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Return of Private Foundation

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

OMB No 1545-0052

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements 20 , 2009, and ending For calendar year 2009, or tax year beginning Initial return of a former public charity Final return G Check all that apply Initial return Amended return Address change Name change Name of foundation A Employer identification number THE MT. BRILLIANT FAMILY FOUNDATION Use the IRS (FORMERLY HGG FAMILY FOUNDATION) 26-1093418 labeL Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see page 10 of the instructions) print or type. 520 (713) 785-2021 109 N. POST OAK LN See Specific City or town, state, and ZIP code If exemption application is pending, check here Instructions. 1. Foreign organizations, check he HOUSTON, TX 77024 2. Foreign organizations meeting the 85% test, check here and attach H Check type of organization X Section 501(c)(3) exempt private foundation computation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated J Accounting method | X Cash Fair market value of all assets at end under section 507(b)(1)(A), check here . of year (from Part II, col (c), line Other (specify) If the foundation is in a 60-month termination 1,098,813. (Part I, column (d) must be on cash basis) 16) ▶ \$ under section 507(b)(1)(B), check here . > (d) Disbursements Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per ıncome income purposes books column (a) (see page 11 of the instructions) (cash basis only) 1,640,000 Contributions, gifts, grants, etc , received (attach schedule) , if the foundation is not required to 1,152 1,152 ATCH 1 Interest on savings and temporary cash investments 3,282 3,282 ATCH Dividends and interest from securities 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) , Net short-term-capitate Income modification RECEIVED Gross sales les 10 a returns Less Cost of g sold NOV 22 Gross profit or (loss) (attach schedule) (attach Other income 1,644,434 4,434 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . Expenses Pension plans, employee benefits 9,297.9,297 O 0 16a Legal fees (attach schedule) ATCH 3 2,820. Ō. 2,820 5,640 b Accounting fees (attach schedule) ATCH 4 342 342 Administrative Other professional fees (attach schedule).*. 17 87 87 Taxes (attach schedule) (see page 14 of the instructions) 18 19 Depreciation (attach schedule) and depletion. 20 5,076. 5,076 21 Travel, conferences, and meetings . . . and 22 Printing and publications gu 845 40 805. Other expenses (attach schedule) ATCH 7 23 perati Total operating and administrative expenses 17,998. 21,287 3,289 0 Add lines 13 through 23 564,934. 564,934 Contributions, gifts, grants paid 25 586,221 3,289 0 582,932 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 1,058,213 2 Excess of revenue over expenses and disbursements 1,145. b Net investment income (if negative, enter -0-) -0c Adjusted net income (if negative, enter -0-).

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. * ATCH 5 JSA ** 9E1410 2 000 47844T 3338 11/11/2010 10:55:20 AM V 09-8.5

| P | art II | Rajance Sheets | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | End o | f year |
|-------------|----------------|---|--|------------------------------|----------------|-----------------------|
| | 21 L W | Dalance Officets | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 ' | Cash - non-interest-bear | ing | 3,360. | 5,029. | 5,029. |
| l | 2 | | cash investments | | 885,763. | 885,763. |
| | 3 | Accounts receivable ▶ | | | | |
| | | Less allowance for dou | btful accounts | | | |
| | 4 | | | | | |
| | • | Less allowance for dou | btful accounts | | | |
| l | 5 | | | | | |
| ı | 6 | | officers, directors, trustees, and other | | | |
| | • | | ach schedule) (see page 16 of the instructions) | | | |
| - 1 | - | | receivable (attach schedule) | - | | |
| | 7 | | btful accounts | | | |
| | _ | | | II | | |
| ş | 8 | Inventories for sale or us | se | | | |
| Assets | 9 | | leferred charges | | | |
| Ä | | | te government obligations (attach schedule) | | 170,781. | 208,021. |
| | | | e stock (attach schedule) ATCH 8 | | 1/0,/61. | 208,021. |
| | 11 ° | Investments - land, building | e bonds (attach schedule) | | | - . |
| | | (attach schedule) | | | | |
| | 12 | | loans | | - | |
| | 13 14 | Investments - other (atta Land, buildings, and equipment basis Less accumulated deprecia | ach schedule) | | | |
| | | (attach schedule) | | | | |
| | 15 | | >) | | | |
| | 16 | | pleted by all filers - see the | 2 260 | 1 061 570 | 1 000 013 |
| _ | | | page 1, item I) | | 1,061,573. | 1,098,813. |
| | 17 | Accounts payable and a | accrued expenses | | | |
| | 18 | Grants payable | | | | |
| 8 | 19 | Deferred revenue | | | | |
| ≅ | 20 | Loans from officers, direct | ors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other no | otes payable (attach schedule) | | | |
| \exists | 22 | Other liabilities (describ | e ▶) | | | |
| | | | | | | |
| | 23 | Total liabilities (add line | es 17 through 22) | | | |
| _ | | | llow SFAS 117, check here ▶ 24 through 26 and lines 30 and 31. | | * | |
| es | 24 | Unrestricted | | | | |
| anc | 25 | | | | | |
| 3al | 26 | | | | | |
| ă | 24 25 26 | • | not follow SFAS 117, | | | |
| E L | | check here and con | pplete lines 27 through 31. ► X | | | |
| 5 | 27 | | cipal, or current funds | | | |
| | | | or land, bldg , and equipment fund | | | |
| Net Assets | 29 | | ulated income, endowment, or other funds | 3,360. | 1,061,573. | |
| Ä | 30 | - · | d balances (see page 17 of the | | | |
| ē | 30 | | · · · · · | 3,360. | 1,061,573. | |
| _ | 31 | Total liabilities and no | t assets/fund balances (see page 17 | | | |
| | • • | | , , , | 3,360. | 1,061,573. | |
| | | Analysis of Ch | anges in Not Assets or Fund | | 1,001,373. | |
| | | | anges in Net Assets or Fund | | 4 | |
| 1 | | | alances at beginning of year - Part I | | | 2 260 |
| | | | d on prior year's return) | | | 3,360. |
| | | er amount from Part I, | | | | 1,058,213. |
| | | | ded in line 2 (itemize) ▶ | | | 1 00: === |
| | | | | | 4 | 1,061,573. |
| 5 | Dec | | 1 . 0 // | | 1 _ 3 | |
| 6 | Tota | I net assets or fund b | alances at end of year (line 4 minus | line 5) - Part II, column (b |), line 30 6 | 1,061,573. |
| | | | | | | Form 990-PF (2009) |

| (a) List and | d describe the kind(s) of property s rick warehouse, or common stock, | old (e g , real estate, | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|--|--|--|---|----------------------------------|
| 1a | | | | | |
| b | | | | | |
| С | | | | | |
| _d | | | | | |
| <u>e</u> | | | | | ļ |
| (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 | | | | | |
| С | <u> </u> | | ļ | | |
| _d | | | <u> </u> | | |
| e | | | ļ | | |
| Complete only for assets s | | owned by the foundation on 12/31/69 | 4 17 | 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 | col | (k), but not less Losses (from co | |
| а | | | | <u> </u> | |
| b | | | ļ | 1 | |
| С | | | | | |
| d | | | | | |
| _el | | | | | |
| 2 Capital gain net income or | (net capital loss) { | If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 | 2 | , | |
| · · · · · · · · · · · · · · · · · · · | n or (loss) as defined in section | | | | |
| - | , line 8, column (c) (see pages | · · · · · · · · · · · · · · · · · · · | | | |
| | | <u></u> | 3 | | |
| | | deduced Tax on Net Investment Income the section 4940(a) tax on net invest | | | |
| | · | stributable amount of any year in the b | ase perio | d? [| Yes X No |
| 1 Enter the appropriate ame | ount in each column for each y | year, see page 18 of the instructions b | efore mak | ing 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 r (col (b) divided by | |
| 2008 | 439,603 | | | 10 | 9.353980 |
| 2007 | 89,622 | 2. 16,061. | | | 5.580101 |
| 2006 | | | ļ | | |
| 2005 | | | | | |
| 2004 | | | ļ | | |
| | | | | | |
| 2 Total of line 1, column (d) | | | 2 | 11 | 4.934081 |
| - | · · · · · · · · · · · · · · · · · · · | ivide the total on line 2 by 5, or by the less than 5 years | 3 | 5 | 57.467041 |
| 4 Enter the net value of nor | ncharitable-use assets for 2009 | 9 from Part X, line 5 | 4 | | 433,170. |
| | | | 5 | 24, | 892,998. |
| | | b) | 6 | | 11. |
| | | | 7 | 24. | 893,009. |
| | | | | • | |
| 8 Enter qualifying distribution If line 8 is equal to or graph Part VI instructions on page | ons from Part XII, line 4 eater than line 7, check the b ge 18 | pox in Part VI, line 1b, and complete | that part | using a 1% ta | 582,932. x rate See the |

| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the | ne ins | tructio | ons) |
|-----|--|--------|---------|---------------|
| 1 a | 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 | | | <u>23.</u> |
| | here and enter 1% of Part I, line 27b | | | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% J 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 | | | 23. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | 23. |
| 6 | Credits/Payments | | | |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | | | |
| b | Exempt foreign organizations-tax withheld at source | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c 6. | | | |
| d | Backup withholding erroneously withheld | | | 0 |
| 7 | Total credits and payments Add lines 6a through 6d | | | <u>0.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | | 23. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | _ | 23. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2010 estimated tax 27 Refunded 11 | | | |
| 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 | 4 - | Yes | No X |
| | participate or intervene in any political campaign? | 1a | | - |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | | | X |
| | of the instructions for definition)? | 1b | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | : |
| | published or distributed by the foundation in connection with the activities | | | Х |
| C | Did the foundation file Form 1120-POL for this year? | 1 c | | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | i | | |
| | (1) On the foundation S (2) On foundation managers S | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| _ | on foundation managers \$ | 2 | | Х |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | |
| | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| 3 | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | Х |
| 4- | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | Х |
| 4a | | 4 b | | Х |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | Х |
| 3 | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| ٠ | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | conflict with the state law remain in the governing instrument? | 6 | 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 | |
| | Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | |
| | instructions) ▶ TX, | 1 | | |
| 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 | 8ь | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | | |
| | 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (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 | X | <u> </u> |

| Par | t VII-A Statements Regarding Activities (continued) | | <u>.</u> | -3 |
|-----|--|------|----------|---------------|
| 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 | | Χ |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | X |
| 13 | | 13 | Χ | |
| | Weberta address N/A | | | |
| 14 | The books are in care of ► HGG INVESTMENTS INC. Telephone no ► 713-785 | -20 | 21 | |
| | The books are in care of ▶ HGG INVESTMENTS INC. Telephone no ▶ 713-785 Located at ▶ 109 N. POST OAK LN, SUITE 520 HOUSTON, TX ZIP+4 ▶ 77024 | | | |
| 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 | 1 | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | İ | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | 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)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if | | | |
| | the foundation agreed to make a grant to or to employ the official for a penod after | 1 | | |
| | termination of government service, if terminating within 90 days) Yes X No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? | 1b | ļ | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | ٠,, |
| | were not corrected before the first day of the tax year beginning in 2009? | 1 c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2009? | | | |
| | If "Yes," list the years | Ĭ | | |
| 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) | | | Х |
| | 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 | | | |
| | > | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | | • |
| | | | | |
| b | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or | 1 | | |
| | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | 1 | | |
| | 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 penod? (Use Schedule C, Form 4720, to determine if the | 2. | | |
| | foundation had excess business holdings in 2009) | 3 b | + | X |
| | Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes? | 4 a | + | |
| þ | 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 2009? | Ah. | | x |
| | The state of the s | 1 70 | | |

| Par | t VII-B Statements Regarding Activities for | r Which Form 4 | 720 May Be Requi | red (continued) | | |
|-----|---|---------------------------------------|---|--|-------------------------|---------|
| 5 a | During the year did the foundation pay or incur any amount | nt to | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influen | | 4945(e))? | Yes X No | , | |
| | (2) Influence the outcome of any specific public election | (see section 4955), o | r to carry on, | | | |
| | directly or indirectly, any voter registration drive? | , | | Yes X No | , | |
| | (3) Provide a grant to an individual for travel, study, or oth | | | Yes X No | , | |
| | (4) Provide a grant to an organization other than a charif | • • | | | | |
| | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (| | | Yes X No | , | |
| | (5) Provide for any purpose other than religious, chantal | | | | | |
| | purposes, or for the prevention of cruelty to children or | | | Yes X No | , 1 | |
| _ | If any answer is "Yes" to 5a(1)-(5), did any of the transit | | | | | |
| D | Regulations section 53 4945 or in a current notice regard | | · | | 5b | |
| | Organizations relying on a current notice regarding disast | = | · · · - | | · · · | |
| | | | | | | |
| C | If the answer is "Yes" to question 5a(4), does the foundation | • | | Yes X No | | |
| | because it maintained expenditure responsibility for the gr | | | Tes NC | ' | |
| | If "Yes," attach the statement required by Regulations section | • • | | | | |
| 6 a | Did the foundation, during the year, receive any funds, d | | | Yes X No | | |
| | on a personal benefit contract? | | | . — — | 1 1 | l x |
| ь | Did the foundation, during the year, pay premiums, direct | tly or indirectly, on a | personal benefit contrac | .t? | 6b | ^ |
| | If "Yes" to 6b, file Form 8870 | | | | | |
| | At any time during the tax year, was the foundation a part | • | - | | | |
| | If yes, did the foundation receive any proceeds or have a | | | | | |
| Pai | t VIII Information About Officers, Directors and Contractors | , Trustees, Foun | dation Managers, | Highly Paid Empi | oyees, | |
| 1 | List all officers, directors, trustees, foundation m | anagers and their | compensation (see | page 22 of the instr | uctions). | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans | (e) Expense other allow | |
| | | devoted to position | -0-) | and deferred compensation | | |
| | ma cumpum o | | 0. | 0. | | 0 |
| AT | TACHMENT 9 | | 0. | 0. | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Compensation of five highest-paid employees (ot If none, enter "NONE." | her than those inc | luded on line 1 - se | e page 23 of the ins | tructions). | |
| | | (b) Title, and average | | (d) Contributions to employee benefit | (e) Expense | account |
| (a | Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | plans and deferred | other allow | |
| | | Service to position | | compensation | | |
| | NONE | i | | | | |
| | NONE | - | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| _ | | | | | | |
| | | İ | | | | |
| | | | | | | |
| _ | al number of other employees paid over \$50,000 . | | | | | |

| Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued) | nployees, |
|---------------|---|--------------------|
| 3 Five high | est-paid independent contractors for professional services (see page 23 of the instructions). If no | one, enter "NONE." |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| | | |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - | | |
| | | |
| | | |
| | | |
| Total numb | er of others receiving over \$50,000 for professional services | ▶ NONE |
| | · · · · · · · · · · · · · · · · · · · | |
| Part IX-A | Summary of Direct Charitable Activities | |
| List the foun | dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number | _ |
| | ons and other beneficianes served, conferences convened, research papers produced, etc | Expenses |
| 1 N/A | | |
| ' | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | · |
| Part IX-B | 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 | | · |
| | | |
| A0 -45 | | |
| • | gram-related investments. See page 24 of the instructions | |
| 3 NONE | | |
| | | |
| | | |
| Total, Add | lines 1 through 3 | . ▶ |

| Pa | Int X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.) | gn foundation | S, |
|--------|---|-----------------|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 126,467. |
| b | Average of monthly cash balances | 1b | 313,299. |
| С | Fair market value of all other assets (see page 24 of the instructions) | 1c | 0. |
| đ | Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and | 1d | 439,766. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Outstand I line O from I no 4 d | 3 | 439,766. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25 | | |
| | of the instructions) | 4 | 6,596. |
| 5 | of the instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 433,170. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 21,659. |
| Pa | Tart XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ■ and do not complete this privation is the following and the following private that the following private is the following private that the following private is the following private that the following private is the following private that the following private is the following private that the following private is the following private that the following private that the following private that the following private that the following private that the following private the following private that the following private that the following private that the following private that the following private the following private that the following private that the following private the following private that the following private the following private that the following private the f | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 21,659. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 23. | | |
| ь | Income tax for 2009 (This does not include the tax from Part VI) 2b | | |
| С | Add lines 2a and 2b | 2c | 23. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 21,636. |
| 4 | Recoveries of amounts treated as qualifying distributions | | |
| 5 | | 5 | 21,636. |
| 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 | 21,636. |
| Pa | art XII Qualifying Distributions (see page 25 of the instructions) | • | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| ' a | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 582,932. |
| b | Program-related investments - total from Part IV-R | 1b | 0. |
| 2 | Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | 10 | |
| 4 | | 2 | 0. |
| 3 | purposes Amounts set aside for specific charitable projects that satisfy the | - | |
| э a | · · · · · · · · · · · · · · · · · · · | 3a | 0. |
| a b | On the distribution and Astronomy Astronomy and Astronomy | 3b | 0. |
| 4 | Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 582,932. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | ** | 302, 332. |
| J | Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | N/A |
| e | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 582,932. |
| 6 | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w | | <u></u> |
| | qualifies for the section 4940(e) reduction of tax in those years | mether the foul | ngauon |

| Pa | rt XIII Undistributed Income (see page | 26 of the instruction | ns) | | |
|--------|--|-----------------------|----------------------------|-------------|-------------|
| 1 | Distributable amount for 2009 from Part XI, | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
| - | line 7 | | | • | 21,636. |
| 2 | Undistributed income, if any, as of the end of 2009 | | | | |
| - a | Enter amount for 2008 only | | | | |
| b | Total for prior years 20 07 ,20 06 ,20 05 | | | | |
| 3 | Excess distributions carryover, if any, to 2009 | | | | · |
| а | From 2004 | | | | |
| b | From 2005 | | | | |
| C | From 2006 | | | | |
| đ | From 2006 | | | | |
| e | From 2008 439, 402. | | | | |
| f | Total of lines 3a through e | 528,221. | | | |
| 4 | Qualifying distributions for 2009 from Part XII, | | | | |
| | line 4: ▶ \$582, 932. | | | | |
| а | Applied to 2008, but not more than line 2a | | | | |
| ь | 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 | | | | 21,636. |
| | Remaining amount distributed out of corpus | 561,296. | | | |
| 5 | Excess distributions carryover applied to 2009 | | | | |
| 6 | (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: | | | | |
| • | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 1,089,517. | | | |
| a L | Prior years' undistributed income Subtract | | | | |
| D | line 4b from line 2b | | | | |
| С | Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | 1 |
| е | amount - see page 27 of the instructions Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions | | | | |
| f | Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010. | | | | |
| 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 | | | | |
| 8 | instructions) | | | | |
| 9 | Excess distributions carryover to 2010. | _ | | | |
| | Subtract lines 7 and 8 from line 6a | 1,089,517. | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2005 | | | | |
| b | Excess from 2006 | | | | |
| C | Excess from 2007 88,819. | | | | |
| d | Excess from 2008 439, 402. | | | | |
| е | Excess from 2009 561, 296. | | | | |

| Pa | rt XIV Private Oper | ating Foundations (| see page 27 of the | instructions and Pa | rt VII-A, guestion 9) | NOT APPLICABLE |
|-----|---|--------------------------|-----------------------|---------------------------|-----------------------------------|------------------------|
| _ | If the foundation has | | | | | |
| | foundation, and the ruling | _ | | | • | |
| b | Check box to indicate wh | | | | 4942() |)(3) or 4942(J)(5) |
| | | Tax year | | Prior 3 years | | |
| 2 a | 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 | (.,, | | | | |
| | return from Part X for each year listed | | | | | |
| | | | _ | 4 | | |
| D | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed . | | | | | |
| ч | Amounts included in line 2c not | | | | | |
| ŭ | used directly for active conduct | | | | | |
| _ | of exempt activities | - | | | | |
| Ð | Qualifying distributions made directly for active conduct of | | | | | |
| | exempt activities. Subtract line | | | , | | |
| 3 | 2d from line 2c | | | | ļ · · · · · · · · · · · · · · · · | |
| 3 | alternative test relied upon | | | | | |
| а | "Assets" alternative test - enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under section | | | |] | |
| | 4942(j)(3)(B)(i) | | | | | |
| D | "Endowment" alternative test- enter 2/3 of minimum invest- | | | | | |
| | ment return shown in Part X, | | | | | |
| | line 6 for each year listed | | | | | ļ <u>-</u> |
| С | "Support" alternative test - enter | | | | | |
| | (1) Total support other than gross investment income | | | | | |
| | (interest, dividends, rents, | 1 | | | | |
| | payments on securities loans (section 512(a)(5)), | | | | | |
| | or royalties) | | | | | |
| | (2) Support from general public and 5 or more | | | | | |
| | exempt organizations as | | | | | |
| | provided in section 4942 (j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of sup- | | | | | |
| | port from an exempt organization | | | | | |
| _ | (4) Gross investment income. | | | | | |
| Pa | art XV Supplement | ary Information (C | omplete this part | only if the found | ation had \$5,000 | or more in assets |
| _ | | during the year - se | | structions.) | | |
| 1 | Information Regardin | | | | | |
| а | List any managers of before the close of an | the foundation who r | lave contributed mor | e than 2% of the tota | ii contributions receiv | red by the foundation |
| | • | | iey nave contributed | 11010 (11211 40,000) (0 | cc 30011011 007 (d)(2)) | 1 |
| | HAROLD G. | | | | | |
| b | List any managers of | | | | | / large portion of the |
| | ownership of a partne | rship or other entity) o | which the foundation | n has a 10% or greater | rinterest | |
| | ». /» | | | | | |
| | N/A | - 04-15-41 04 | Ciff Loon Coholons | him ata Danasana | | |
| 2 | Information Regardin | • | | - | | |
| | Check here ▶ If | the foundation only i | makes contributions | to preselected chari | table organizations a | and does not accept |
| | | | | | e 28 of the instruction | ons) to individuals or |
| _ | _ | ther conditions, comple | | | | |
| а | The name, address, a | and telephone number | of the person to who | m applications should b | e addressed. | |
| | N/A | | | | | |
| b | The form in which app | olications should be su | pmitted and informati | ion and materials they | snould include | |
| | N/A | | | | | |
| c | Any submission dead | lines. | | _ | | |
| | N/A | | | | | |
| بر | Any restrictions or I | imitations on awards | such as hy decor | anhical areas charits | able fields kinds of | institutions or other |
| u | factors | iiiitations on awatus | , Judit as by geogl | aprilical alcas, criditio | abio noido, kindo Ul | mandadio, or other |
| | N/A | | | | | |
| | | | · | | | |

| Name and address (frome or business) a Paid duning the year ATTACHMENT 10 | Part XV Supplementary Information (co. 3 Grants and Contributions Paid Duri | ontinued) | roved for F | Future Payment | |
|--|---|--------------------------------|-------------|----------------|----------|
| a Pad dung the year ATTACHMENT 10 Total | | If recipient is an individual, | | | |
| a Pad dung the year ATTACHMENT 10 Total | | any foundation manager | status of | contribution | Amount |
| Total. > 3a 564, 934. | | or substantial contributor | recipient | | |
| Total | a Tala daning the year | | | | |
| Total | ATTACHMENT 10 | | | | |
| Total | | | | | |
| b Approved for future payment | • | | | | |
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| b Approved for future payment | Total | | | | 564,934. |
| Total. | | | | | |
| Total | | | | | |
| Total. | | | | | |
| Total. | | | | , | |
| Total | | | | | |
| Total. ▶ 3b | | | | | |
| Total | | | | | |
| | | | | | |
| Total | | | | | |
| | | | , | | |
| Total | | | | | 1 |
| | Total | | | | |

| er gross amounts unless otherwise indicated | | ated business income | Excluded by | section 512, 513, or 514 | (e) |
|---|----------------------|--|--|------------------------------|--|
| Program service revenue. | (a) Business code | (b) | (c) Exclusion code | (d) Amount | Related or exempt function income (See page 28 of the instructions) |
| a | | | | | |
| b | | | | | |
| с | · | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | - | | |
| Membership dues and assessments Interest on savings and temporary cash investments | | | 14 | 1,152. | |
| Dividends and interest from securities | | | 14 | 3,282. | |
| Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| Net rental income or (loss) from personal property | | | | | |
| Other investment income | | | | | |
| Gain or (loss) from sales of assets other than inventory | | | | | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory | ļ | | | | |
| Other revenue a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| | | | | | |
| | | | | 4 434 | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions on page 28 art XVI-B Relationship of Activities | to venfy calc | ulations) | xempt Purp | oses | 4,43 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 | to venfy calco | culations) complishment of E | Exempt Purp | ooses (e) of Part XVI-A con | 4,4 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form | to venfy calco | culations) complishment of E | Exempt Purp | ooses (e) of Part XVI-A con | 4,4 |
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| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 or XVI-B Relationship of Activities Explain below how each activities the accomplishment of the form | to venfy calco | culations) complishment of E | Exempt Purp ed in columr (other than i | ooses (e) of Part XVI-A con | 4,4 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 or XVI-B Relationship of Activities Explain below how each activities the accomplishment of the form | to venfy calco | culations) ccomplishment of E ich income is report exempt purposes | Exempt Purp ed in columr (other than i | ooses (e) of Part XVI-A con | 4 , 4 |
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| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form | to venfy calco | culations) ccomplishment of E ich income is report exempt purposes | Exempt Purp ed in columr (other than i | ooses (e) of Part XVI-A con | 4,4 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 rt XVI-B Relationship of Activities The No. Explain below how each activities the accomplishment of the form | to venfy calco | culations) ccomplishment of E ich income is report exempt purposes | Exempt Purp ed in columr (other than i | ooses (e) of Part XVI-A con | 4,4 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities ne No. Explain below how each activities the accomplishment of the form | to venfy calco | culations) ccomplishment of E ich income is report exempt purposes | Exempt Purp ed in columr (other than i | ooses (e) of Part XVI-A con | 4,4 |

| Par | t XVII | Information I Exempt Orga | | ransfers To an | d Transa | ctions | and Relation | nships | With N | lonc | harit | able |
|---|--------------------------------|---|--|--|-----------------------------------|-----------------|---|---------------|-------------------------------|-----------------------|------------------|-------------------|
| 1 | | e organization directly | y or indirectly | | | | | | | | Yes | No |
| in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section organizations? a Transfers from the reporting foundation to a nonchantable exempt organization of | | | | | | | section 527, rei | ating to | political | , | | |
| a | | (1) Cash | | | | | | | | | Х | |
| | | her assets | | | | | | | | 1a(2) | | Х |
| b | | transactions. | | | | | | | | | _ | |
| _ | | les of assets to a nonch | naritable exempt o | organization | | | | | | 16(1) | | X |
| | | rchases of assets from | | | | | | | | 1b(2) | | Х |
| | | ental of facilities, equipm | | | | | | | | 1b(3) | | Х |
| | | eimbursement arrangeme | | | | | | | | 1b(4) | | X |
| | | ans or loan guarantees | | | | | | | | 1b(5) | | X |
| | | erformance of services of | | | | | | | | 1b(6) | | X |
| С | | g of facilities, equipmen | | | | | | | | | | <u> </u> |
| d | If the | answer to any of t | the above is " | Yes," complete the | following s | chedule | Column (b) sh | ould alw | vays show | the | fair ı | narket |
| | value | of the goods, other | assets, or serv | nces given by the | reporting fo | undation | If the foundat | ion rece | eived less | than | fair i | market |
| | value | in any transaction of | sharing arran | gement, show in co | olumn (d) ti | he value | of the goods, | other a | ssets, or | service | es re | ceived |
| (a) l | ine no | (b) Amount involved | (c) Name of | noncharitable exempt org | anızatıon | '' - | scription of transfers | , transaction | ons, and shar | ng arra | ngeme | nts |
| | | N/A | | | | N/A | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | sectio | foundation directly or n 501(c) of the Code (otles," complete the following | her than section : | | | nore tax- | exempt organiza | tions des | scribed in | Y | es 🗀 | X No |
| | 11 16: | (a) Name of organizatio | | (b) Type of | organization | | (c) | Description | on of relations | ship | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | - | | | • | | | | | | | |
| | | | | | | | | | | | | |
| | belief, | IMM | lare that I have ex plete Declaration | amined this return, incli of preparer (other than t | uding accompa taxpayer or fide | uciary) is t | pased on all information $\frac{3}{10}$ | OFF | o the best of hich prepare | of my k | nowled ny kno | lge and wiedge |
| ere | r Si | gnature of officer or trustee | | | 15. | Date | | itle | Preparer's | Identif | vina. | |
| Sign Here | Paid Preparer's Use Only | Preparer's signature | lits | 5 /a_ | Date (%) | 10 | Check if self-employed | ▶ □ | number (Sepage 30 of P00025 | ee Signa the instr | ature c | |
| J , | Pai repa Jse (| Firm's name (or yours it | | | P.C. | - | E | EN ▶ | 4-1907 | 314 | | |
| | ر م ا | self-employed), address | s, 🖊 3355 ' | WEST ALABAMA, | SUITE | 900 | ļ. | | | | | |

Phone no 713-961-5544

77098

and ZIP code

HOUSTON,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

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

Schedule of Contributors

OMB No 1545-0047

Employer identification number Name of the organization THE MT. BRILLIANT FAMILY FOUNDATION (FORMERLY HGG FAMILY FOUNDATION) 26-1093418 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 11 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

| _ | -6 | -6 | D-4 |
|---|----|-----|------|
| e | of | OI. | Part |

THE MT. BRILLIANT FAMILY FOUNDATION Name of organization (FORMERLY HGG FAMILY FOUNDATION)

Employer identification number 26-1093418

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|-------------------------------|---|
| 1 | HANNAH GOODMAN 109 N. POST OAK LN, SUITE 520 HOUSTON, TX 77024 | \$410,000. | 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 | MARY JANE GOODMAN 109 N. POST OAK LN, SUITE 520 HOUSTON, TX 77024 | \$410,000. | 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 |
| 33 | BO GOODMAN 109 N. POST OAK LN, SUITE 520 HOUSTON, TX 77024 | \$410,000. | 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 |
| 4 | HUTTON GOODMAN 109 N. POST OAK LN, SUITE 520 HOUSTON, TX 77024 | \$410,000. | Person Payroli Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) | (c) | (4) |
| | Name, address, and ZIP + 4 | Aggregate contributions | (d) Type of contribution |
| | | | |
| (a) No. | | Aggregate contributions | Person Payroll Noncash (Complete Part II if there is |

| | al. | ı i | | |
|---------------------------------|--|--|---------------------------------------|-----------------|
| | | | OMB No 1545- | 1709 |
| | | ge 2 of this | of form), ad Form 8868. | X |
| | this | box and co | omplete | . 🗀 |
| | · m 7 | 7004 to re | equest an extens | ion of |
| electronically returns, or a c | h au f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms omposite or consolidated From 990-T Instead, you must submit the fully completed an e details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for | ver, you d s 990-BL, ad signed p | 6069, or 8870, page 2 (Part II) of | 8868 group |
| Type or print | Name of Exempl Organization THE MT. BRILLIANT FOUNDATION (FORMERLY HGG FAMILY FOUNDATION) | 1 | er identification nur 1093418 | nber |
| File by the | Number, street, and room or suite no. If a P.O. box, see instructions. | 20- | 1093416 | |
| due date for filing your | 109 N. POST OAK LN | | · · · · · · · · · · · · · · · · · · · | |
| return See instructions | City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77024 | | | |
| Form 990 X Form 990 | -BL Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Fo | orm 4720 orm 5227 orm 6069 orm 8870 | | |
| | are in the care of ▶ HGG INVESTMENTS INC. | | | |
| Telephone | No. ▶ 713 785-2021 FAX No. ▶ 713 785-5729 | | · | |
| _ | ization 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) | | | |
| names and EIN | ls of all members the extension will cover | | a list with the | |
| | t an automatic 3-month (6 months for a corporation required to file Formula $08/15$, 2010 , to file the exempt organization return for the organization ganization's return for: | rm 990-T n named a |) extension of above. The exten | time sion is |
| ★ X★ | calendar year 2009 or tax year beginning, and ending | | · | |
| 2 If this tax | year is for less than 12 months, check reason. Initial return Final return | Change | e in accounting p | eriod |
| - | plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, table credits. See instructions | less any | 3a \$ | 50. |
| | olication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax | payments | | |
| | lude any prior year overpayment allowed as a credit. Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required | d. deposit | 3b \$ | 0. |
| | coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System | | | |
| Instruction | | 0 15 | 3c \$ | 50. |
| for payment ins | are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-E structions | O and For | m 8879-EO | |
| | t and Paperwork Reduction Act Notice, see Instructions. | | Form 8868 (Rev. | 4-2009) |
| | | | | |

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

| | NET | INVESTMENT | INCOME | 878. | 274. |
|---------|-----|------------|-------------|--------------------|---------------|
| REVENUE | AND | EXPENSES | PER BOOKS | 878. | 274. |
| , | | | | | |
| | | | DESCRIPTION | TEXAS CAPITAL BANK | GOLDMAN SACHS |

1,152.

TOTAL

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

| NET INVESTMENT INCOME | 3,282. | 3,282. |
|---|---------------|--------|
| REVENUE AND EXPENSES PER BOOKS | 3,282. | 3,282. |
| | | TOTAL |
| DESCRIPTION | GOLDMAN SACHS | |

| FEES |
|--------|
| LEGAL |
| ١ |
| н |
| PART |
| 990PF, |
| FORM |

| CHARITABLE | 9,297. | 9,297. |
|---|------------|--------|
| ADJUSTED NET INCOME | | 0 |
| NET INVESTMENT INCOME | | 0 |
| REVENUE AND EXPENSES PER BOOKS | 9,297. | 9,297. |
| | | TOTALS |
| DESCRIPTION | LEGAL FEES | |

FORM 990PF, PART I - ACCOUNTING FEES

| CHARITABLE PURPOSES | 2,820. | 2,820. |
|---|-----------------|--------|
| ADJUSTED NET INCOME | | 0 |
| NET INVESTMENT INCOME | 2,820. | 2,820. |
| REVENUE AND EXPENSES PER BOOKS | 5,640. | 5,640. |
| | | TOTALS |
| DESCRIPTION | ACCOUNTING FEES | |

| FEES |
|--------------|
| PROFESSIONAL |
| OTHER |
| ן י ∥ |
| ⊣∥ |
| PART |
| 990PF, |
| FORM |

| | NET | INVESTMENT | INCOME | 342. |
|---------|-----|------------|-------------|-----------------|
| REVENUE | AND | EXPENSES | PER BOOKS | 342. |
| | | | | Si |
| | | | DESCRIPTION | INVESTMENT FEES |

342.

342.

TOTALS

| | REVENUE | |
|---------------|-----------|---------|
| | AND | NET |
| | EXPENSES | INVESTM |
| DESCRIPTION | PER BOOKS | INCOM |
| | | |
| FOREIGN TAXES | . 78 | |

| NET INVESTMENT INCOME | 8 | 87 |
|------------------------------|-----|--------|
| AND EXPENSES PER BOOKS | 87. | 87. |
| | | TOTALS |

2.2

FORM 990PF, PART I - OTHER EXPENSES

INVESTMENT 80. 15. 750. EXPENSES PER BOOKS REVENUE AND STATE FILING FEE EXEMPT STATUS APPLICATION FEE DESCRIPTION BANK FEES

CHARITABLE PURPOSES 4

40.

40. 15. 750. 805.

845.

TOTALS

PAGE 23

ATTACHMENT 8

| STOCK | |
|-----------|--|
| CORPORATE | |
| ı ∺ | |
| H | |
| PART | |
| 990PF, | |
| ORM | |

| ENDING FMV_ | 3,765. 8,334. 9,366. 7,344. 7,844. 19,276. 3,943. 12,882. 11,549. 11,549. 10,537. 6,120. 6,120. 8,135. |
|----------------------|---|
| ENDING BOOK VALUE | 4,245. 7,343. 8,428. 7,345. 6,232. 6,861. 11,013. 6,440. 14,844. 7,520. 3,327. 3,385. 6,509. 10,207. 3,542. 4,743. 9,864. 16,822. 4,576. 5,076. 5,076. 3,905. 6,391. |
| DESCRIPTION | BANK AMERICA CORP JP MORGAN CHASE & CO MCDONALDS CORP WAL-MART STORES INC WALGREEN CO ALTRIA GROUP INC COCA-COLA CO NESTLE SPONSORED ADR PHILIP MORRIS INT'L INC. PROCTOR & GAMBLE BECTON DICKINSON MEDTRONIC INC ABBOTT LAB JOHNSON & JOHNSON MERCK & CO, INC. NOVO-NORDISK A S ADR CHEVRON CORP EXXON MOBIL CORP FOYAL DUTCH SHELL PLC ADR TOTAL S A ADR APPLE INC. INTEL CORP ROYALINC. INTEL CORP ROYAL STROLEUM CORP COCIDENTAL PETROLEUM CORP |

DIRECTORS, AND TRUSTEES

- LIST OF OFFICERS,

PART VIII

FORM 990PE,

| EXPENSE ACCT AND OTHER ALLOWANCES | Ö | .0 | Ö | . 0 | 0 |
|---|---|---|--|---|--------------|
| CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | ò | Ö | Ö | Ö | 0. |
| COMPENSATION | ó | .0 | Ö | · 0 | 0. |
| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | DIRECTOR 1.00 | DIRECTOR 1.00 | DIRECTOR 1.00 | DIRECTOR 1.00 | GRAND TOTALS |
| NAME AND ADDRESS | HANNAH JANE GOODMAN 109 N. POST OAK LN 520 HOUSTON, TX 77024 | HAROLD G. GOODMAN 109 N. POST OAK LN 520 HOUSTON, TX 77024 | HUTTON GREGORY GOODMAN 109 N. POST OAK LN 520 HOUSTON, TX 77024 | REBECCA GOODMAN 109 N. POST OAK LN 520 HOUSTON, TX 77024 | |

| • | | |
|---|--|--|
| • | | |
| | | |
| | | |
| | | |
| | | |

| FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR | NS PAID DURING THE YEAR | | ATTACHMENT 10 |
|---|---|----------------------------------|---------------|
| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| UNIVERSITY OF KENTUCKY 101 MAIN BUILDING LEXINGTON, KY 40506-0604 | N/A PUBLIC | GENERAL SUPPORT | 100,000 |
| MARKET CANCER FOUNDATION 800 ROSS STREET, CC160 LEXINGTON, KY 40536-0093 | N/A PUBLIC | GENERAL SUPPORT | 220,000 |
| THE UNIVERSITY OF TEXAS AT AUSTIN P O BOX 7216 AUSTIN, TX 78713-7216 | N/A PUBLIC | INTERCOLLEGIATE ATHLETICS | . 000 . |
| BLUEGRASS CONSERVANCY 380 SOUTH MILL STREET, SUITE 205 LEXINGTON, KY 40508-2560 | N/A PUBLIC | GENERAL SUPPORT | 20,000 |
| CLEVELAND CLINIC 9500 EUCLID AVENUE/DVB CLEVELAND, OH 44195 | N/A PUBLIC | GENERAL SUPPORT | 50,000 |
| SAYRE SCHOOL 194 NORTH LIMESTONE STREET LEXINGTON, KY 40507 | N/A PUBLIC | GENERAL SUPPORT | 51,904 |

26-1093418

26-1093418

ATTACHMENT 10 (CONT'D) .

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | • |
|---|---|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| | | | |
| THE MUSEUM OF FINE ARTS HOUSTON | N/A | GENERAL SUPPORT | 1,000 |
| 1001 BISSONNET | PUBLIC | | |
| HOUSTON, TX 77005 | | | |
| UNIVERSITY OF VIRGINIA FUND | N/N | GENERAL SUPPORT | 5,000 |
| P O BOX 400314 | PUBLIC | | |
| CHARLOTTESVILE, VA 22904 | | | |
| BLUE GRASS F O P. #4 | N/A | GENERAL SUPPORT | 1,000 |
| 224 MARTIN LUTHER KING BLVD N | PUBLIC | | |
| LEXINGTON, KY 40507 | | | |
| BIG BROTHERS BIG SISTERS OF THE BLUEGRASS | N/A | GENERAL SUPPORT | 15,000 |
| 1016 RUSHWOOD CT. | PUBLIC | | |
| LEXINGTON, KY 40511 | | | |
| FIRST PRESBYTERIAN CHURCH | N/A | GENERAL SUPPORT | 250 |
| 171 MARKET STREET | PUBLIC | | |
| LEXINGTON, KY 40507 | | | |
| THOROUGHBRED RETIREMENT FOUNDATION | N/A | GENERAL SUPPORT | 2,500. |
| P O BOX 3387 | PUBLIC | | |
| SARATOGA SPRINGS, NY 12866 | | | |

ATTACHMENT 10 (CONT'D) .

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|---------------------------------|---|----------------------------------|--------|
| | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| KENTUCKY EQUINE HUMANNE CENTER | N/A | GENERAL SUPPORT | 250. |
| 1713 CATNIP HILL RD | PUBLIC | | |
| NICHOLASVILLE, KY 40356-9769 | | | |
| KAPPA ALPHA THETA - BOOT SCHOOL | N/A | GENERAL SUPPORT | 3,000 |
| 2401 PEARL ST | PUBLIC | | |
| AUSTIN, TX 78705 | | | |
| SYMPHONY SPRING FASHION SHOW | N/A | GENERAL SUPPORT | 1,000 |
| ONE SYMPHONY PLACE | PUBLIC | | |
| NASHVILLE, TN 37201-2031 | | | |
| CHUCKERS FOR CHARITY | N/A | GENERAL SUPPORT | 6,000 |
| 1549 OLD HILLSBORO ROAD | PUBLIC | | |
| FRANKLIN, TN 37069 | | | |
| | | | |

564,934

| Farm 886 | 168 (Rev 4-2009) | | • | Paga | a 2 |
|--------------------|--|------------|---------------------------------------|---------------------|-----------|
| | ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only | Part II a | nd check this box | | |
| | Only complete Part II if you have already been granted an automatic 3-month ext | | - | | _ |
| | ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1 | | | | |
| Part | Additional (Not Automatic) 3-Month Extension of Time. Only f | ile the | <u>original (no copie</u> | s needed). | |
| Туре | Name of Exempt Organization THE MT. BRILLIANT FOUNDATION | | Employer Identificat | lon number | |
| print | (FORMERLY HGG FAMILY FOUNDATION) | | 26-1093418 | | _ |
| File by t | Number street and monior suite no. If a P.O. box see instructions | | For IRS use only | | |
| extende due dat | de for | | | | |
| filing the | City, town or post office, state, and ZiP code. For a foreign address, see instructions. | | | | 圖 |
| instructi | HOUSTON, TX 77024 | | | | 题 |
| Check | k type of return to be filed (File a separate application for each return): | _ | | | |
| | Form 990 X Form 990-PF | | Form 1041-A | Form 6069 | |
| Ш | Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) | | Form 4720 | Form 8870 | |
| | Form 990-EZ Form 990-T (trust other than above) | | Farm 5227 | | |
| | Pl Do not complete Part II If you were not already granted an automatic 3-mor | th exte | nsion on a previous | ly filed Form 886 | 8. |
| • The | e books are in the care of HGG INVESTMENTS INC. | | | | |
| Tele | lephone No. ▶ 713 785-2021 FAX No. ▶ 713 | | 5729 | | _ |
| • If th | he organization does not have an office or place of business in the United States, c | heck this | box | ▶∟ | |
| | his is for a Group Return, enter the orga <u>niza</u> tion's four digit Group Exemption Numb | | | i is | |
| | ie whole group, check this box $\dots ightharpoonup igsqcup$. If it is for part of the group, check this | box | . > and attach | а | |
| list wit | th the names and EINs of all members the extension is for. | | | | |
| | I request an additional 3-month extension of time until 11/15/2010 | | | • | |
| 5 I | For calendar year 2009, or other tax year beginning | _,and en | iding | | |
| | | Final retu | | n accounting perio | od |
| | State in detail why you need the extension PERTINENT INFORMATION IN | | | | |
| _ | | THEREF | | | _ |
| P | ADDITIONAL EXTENSION OF TIME TO FILE IS RESPECTFULLY F | REQUES | TED. | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the | tentativ | | | ^ |
| | nonrefundable credits. See instructions. | | | ~ , , | <u>0.</u> |
| | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable | | and estimated 日本 | | |
| | tax payments made. Include any prior year overpayment allowed as a credit | and an | | <u> </u> | _ |
| | previously with Form 8868. | | | b \$ 50 | <u>0.</u> |
| | Balance Due. Subtract line 8b from line 8a. Include your payment with this form | | | | _ |
| | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S | | See instructions. 8 | c \$ | <u>0.</u> |
| | Signature and Verification | | | | |
| | penalties of perjury, I declare that I have examined this form, including accompanying schedules ar ie, correct, and complete, and that Lath authorized to prepare this form. | io stateme | nis, and to the best of r | ny knowledge and be | ner. |
| ir ia rioc | | | | , | |
| | Commence of the Commence of th | PA_ | | Plali | \sim |
| Signatu | | | Date ▶ | 8/7// | <u>-</u> |
| | WERLETN & HARRIS, P.C. | | F | om 18868 (Rev. 4-20 | 09) |
| | 3355 WEST ALABAMA, SUITE 900 | | | | |
| | HOUSTON, TX 77098 | | | | |
| | | | | | |
| | \vdash | | | | |
| | 4010 0290 0000 0385 a | 1-00 | . | | |
| | 1010 0000 0000 0000 6 | 2502 | <i>j</i> | | |
| | | | | | |