If the for	undation is not requ	uired to	46°		,		<u> </u>	7	,
· ·	attacing	emporary cash inves			109.	<u>`</u>	109.	·	A	TCH 1
1	_	t from securities		1	6,691.	1	6,691.			TCH-2
1				_					1-11	
ŀ	ital income or (loss			; (()	, 1	32 . 4	211	
i .	•	ale of assets not on	line 10		4,076.			,,,,,,,,		
b Gross	sales price for all		,054		Ÿ	, , , ,				
21	on line 6a — Il nain net incom	ne (from Part IV, I	line 2)		1 %		4,076		7	\ \f\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8 Net sh	ort-term , capital	•			, 5	"	· ·		·-/->	<u></u>
9 Income	e modifications	RECEIVE	ĖĎÜ		· · · · · ·	·	· '- ? -		<u> </u>	
10 a Gross sa	ales less netum s —			3	<u> </u>	- 1,		** ** * * * *		L, 2, 52,
and allo	owances ost of goods sold			2	<u> </u>	्री विश्वी	77.	e	- 	-43%
	1 1	attach schedule)	010	7		2.2.2.2			2	
I .	income (attach		لننن		7,777.	· · · · · · · · · · · · · · · · · · ·			A	TCH. 3
12 Total.	Add lines 1 thre	QGDEN.	UT.	2	8,653.	2	0,876.		, ,	* * * *
		, directors, trustees,		 	0.	<u> </u>				
		ies and wages .								
15 Pensio		yee benefits								
		edule)						· · · · · · · · · · · · · · · · · · · 		 -
b Accou	nting fees (attac	ch schedule) ATC	н 4		3,403.	(0.		0.	
g c Other	professional fee	es (attach schedu	 le)							
17 Interes	-		•							
≒ i		see page 14 of the ins		*	4,158.		4,158.			· · · · · · · · · · · · · · · · · · ·
19 Depre	•	schedule) and de			· · ·					·
20 Occup	•		•				1-			· · · · · · · · · · · · · · · · · · ·
21 Travel		and meetings								···········
e 22 Printin		ons							-	
5 23 Other	expenses (attac	ch schedule) AT	СН 6		-105.		-105.	· · <u></u>		
24 Total		administrative ex				 				
Δdd lii	=	23			7,456		4,053.		o.	(
25 Contri	•	rants paid		17	9,534	 	- 		+-	179,534
1		ements. Add lines 2			6,990	<u> </u>	4,053.		0.	179,534
	penses and dispurse act line 26 from		- anu 25							, 30
~, Subila		enses and disbursem	ente	-15	8,337	j	}			
9 Evene	or reserve oser exbe					1	6,823.			·····
	vestment incom	ne (if penative or	ייי זמור	1 .						
b Net in	vestment income		-			<u> </u>			0-	
b Net in c Adjust	ted net Income	ne (ıf negative, er (ıf negatıve, ente ork Reduction A	r -0-)	e. see nage 30	of the inct		JSA		0- 5. (X)	Form 990-PF (2009

E	art I	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
		<u>-</u>	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	314,120.	11,246.	11,246.
	2		cash investments	10,742.	69,961.	69,961.
	3	Accounts receivable ▶				
		Less allowance for dou	btful accounts ▶	·		• •
	4					
		Less allowance for dou	btful accounts	·	-	-
	5					
	6		fficers, directors, trustees, and other			
			ach schedule) (see page 16 of the instructions)			
	7		receivable (attach schedule)			
	′		btful accounts	-		
			1			
sts	8	Inventories for sale or us	· · · · · · · · · · · · · · · · · · ·			
Assets	9		eferred charges			<u> </u>
٧			e government obligations (attach schedule)	1 504 255	1 440 522	705 063
			stock (attach schedule) ATCH 7		1,448,533.	785,063.
	11 11	Investments - corporate investments - land, building	bonds (attach schedule)			
	• •	and equipment basis				
		Less accumulated depreca (attach schedule)	ation			
	12	Investments - mortgage	loans			
	13	Investments - other (atta	ach schedule) ATCH 8	661,401.	802,183.	1,071,935.
	14	Land, buildings, and equipment basis	>		`, ;	`
		Less accumulated deprecia (attach schedule)	ation >			
	15		>)			
	16	Total assets (to be com	pleted by all filers - see the		<u>-</u>	
		instructions Also, see p	page 1, item l)	2,490,518.	2,331,923.	1,938,205.
	17		accrued expenses	0.	0.	A 25 2 3 70 4
	18					3
Ģ	19					
Liabilities	20		ors, trustees, and other disqualified persons		·	
ig	21		otes payable (attach schedule)			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Ξ.	22		e ►)			
		Other habilities (describe	~ /		···	
	23	Total liabilities (add line	es 17 through 22)	0.	0.	A Company
_			low SFAS 117, check here ▶		``	
			24 through 26 and lines 30 and 31.			
õ	١		24 tinough 20 and mics 90 and 91.)		
Sc	24	Unrestricted	· · · · · · · · · · · · · · · · · · ·			· 學學學
<u>a</u>	25				·	
ä	26	Permanently restricted .				松冷松悠 得
or Fund Balances	l		not follow SFAS 117,			
ũ			plete lines 27 through 31. ▶ X			
	ł		cipal, or current funds		- · . 	
Net Assets	28	• • •	r land, bldg , and equipment fund			
155	29	Retained earnings, accumi	ulated income, endowment, or other funds	2,490,518.	2,331,923.	
t A	30	Total net assets or fund	d balances (see page 17 of the			
ž		instructions)		2,490,518.	2,331,923.	
	31	Total liabilities and net	t assets/fund balances (see page 17			The second second second second second
	L		<u> </u>	2,490,518.	2,331,923.	
F	art I	Analysis of Cha	anges in Net Assets or Fund E	Balances		
1	Tota	I net assets or fund ba	alances at beginning of year - Part II,	column (a), line 30 (must	agree with	
					· 1	2,490,518
2		r amount from Part I,	line 07e		[-158,337
			ad in line 2 (domine) >	• • • • • • • • • • • • • • • • • • • •		†
		lines 1, 2, and 3				2,332,181
5		reases not included in	line 2 (itemize) ▶ ATTACH	MENT 9	5	258.
-			alances at end of year (line 4 minus li			2,331,923.
<u>.</u>	· Ota	THE COSCION TUNE DE	sistance at one or year time 4 millus i	inc oj - i art ii, coluinii (b),	, ш () (, , , , , ,) ()	2,331,323.

	and Losses for Tax on Invidescribe the kind(s) of property sold (i		(b) How	(c) Date	(d) Date sold
	ck warehouse, or common stock, 200	shs MLC Co)	P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
a SEE PART IV SCHE	DULE				
b					ļ
<u>c</u>					
<u>d</u>					ļ
<u>e</u>	10.00	(a) Cost or other house			<u> </u>
(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) min	
a b					
c					
d					
e					
Complete only for assets sh	owing gain in column (h) and owr	ned by the foundation on 12/31/69	a	Gains (Col (h) g	iain minus
(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		(k), but not less Losses (from co	than -0-) or
a	-				
b					
c			<u> </u>		<u></u> -
d					_
e					
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		4,076.
Net short-term capital gain	or (loss) as defined in sections 12	· · · · · · · · · · · · · · · · · · ·			
, -	line 8, column (c) (see pages 13				
_	ne 8		3		
		uced Tax on Net Investment Inc	come		
		outable amount of any year in the b	ase perio	d? [Yes X N
		, see page 18 of the instructions be	efore mai	ung any entries	·
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution (col (b) divided b	
2008	68,134.	2,029,689.			0.033569
2007	157,454.	1,939,747.			0.081172
2006	91,219.	2,029,013.			0.044957
2005	0.	82,083.	<u> </u>		0.000000
2004			<u> </u>		
					A 4 = A = =
2 Total of line 1, column (d)			2	~	0.159698
-	· · · · · · · · · · · · · · · · · · ·	e the total on line 2 by 5, or by the			0 000005
number of years the found	lation has been in existence if less	s than 5 years	3	_ 	0.039925
			1.1	-	004 770
4 Enter the net value of non	charitable-use assets for 2009 fro	om Part X, line 5	4	<u>_</u>	,824,772.
			1 _ 1		72 054
Multiply line 4 by line 3.		• • • • • • • • • • • • • • • • • • • •	5		72,854.
C Enter 10/ of not investment	at income (10/ of Dart Line 275)				168.
6 Enter 1% of net investmen	it income (1% of Part I, line 2/b)		6		
7 Add lines 5 and 6			,		73,022.
7 Add lines 5 and 6			7		.5,522.
8 Enter qualifying distributio	ns from Part XII, line 4	in Part VI, line 1b, and complete	8		179,534.
If line Q is equal to or are					

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see p	page 1	8 of th	e inst	ructio	ns)
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		1			1	68.
	here \blacktriangleright X and enter 1% of Part I, line 27b		-			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%					
	of Part I, line 12, col (b)	- 1	-		-	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				
3		3			1	68.
4		4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			1	68.
6	Credits/Payments	1				
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0.	ŀ				. 1
	Exempt foreign organizations-tax withheld at source	1				- '
	Tax paid with application for extension of time to file (Form 8868) 6c 500.	,				- 4
d	Backup withholding erroneously withheld			~-		
7		7			5	00.
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	9				3.5
10	· · · · · · · · · · · · · · · · · · ·	10			3	32.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 332 . Refunded ▶	11			_	
	t VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			1, 34	Yes	No
	participate or intervene in any political campaign?			1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			1		v
	of the instructions for definition)?			1b	اد ه څ	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1000		i de la
	published or distributed by the foundation in connection with the activities			1 1/2 mg	المناسبة سسا	أستوسد
C	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				74.5	Sal
	(1) On the foundation >\$ (2) On foundation managers >\$	_		(E)A5	٠٠٠ ١ ٠٠ ١ ٢	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed				2. 25
_	on foundation managers \$			المنشدة	كنت كالك	النفشا X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2 18 %	222.70	18. M
	If "Yes," attach a detailed description of the activities.	-6				《公》
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	^	X
4	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		• • • •	4a	X	
44	teme and transfer to the company of			4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
5	If "Yes," attach the statement required by General Instruction T	• • •	• • • •		独态	25
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
Ů	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state of th	hat				
	conflict with the state law remain in the governing instrument?			6	X	لحنسنعا
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			7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		• • •	4.3	*	35 44
- •-	instructions) $\triangleright \frac{TX}{I}$			200		
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney					
	(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				學	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV					
	27)? If "Yes," complete Part XIV		-	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule list					1
	names and addresses			10		Х
				-cm 90	0-PF	(2009)

	990-PF (2009) 20-4003831		F	Page 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Mobile address N/A			
14	The books are in care of TIM J. GOFF Telephone no Time J. GOFF Telephone no Time J. GOFF	9-510	00	
14	The books are in care of ▶ TIM J. GOFF Telephone no ▶ 713-57 Located at ▶5318 BRAEBURN BELLAIRE, TX ZIP+4 ▶ 77401-			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	• • •		
Par	t 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
10	During the year did the foundation (either directly)		163	140
Id				* -
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	' ' .	. 1	, 30
		İ		
	disqualification personal control of the control of	~ 、	ť	
	(b) Turnish goods, Services, or racinites to (or accept them from) a disqualified person?	' \	,	1
	(1) Tay compensation to, or pay of reimbarde the expenses of, a disqualined person.			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	- ,	,	8
		١.,,		. 、、
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if	38 '		1
	the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	1	1	
h		1		1 L
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 20 of the instructions)?	1 b		X
	Organizations relying on a current notice regarding disaster assistance check here	13	6.00	4357
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	7		
·	were not corrected before the first day of the tax year beginning in 2009?	1 c	•	ندنند X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	, , , , , , , ,	737	v /- ;
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	16.53	16	100 m 323
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	1 (3.3)	· /w.	
_	6e, Part XIII) for tax year(s) beginning before 2009?	1	′ <u>`</u>	
	If "Yes," list the years	4563		是影
ь	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)	J. (187), 11.	> "C. \$"	***
	to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2 b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	6.3	·-/-}	K-35
	•			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1/32	1.6	2500
	enterprise at any time during the year?	1 () () () () () ()	3.44	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or	233	3,20.5	12.03
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	779.57		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse		1	. ye
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	1	<u>~</u> .	1
	foundation had excess business holdings in 2009)	3 b		
4a	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		3	193
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	. 4b		X
		Form 99	0-PF	(2009)

Par	t VII-B	Statements Regarding Activities for	or Which Form 47	720 May Be Requi	red (continued)		
5 a	During th	ne year did the foundation pay or incur any amou	nt to				
	(1) Carr	y on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	Yes X No	,	
	(2) Influ	ence the oulcome of any specific public election	(see section 4955), o	r to carry on,			
	direc	tly or indirectly, any voter registration drive?	•		Yes X No	,	
		ide a grant to an individual for travel, study, or other				,	
		ide a grant to an organization other than a chari					
		on 509(a)(1), (2), or (3), or section 4940(d)(2)?	•		Yes X No	,	i I
		ide for any purpose other than religious, charital					
		oses, or for the prevention of cruelty to children of			Yes X No	,	
ь		nswer is "Yes" to 5a(1)-(5), did any of the trans					
_	-	ons section 53 4945 or in a current notice regard		•		_{5 b}	
		ations relying on a current notice regarding disast		· · · ·	· —		
_		swer is "Yes" to question 5a(4), does the found					
•		it maintained expenditure responsibility for the g	•		Yes No	,	
		attach the statement required by Regulations sec		• • • • • • • • • •		´ :	
6 3		oundation, during the year, receive any funds, of	• •	nav premiums			
va		sonal benefit contract?			Yes X No	,	
b		oundation, during the year, pay premiums, direct				6b	\bar{x}
_		to 6b, file Form 8870	on a maneony, on a p	ocidonal perient borniae	•		
7 a		me during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	,	1
	-	d the foundation receive any proceeds or have	- •	•			
	t VIII	Information About Officers, Directors					
1	lietalla	and Contractors fficers, directors, trustees, foundation m	anagers and their	componentian (coo	page 22 of the instr	uotiono)	
- 	<u>Liot an c</u>		(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contributions to	(e) Expens	e account
		(a) Name and address	hours per week devoted to position	(If not paid, enter 	employee benefit plans and deferred compensation		owances
AT	TACHN	MENT 10		0.	0.	i	0
			i				
							
					ł	İ	
		sation of five highest-paid employees (ot enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the inst	tructions).	
	ii iiolie,	ence NONE.	(b) Title and account		(d) Contributions to		
(a) Name an	d address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred		se account, lowances
			devoted to position		compensation		
	NOVE -						
	NONE						
-							
							
							
						ĺ	
	1	o 6 o 4 hours a market a marke	ll			Ĺ	
Tota	<u>numbe</u>	r of other employees paid over \$50,000 .	<u> </u>	<u> </u>	<u> </u>	<u>)</u>	<u> </u>
						Form 99	0-PF (2009)

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five high	est, paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
Total number	er of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A	Summary of Direct Charitable Activities	
		,
	tation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number ons and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A		
	~	
2		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3		
4		
		<u></u>
	Summary of Program-Related Investments (see page 23 of the instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
		
	gram-related investments. See page 24 of the instructions	
3 NONE		
		
Total. Add	nes 1 through 3	1
		Earn 990-PE (2009)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions)	ign foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
a	Average monthly fair market value of securities	1a	1,565,747.
b	Average of monthly cash balances	1b	81,580.
С	Fair market value of all other assets (see page 24 of the instructions)	1c	205,233.
d		1d	1,852,560.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,852,560.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	27,788.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,824,772.
6	Minimum investment return. Enter 5% of line 5	6	91,239.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priv foundations and certain foreign organizations check here ▶ ☐ and do not complete this	ate operating	
1	Minimum investment return from Part X, line 6	1	91,239.
2a			
b	Income tax for 2009 (This does not include the tax from Part VI) 2b	7]	
С		2c	168.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	91,071.
4	Recoveries of amounts treated as qualifying distributions		
5			91,071.
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,		
	Ine 1	7	91,071.
Pa	art 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	179,534.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	1 b	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:		
а	Suitability test (prior IRS approval required)	3a	0.
b		1	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	179,534.
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	168.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	179,366.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	whether the fo	undation

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Pa	rt XIII Undistributed Income (see pag	e 26 of the instruction	ons)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7	-			91,071.
2	Undistributed income, if any, as of the end of 2009				31/0/11
a				·	
b	07 06 05				
3	Excess distributions carryover, if any, to 2009	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	5 000 t				
a	From 2004				
D	From 2005		†		
С.	From 2006				(
đ	• • • • • • • • • • • • • • • • • • • •			İ	1
е	From 2008			ļ	,
f	Total of lines 3a through e	21,502.	<u> </u>		
4	Qualifying distributions for 2009 from Part XII,			× 3	, 1
	line 4 ▶ \$179,534.		,	`	:
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election	^		-	{
	required - see page 26 of the instructions)				; ,
С	Treated as distributions out of corpus (Election			,	
-	required - see page 26 of the instructions)		,		,
d	Applied to 2009 distributable amount		, '	,	91,071.
е	Remaining amount distributed out of corpus	88,463.			·
5	Excess distributions carryover applied to 2009			7,	
	(If an amount appears in column (d), the same	9, 1, 127, 541,		3,	
6	amount must be shown in column (a)) Enter the net total of each column as				
•	indicated below:)*. 	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	109,965.			
_				3.4	****
ນ	Prior years' undistributed income. Subtract line 4b from line 2b	3			
c	Enter the amount of prior years' undistributed	4 - 2 - 3,5 -		5 A J J T T T T T T T T T T T T T T T T T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed	The second of th		Section 1	N. 4
				1 1 1 1 1 1 1 1 1 1	1 3 47 4 5 1 4 1 E
a	Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line	1000 100 100 100 100 100 100 100 100 10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P. P. F. S. C. S. D. L. C. S. C. C. C. C. C. C. C. C. C. C. C. C. C.	 (4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
	4a from line 2a Taxable amount - see page				
	27 of the instructions	10 10 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 2 2 2 2 3 2 3 d
f	Undistributed income for 2009. Subtract lines				
	4d and 5 from line 1. This amount must be				
7	distributed in 2010 Amounts treated as distributions out of corpus		The state of the s	Section of the sectio	0.
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			自然的人的	a digital of the state of the
8	instructions)		10 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2	A CONTRACT OF THE PARTY OF THE	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
٥	applied on line 5 or line 7 (see page 27 of the				
	instructions)		32.4.1.3 (1) (1) (1) (1)	Marie Marie Marie Marie 1	
9	Excess distributions carryover to 2010.	100 065			
	Subtract lines 7 and 8 from line 6a	109,965.			A CONTRACTOR OF THE PARTY OF TH
	Analysis of line 9				
	Excess from 2005	TO THE RESERVE TO THE			
b	Excess from 2006	White the state of	11.00		
C	Excess from 2007 21,502.	The state of the s			
đ	Excess from 2008	通過的在標準			
е	Excess from 2009 88, 463.	47 BULL 1			

Pa	rt XIV Private Oper	ating Foundations (see page 27 of the	instructions and Pa	rt VII-A, question 9	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	l it is a private oper	ating	
	foundation, and the ruling	g is effective for 2009, ei	nter the date of the ruling		. ▶	
b	Check box to indicate wh				4942	(J)(3) or 4942(J)(5)
2 a	Enter the leaser of the ad-	Tax year		Prior 3 years		(a) Tatal
24	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	I or the minimum investment				<u> </u>	
	return from Part X for each year listed				ļ	1
L					 	
D	85% of line 2a				 	
С	Qualifying distributions from Part					- 1
d	XII, line 4 for each year listed . Amounts included in line 2c not					-
•	used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the alternative test relied upon					1
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying	į				
	under section 4942(j)(3)(B)(i)				<u></u>	
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	1				
	(interest, dividends, rents, payments on secunities					
	loans (section 512(a)(5)),	ļ		ĺ		
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as			}		
	provided in section 4942 ()(3)(B)(III)					
	(3) Largest amount of sup-	}				
	port from an exempt organization					
	(4) Gross investment income					
Pa					ation had \$5,000	or more in assets
	at any time	during the year - se	e page 28 of the in	structions.)		
1	Information Regardin	g Foundation Manage	rs:			
а	List any managers of	the foundation who h	ave contributed more	e than 2% of the tota	al contributions rece	ived by the foundation
	before the close of any	y tax year (but only if th	ney have contributed r	nore than \$5,000) (S	See section 507(d)(2))
	TIM GOFF -	SEE SCHEDULE	3			
	List any managers of	the foundation who	own 10% or more of	f the stock of a corn	oration (or an equa	lly large portion of the
-	ownership of a partner					ny laigo portion or the
						
	N/A					
2	Information Regardin	g Contribution. Grant	, Gift, Loan, Scholarsi	nip, etc., Programs:		
		<u> </u>		• • •	itabla araanizationa	and does not accept
	unsolicited requests	for funds. If the four	dation makes difts of	ito preselecteu chan	e 28 of the instruct	tions) to individuals or
	organizations under of				c 20 or the mattac	tions) to marriadas or
						
а	The name, address, a	ind telephone number	of the person to who	n applications should t	oe addressed	
b	The form in which app	olications should be su	bmitted and informati	on and materials they	should include	
						
C	Any submission deadl	ines				
d	Any restrictions or I	imitations on awards	, such as by geogr	aphical areas, charita	able fields, kinds o	f institutions, or other
_	factors:		, 5-39.			

Form 990-PF (2009)			20-4003831	Page 11
Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid Duri	ng the Year or App		uture Payment	
· Recipient	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 (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 11				
ATTACHMENT II]		
	}			
		i		
	1			
		}		
	1			
		j		
		i		
Total		• • • • •		179,534.
b Approved for future payment				
	1			
	1			
]
	1			
		1		
]		
				1
	<u> </u>	I		ļ
Total	<u></u>		▶ 3b	<u> </u>

r gross amounts unless otherwise indicated.		ated business income	1	section 512, 513, or 514	(e) Related or exemp
rogram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions
·			<u> </u>		
				· · · · · · · · · · · · · · · · · · ·	
					
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments			14	109.	
Dividends and interest from securities ,	- 		14	16,691.	
let rental income or (loss) from real estate					
Debt-financed property			 		
Not debt-financed property			 		
let rental income or (loss) from personal property			 		
Other investment income	 -		18	4,076.	
Gain or (loss) from sales of assets other than inventory			 	7,070.	 -
let income or (loss) from special events			 		
Gross profit or (loss) from sales of inventory Other revenue a			 		
ATTACHMENT 12		7,777.	 		
Subtotal Add columns (b), (d), and (e)	to verify calc			13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Worksheet in line 13 instructions on page 28 Tt XVI-B Relationship of Activities e No. Explain below how each activ	to verify calc to the Ac ity for whi	ulations) complishment of Ex	empt Purp	ooses (e) of Part XVI-A con	28,6
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities	to verify calc to the Ac ity for whi	ulations) complishment of Ex	empt Purp	ooses (e) of Part XVI-A con	28, 6
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac ity for whi	ulations) complishment of Ex	empt Purp	ooses (e) of Part XVI-A con	28, 6
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac ity for whi	ulations) complishment of Ex	empt Purp	ooses (e) of Part XVI-A con	28, 6
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac ity for whi	ulations) complishment of Exich income is reported exempt purposes (o	empt Purp	ooses (e) of Part XVI-A con	28,6
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac ity for whi	ulations) complishment of Exich income is reported exempt purposes (o	empt Purp	ooses (e) of Part XVI-A con	28, 6
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac ity for whi	ulations) complishment of Exich income is reported exempt purposes (o	empt Purp	ooses (e) of Part XVI-A con	28, 6
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac ity for whi	ulations) complishment of Exich income is reported exempt purposes (o	empt Purp	ooses (e) of Part XVI-A con	28,6
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac ity for whi	ulations) complishment of Exich income is reported exempt purposes (o	empt Purp	ooses (e) of Part XVI-A con	28,6
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities e No. Explain below how each activities the accomplishment of the form	to verify calc to the Ac ity for whi	ulations) complishment of Exich income is reported exempt purposes (o	empt Purp	ooses (e) of Part XVI-A con	28, 0

Pa	rt X		ion Regarding Organizations		s To and	Transa	ctions	and Rela	tionship	s With N	lonc	harii	able
1	ın	the organization d section 501(c) of the	he Code (other t	han section	501(c)(3) orga	anizations	with a	any other o section 527.	rganization relating to	described o political		Yes	No
a	org Tra	organizations? Transfers from the reporting foundation to a noncharitable exempt organization of											
	(1) Cash									1a(1)		Х	
	(2)	Other assets									1a(2)		X
t	Oth	her transactions											
		Sales of assets to a									1b(1)		X
		Purchases of assets									1b(2)		X
		Rental of facilities, ed									1b(3)		X
		Reimbursement arrar									15(4)		$\frac{1}{x}$
		Loans or loan guaran											$\frac{\hat{x}}{x}$
		Performance of service aring of facilities, equi											X
		the answer to any										fair	<u> </u>
		lue of the goods, o			•	-		• •		•			
		lue in any transaction		_	•	•							
						(,		- · · · · · · · · · · · · · · · · · · ·					
(a)	Line n	no (b) Amount involv	red (c) Name	of noncharitable	e exempt organiz	ation	(d) Des	cription of trai	isfers, transac	tions, and shar	ing arra	ngeme	nts
		N/A					N/A						
									·				·-···
					·								
					··								
_													
									 :			·	
													·
_													
_													
													
28		the foundation direct	-							F		_	 1
		ction 501(c) of the Cod		on 501(c)(3)) (or in section 52	7?				l	Ye	es 🔝	X No
!) f "	'Yes," complete the fol		1	(h) T(·		(-) ()		h!-		
		(a) Name of organ	nization		(b) Type of orga	nization			(c) Descript	ion of relations	nip		
		 								· · · · · · · · · · · · · · · · · · ·			
_													
_													
	Ung bel∤	der penalties of penury, lef, it is true, correct, and	I declare that I haw d complete Declarat	e examined this	retum, including other than taxpa	accompa ayer or fidu	nying sche	dules and star	tements, and ormation of v	to the best o	f my k r has a	nowled ny kno	ige and wiedge
		/ M	111711	//	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u>15/10</u>		prectu	<u> </u>		
ere		Signature of officer or to	utter	<u>v</u>	·····	<u> </u>	Date '		Title	Ta			
Sign Here	Paid Preparer's	Preparer's signature	Win Gran	Sunday	Lan	Date	12010	Check if self-emplo	oyed ►	Preparer's number (Se page 30 of P000 5	e Signa he instr	ature o	in s)
()	Pai	Preparer's signature Firm's name (or you	ours if EEP	B PC	z - 101111		1		EIN ▶	76-0222			
	ہِ ا	self-employed), ad		3 WEST LO	OOP S. SU	ITE 14	00	·	-				
		and ZIP code		STON, TX			77	027	Phone no	713-6	22-0	016	
_						·····					~m 90	n-DE	(2009)

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME								IE
Kind of F	roperty		Description			or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		COINS				P	08/18/2008	11/16/20
14,750.		PROPERTY TY 15,675.	PROPERTY TYPE: SECURITIES 15,675.				-925.	
		1000 SHARES EXXON					01/08/2007	12/21/20
67,729.		71,969.	PROPERTY TYPE: SECURITIES 71,969.				-4,240.	
		1000 UNITS				Р	01/08/2007	08/10/20
46,575.	PE: SECURIT	TIES			9,241.			
OTAL GAIN(L	oss)						4,076.	

4968

ATTACHMENT 1

ATTACHMENT

- INTEREST ON TEMPORARY CASH INVESTMENTS PART I FORM 990PF,

NET INVESTMENT INCOME	59.	109.
REVENUE AND EXPENSES PER BOOKS	59.	109.
		TOTAL
DESCRIPTION	A G EDWARDS PLAINS ALL AMERICAN PIPELINE LP	

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF,

NET INVESTMENT INCOME	16,506. 185.	16,691.
REVENUE AND EXPENSES PER BOOKS	16,506.	16,691.
		TOTAL
DESCRIPTION	A G EDWARDS PLAINS ALL AMERICAN PIPELINE LP	

ATTACHMENT 2

FORM 990PF, PART I - OTHER INCOME

REVENUE AND

EXPENSES PER BOOKS

7,777.

DESCRIPTION PLAINS ALL AMERICAN

TOTALS

7,777.

FEES	
ACCOUNTING	
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THE GOFF FOUNDATION

CHARITABLE PURPOSES		0.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	3,403.	3,403.
		TOTALS
DESCRIPTION	TAX RETURN	

PAGE 19

ATTACHMENT

TAXES ı PART I FORM 990PF,

THE GOFF FOUNDATION

EXPENSES PER BOOKS REVENUE AND

INVESTMENT

3,226.

3,226.

TAX ON INVESTMENT INCOME FOREIGN TAX

DESCRIPTION

4,158.

4,158.

TOTALS

ATTACHMENT 6

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EXPENSES
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FORM
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THE GOFF FOUNDATION

	REVENUE	
	AND	NET
	EXPENSES	INVESTME
DESCRIPTION	PER BOOKS	INCOME
INVESTMENT FEES	184.	
UTILITIES AND MAINTENANCE	-289.	

TOTALS

ENT E 184. -289.

-105.

-105.

619,632. 165,431.

ENDING FMV

BOOK VALUE ENDING

BEGINNING BOOK VALUE

DESCRIPTION

785,063.

- CORPORATE STOCK

PART II

FORM 990PF,

		Ρλ
659,491. 789,042.	1,448,533.	89
		4968
715,213. 789,042.	1,504,255.	7 PM V 09-8.5
	TOTALS	1:45:27
	E4	11/12/2010
EXXON STOCK RESACA STOCK		06A3LJ C973

INVESTMENTS	
OTHER	
- 1	
II	
PART	
990PF,	
FORM	

ATTACHMENT 8	ENDING BOOK VALUE FMV	6,359. 610,666. 185,158. 185,158.	802,183.
	BEGINNING BOOK VALUE	0. 454,209. 207,192.	661,401.
	DESCRIPTION	INVESTMENTS- COIN COSTS INVESTMENT IN PLAINS ALL AMER. INVESTMENT IN COINS	TOTALS

PAGE 23

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FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

BASIS DIFFERENCE FROM WASH SALE

258.

TOTAL

258.

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

4968

06A3LJ C973

EXPENSE ACCT AND OTHER ALLOWANCES	Ċ	·	·	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	· o	Ö	. 0	0
COMPENSATION	·o	O	. 0	Ö
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR 2.00	DIRECTOR 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	TIM J GOFF 5318 BRAEBURN BELLAIRE, TX 77401-4802	JAMIE CATHLEEN GOFF 5318 BRAEBURN BELLAIRE, TX 77401-4802	DAVID CAPOBIANCO C/O VULCAN INVESTMENT MGMT 505 5TH AVENUE SOUTH SUITE 900 SEATTLE, WA 98104-3821	

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

25,000. 79,000 10,000 2,500. 700 AMOUNT 12,000 ATTACHMENT 11 OPERATING FUND; ASSIST IN FEEDING PEOPLE IN NEED PURPOSE OF GRANT OR CONTRIBUTION PURCHASE STUDENT COMPUTERS OPERATING FUNDS OPERATING FUND OPERATING FUND OPERATING FUND RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY PUBLIC CHARITY NONE NONE NONE NONE NONE NONE THE IMPACT HOUSTON CHURCH OF CHRIST LEE COUNTY JR. LIVESTOCK SHOW, INC. RECIPIENT NAME AND ADDRESS GIDDINGS, TX 78942-1646 KRIST SAMARITAN CENTER 2450 RIVER OAKS BLVD FORT WORTH, TX 76129 BREAKTHROUGH HOUSTON ST. JOHN THE DIVINE 2401 CLAREMONT LANE BELLAIRE, TX 77058 HOUSTON, TX 77019 HOUSTON, IX 77007 HOUSTON, TX 77019 17555 BISSONNET TCU BOX 297140 TCU FROG CLUB PO BOX 1246 1704 WEBER

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

20-4003831

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 11 (CONT'D)

	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
FELLOWSHIP OF ST. JAMES	NONE	OPERATING FUND	1,000
PO BOX 410788	PUBLIC		
CHICAGO, IL 60641			
COLORADO ACADEMY	NONE	TUITION SCHOLARSHIPS (WOODROW & LUCAS SIMS)	39, 334
3800 SOUTH PIERCE	PUBLIC CHARITY		
DENVER, CO 80235			
ABBY CONNER ACCOUNT	NONE	FUND MEDICAL EXPENSES	10,000
C/O FIRST COMMUNITY BANK	PUBLIC		

BATESVILLE, AR 72501

1325 HARRISON ST.

TOTAL CONTRIBUTIONS PAID 179,534.

4968

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06A3LJ C973 11/12/2010

REVENUE
OTHER
심
- ANALYSIS OF
- A
r XVI-A
PART
ORM 990-PE,
FORM 990

				ATTACHMENT 12	12
DESCRIPTION	BUSINESS	AMOUNT	EXCLUSION	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
PLAINS ALL AMERICAN PIPELINE	211110				
	1				

TOTALS

PAGE 28

06A3LJ C973

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

T	HE GOFF FOUNDATION				20-4003831	
Note	: Form 5227 filers need to complete only Pa					
Par	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less	- ·	
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other basis (see page 4 of the instructions)	s (f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						
						
		-				
			_			
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b		1	b −925.
_	a					
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4	2	
3	Net short-term gain or (loss) from partner	ahina Caarnara	tions and other	· oototoo or trusta		
4	Short-term capital loss carryover Enter the					
•	Carryover Worksheet				° 4	()
5	Net short-term gain or (loss). Combine lin	es 1a through 4	ın column (f)	Enter here and on line		
	column (3) on the back	_				-925.
Par	Long-Term Capital Gains and Loss	es - Assets Held	More Than Or	ne Year	1	
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other base (see page 4 of the instructions)	s (f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					<u> </u>	· · · · · · · · · · · · · · · · · · ·
		1				
		-			 	
					 	
						
					· · · · · · · · · · · · · · · · · · ·	
b	Enter the long-term gain or (loss), if any, f	rom Schedule D-	1, line 6b		6	b 5,001.
7	Long-term capital gain or (loss) from Form	ns 2439, 4684, (6252, 6781, ar	nd 8824		
_	N. (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
8	Net long-term gain or (loss) from partners	hips, S corporati	ions, and other	estates or trusts		
9	Capital gain distributions					
J	Capital gain distributions		• • • • • • • •		<u>9</u>	*
10	Gain from Form 4797, Part I				10	<u>, </u>
11	Long-term capital loss carryover Enter th	e amount, if any		of the 2008 Capital Los	;;·····- - <u> -</u> '	
	Carryover Worksheet			•	l l	1 (
12	Net long-term gain or (loss). Combine line	s 6a through 11	in column (f).	Enter here and on lin	ne 14a,	<u> </u>
	column (3) on the back	<u></u>	<u> </u>	<u> </u>	▶ 1	5,001.
For P	aperwork Reduction Act Notice, see the Instr					lule D (Form 1041) 2009

chedule	D (Form	1041	2009
Cileanie	D (FUII)	1 1041)	2003

	-
Page	-2

	dule D (Form 1041) 2009			Page 2
Pa	t Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part.	(see page 5)	or trust's	
13	Net short-term gain or (loss)			-925.
14	Net long-term gain or (loss):			
а	Total for year			5,001.
	Unrecaptured section 1250 gain (see line 18 of the wrksht) 14b			
	28% rate gain			
15	Total net gain or (loss). Combine lines 13 and 14a ▶ 15			4,076.
Note	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 99 If V, and <mark>do not</mark> complete Part IV If line 15, column (3), is a net loss, complete Part IV)-T, Part I, line 4a) If line	s 14a and 15, column (2), are net gains, go
		and the Capital Loss Can	Tyover Worksheet, as no	
	t IV Capital Loss Limitation			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I,			
Note Carry	The loss on line 15, column (3) or b \$3,000	ne 22 (or Form 990-T, li	<u>[16](</u> ne 34), is a loss, compl	ete the Capital Loss
Pa				102
	1041 filers. Complete this part only if both lines 14a and 15 in column (2) are dains or an am	nount is entered in P	art I or Part II and
there	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more that	n zero	rount to ontorou in t	are ror rare ir and
Cau	ion: Skip this part and complete the worksheet on page 8 of the instructions			
• E	ther line 14b, col (2) or line 14c, col (2) is more than zero, or			
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			
Forr	n 990-T trusts. Complete this part only if both lines 14a and 15 are gai orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part and	ns, or qualified divide	ends are included in	income in Part I
	or line 14b, col. (2) or line 14c, col. (2) is more than zero.	complete the works	sneet on page 8 or	the instructions if
		74-1		
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	 ·	
18	Enter the smaller of line 14a or 15 in column (2)			
4.0	but not less than zero 18			
19	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) 19		() ()	
20	Add lines 18 and 19	 		
21	If the estate or trust is filing Form 4952, enter the		13.5	
- '	amount from line 4g, otherwise, enter -0-		* *	
22	Subtract line 21 from line 20 If zero or less, enter -0-	22	* []	
23	Subtract line 22 from line 17 If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,300	24	[*** \ .	
25	Is the amount on line 23 equal to or more than the amount on line 24?			
-	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.		\^	
	No. Enter the amount from line 23	25	,	
26	Subtract line 25 from line 24	26	<u> </u>	
27	Are the amounts on lines 22 and 26 the same?	.		
	Yes. Skip lines 27 thru 30; go to line 31 No. Enter the smaller of line 17 or line 22	27	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	_			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29	Subtract line 28 from line 27	29		
30				
31	Multiply line 29 by 15% (15)			
J 1	(see the Schedule Ginstructions in the instructions for Form 1041)			
	(see the ochedule o'matructions in the matructions for 1 oim 1041)		· · · · · · 31 	· · · · · · · · · · · · · · · · · · ·
32	Add lines 30 and 31		32	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Sci	nedule for Estates or	nd Trusts	
	(see the Schedule Ginstructions in the instructions for Form 1041)			
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here			
	G, line 1a (or Form 990-T, line 36)	•		
		<u> </u>		D (Form 1041) 2009

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D
(Form 1041)

▶ See instructions for Schedule D (Form 1041).

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust THE GOFF FOUNDATION

Employer identification number 20-4003831

Part I Short-Term Capital Gains	and Lossos Asso	te Hold One Ves		20-4003831	
	(b) Date		(d) Sales nace	(a) Cost or other basis	
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a COINS	08/18/2008	11/16/2009	14,750.	15,675.	-925
					
· · · · · · · · · · · · · · · · · · ·					
		-		*	

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b. For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2009

-925.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year						
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)	
5a 1000 SHARES EXXON	01/08/2007	12/21/2009	67,729.	71,969.	-4,240	
1000 UNITS PLAINS ALL AMERICAN	01/08/2007	08/10/2009	46,575.	37,334.	9,241	
						
6b Total. Combine the amounts in co	luma (6. Catar barra	and on Cohodata C	luna Ch	·1	5,001	

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

nternal Revenue S	ence Fine a separate application for each feture.	
If you are fi	ling for an Automatic 3-Month Extension, complete only Part I and check this box	X
	ling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page te Part II unless you have already been granted an automatic 3-month extension on a previ	
Part I Auto	matic 3-Month Extension of Time. Only submit original (no copies needed).	
	required to file Form 990-T and requesting an automatic 6-month extension - check this bo	x and complete
Part I only		▶
	prations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 ome tax returns	04 to request an extension of
one of the ref electronically i returns, or a co	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autoriums noted below (6 months for a corporation required to file Form 990-T). However f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 9 composite or consolidated From 990-T. Instead, you must submit the fully completed and the details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for China.	r, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form
Гуре ог	Name of Exempt Organization	Employer identification number
print	THE GOFF FOUNDATION	20-4003831
le by the	Number, street, and room or suite no If a P O. box, see instructions 5318 BRAEBURN	
iling your etum See nstructions	City, town or post office, state, and ZIP code For a foreign address, see instructions BELLAIRE, TX 77401-4802	
Check type o	f return to be filed (file a separate application for each return)	
Form 990	Form 990-T (corporation)	า 4720
Form 990	-BL Form 990-T (sec 401(a) or 408(a) trust) Form	n 5227
Form 990	-EZ Form 990-T (trust other than above) Form	า 6069
X Form 990	-PF Form 1041-A Form	1 8870
 If the organ If this is for for the whole g 	No ► 713 579-5100 FAX No ► 713 579-5110 nization does not have an office or place of business in the United States, check this box a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box. If it is for part of the group, check this box. and so fall members the extension will cover.	
1 I reques	st an automatic 3-month (6 months for a corporation required to file Form 08/15, 2010 , to file the exempt organization return for the organization reganization's return for: calendar year 2009 or tax year beginning,, and ending	n 990-T) extension of time named above The extension is
2 If this tax	year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
-	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	'
	dable credits. See instructions.	3a \$ 500.
•	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	·
	clude any prior year overpayment allowed as a credit.	3b \$ 0.
	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	- I
	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System	•
instruction		3c \$ 500.
Caution. If you for payment in	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EC	and Form 8879-EO
		r. 0000 /p / 2
FOR PRIVACY A	ct and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)

•				
	368 (Rev 4-2009)		Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box				
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868				
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) 				
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).				
Туре	Name of Exempt Organization Employer identifie	of Exempt Organization Employer identification number		
print	THE GOFF FOUNDATION 20-400383	20-4003831		
File by	Number, street, and room or suite no. If a P O box, see instructions For IRS use			
extend due da	ed 5318 BRAEBURN			
filing th	city, town or post office, state, and ZIP code. For a foreign address, see instructions			
return instruc				
Chec	k type of return to be filed (File a separate application for each return).	· · · · · · · · · · · · · · · · · · ·		
	Form 990 X Form 990-PF Form 1041-A	ΓTF	orm 6069	
\Box	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720	——	orm 8870	
\Box	Form 990-EZ Form 990-T (trust other than above) Form 5227			
STOF	Pl Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly filed	Form 8868.	
The books are in the care of ▶ TIM J. GOFF				
Telephone No ► 713 579-5100 FAX No ► 713 579-5110				
• 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 the whole group, check this box				
list with the names and EINs of all members the extension is for.				
	I request an additional 3-month extension of time until 11/15/2010			
	For calendar year 2009, or other tax year beginning and ending			
	If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period			
7	ADDITIONAL MINE TO VIDEO TO ACCUMINATE THE			
INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE TAX RETURN.				
				
				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	Т-Т-		
oa	nonrefundable credits. See instructions.	8a \$	500.	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	0a 9		
D	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
	previously with Form 8868.	8b \$	500.	
_	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	10013		
C				
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$				
Signature and Verification				
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form				
Signature Marin C. Portular / Title CM Date \$ 13/70/0				
	EELD IC	Form 880	00 (Rev. 4-2009)	

1333 WEST LOOP S. SUITE 1400

HOUSTON, TX 77027