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Form 990-PF

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

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements ar beginning , 2009, and ending ,

Liber to the IRS label GOGGIO FAMILY FOUNDATION A Employer destilication number 26-3924816 B response number (and the property of type) The Committee of the Committee	G Che	eck al	I that apply	Initial return	Init	ial Return (of a former p	· -	_		Fina	al return
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Otherwise, 12 MAYFIELD PLACE print p		he	COCCTO EXA	ATTY ECHNINA	יוג∩דייי					^		nber
MORAGA, CA 94556					TITON					R		instructions)
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Section 4947(a)(t) nonexempt charitable trust. Other taxable provate foundation of the formation of the form	Instruct	ions								D	1 Foreign organizations, chec	k here
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The final set value of an assets at end of year (now Peril) Coher (speels)										Ε	·	
Part I Analysis of Revenue and Expenses (The total of amounts in columns (a), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions); (c), c), and (d) may not necessarily equal the amounts in column (a) (see the instructions); (c), c), and (d) may not necessarily equal the amounts in column (a) (see the instructions); (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions); (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions); (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions); (c), and (d) may not necessarily equal the instructions); (c), and (d) may not necessarily equal to the instructions); (c), and (d) may not necessarily equal to the instructions); (c), and (d) may not necessarily equal to the instructions); (c), and (d) may not necessarily equal to the instructions); (c), and (d) may not necessarily equal to the instructions; (d) may not necessarily equal to the instructions; (e), and (e),	1 F	ir mar From Pa	ret value of all asse art II, column (c), lin	ets at end of year e 16)	J ACC			asnAcc	ruai		under section 507(b)(1)(A)	, check here.
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Sarriy equal the amounts in column (a) (cash basis only)		E	xpenses (The	total of amount	s in	evnenses				• • • • • • • • • • • • • • • • • • • •		for charitable
See the instructions 204,820 2		sa	arily equal the ai	mounts in colum	n (a)							
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Total Add lines 1 through 11 Compensation of officers, directors, business, etc.			·	· -			204,820.					
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and disbursements. 175,794. b Net investment income (if negative, enter -0-). 1,185. c Adjusted net Income (if negative, enter -0-). 1,415.			Subtract line 2	6 from line 12:						<u> </u>		50/110.
b Net investment income (if negative, enter -0-). C Adjusted net Income (if negative, enter -0-). 1,185. 1,415.		a	Excess of reve	enue over expen	ses]	75 791					
C Adjusted net Income (if negative, enter -0-).		b			r -0-).		-, o, , o		1,18	5.		
											1,415.	

Part	$\overline{\Box}$	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
гац		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing .	400,000.	292,606.	313,896.
	2	Savings and temporary cash investments		180,000.	179,595.
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶		· · · · · · · · · · · · · · · · · · ·	
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions).			
	7	Other notes and loans receivable (attach sch)			
S		Less: allowance for doubtful accounts ▶			
A S E T	8	Inventories for sale or use			
Ť	9	Prepaid expenses and deferred charges			
S	10a	a Investments — U.S. and state government obligations (attach schedule)			
		b Investments — corporate stock (attach schedule).		.	
	•	c Investments — corporate bonds (attach schedule)		, .	
	11	Investments — land, buildings, and equipment, basis			
		Less. accumulated depreciation (attach schedule)			
		Investments – mortgage loans			
	13	Investments – other (attach schedule) STATEMENT 3		103,188.	105,385.
	14	Land, buildings, and equipment basis.			
		Less: accumulated depreciation (attach schedule)			
		Other assets (describe Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	400,000.	575,794.	598,876.
L	17	Accounts payable and accrued expenses			ĺ
À	18	Grants payable .			†
В	19	Deferred revenue			
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons .]
†	21	Mortgages and other notes payable (attach schedule)			
Ī	22	Other liabilities (describe			1
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted	400,000.	575,794.	
TŇ	25	Temporarily restricted			1
A D	26	Permanently restricted			
ASSETS		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ŤĀ	27	Capital stock, trust principal, or current funds			
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E R S	29	Retained earnings, accumulated income, endowment, or other funds	· <u>-</u>		
RS	30	Total net assets or fund balances (see the instructions)	400,000.	575,794.	
	31	Total liabilities and net assets/fund balances (see the instructions)	400,000.	575,794.	}
Part	III	Analysis of Changes in Net Assets or Fund Balance			<u> </u>
		I net assets or fund balances at beginning of year — Part II, colui		aree with	
	end-	of-year figure reported on prior year's return)	(2), 55 (1	400,000.
		r amount from Part I, line 27a .		2	175,794.
		increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	575,794.
		ases not included in line 2 (itemize)		5	555
6	rota	I net assets or fund balances at end of year (line 4 minus line 5)	 Part II, column (b), I 	ine 30 6	575,794.

(a) List and describe 2-story brick warehouse	e the kind(s) of property sold (e.g., ruse; or common stock, 200 shares ML	eal estate	(b) How acquire P — Purchase D — Donation		(d) Date sold (month, day, year)
1a N/A					
b					
С					
d					
е				<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal		(h) Gain or (e) plus (f) m	
a					
b					
					
<u>d</u>					
<u>e</u>	<u> </u>				
	ing gain in column (h) and owned by			(I) Gains (Colo	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (I than -0-) or Losses (fi	rom column (h))
a					
b					
<u>c</u>					
d					
<u>e</u>	L Lif gain also	enter in Part I line 7			
2 Capital gain net income or (ne	—	enter in Part I, line 7 ter -0- in Part I, line 7		!	
• •	(loss) as defined in sections 1222(5)	``			
If gain, also enter in Part I, line in Part I, line	e 8, column (c) (see the instructions)	If (loss), enter -0-	3	<u> </u>	
Part V Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investme	ent Income		
If section 4940(d)(2) applies, leave to Was the foundation liable for the sectif 'Yes,' the foundation does not qualify	tion 4942 tax on the distributable an		se period?	Yes	☐ No
1 Enter the appropriate amount i	n each column for each year, see th	e instructions before makin	g any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:		(d) Distribution olumn (b) divided	
2008					
2007					
2006					
2005					
2004		<u>-</u>			
2 Total of line 1, column (d)			2	:	
3 Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the to n has been in existence if less than 5	otal on line 2 by 5, or by the	,	3	
4 Enter the net value of nonchar	table-use assets for 2009 from Part	X, line 5			
5 Multiply line 4 by line 3			5	,	
6 Enter 1% of net investment inc	come (1% of Part I. line 27b)			,	
7 Add lines 5 and 6	•		<u> </u>	,	
8 Enter qualifying distributions fr	om Part XII. line 4				
	•				
Part VI instructions	han line 7, check the box in Part VI,	line 1b, and complete that	part using a	% tax rate. See t	he

	990-PF (2009) GOGGIO FAMILY FOUNDATION	26-392	24816		F	age 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see the	instruc	tions)		
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 letter if necessary - see instr.)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	- 1				24.
	check here ► and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	ļ			0.
2	Add lines 1 and 2	3				24.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -(0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	. 5				24.
-	Credits/Payments:	· -	+			27.
	2009 estimated tax pmts and 2008 overpayment credited to 2009					
	Exempt foreign organizations — tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868).	24.				
	Backup withholding erroneously withheld 6d	24.				
	Total credits and payments Add lines 6a through 6d	 ,				24.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				24.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9				0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	► 10				<u> </u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	► 11				_
	VII-A Statements Regarding Activities					
					Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	l it		1a		X
L			•	<u> </u>		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1ь		х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any material	als publisi	hed			
	or distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?	•		1 c		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation (2) On foundation managers		0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	osed on	_ -	.		
	foundation managers. •\$ 0.	0000 011		.		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If 'Yes,' attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles				
	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		_X_
	If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If 'Yes,' attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions t with the state law remain in the governing instrument?	hat confli	ct	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	Х	
	Enter the states to which the foundation reports or with which it is registered (see the instructions).	•				
	CA					
ь	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) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes.' cor	(3) or 494	2()(5)	9		X

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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Form **990-PF** (2009)

	990-PF (2009) GOGGIO FAMILY FOUNDATION VII-A Statements Regarding Activities Continued	26-	392481	6	F	Page
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity					
	within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	•		11		X
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	applica	ition?	13	X	
14	Website address	no Þ	510-20	77-7	480	
•	Located at ► 12 MAYFIELD PLACE MORAGA CA ZIP + 4 ►	945				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			N/A	. •	
art	and enter the amount of tax-exempt interest received or accrued during the year VII-B Statements Regarding Activities for Which Form 4720 May Be Required	•	15			N/A
art	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly):				-	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	XNo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(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	XNo			
	(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 period after termination of government service, if terminating within 90 days.)	Yes	XNo			
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 the instructio	ns)?		1 b	N	/A
	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 were not corrected before the first day of the tax year beginning in 2009?			1c		Х
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?	Yes	XNo		•	
	If 'Yes,' list the years ► 20, 20, 20					
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942((relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)				
	all years listed, answer 'No' and attach statement — see the instructions.)	1)(2) to		2b	N	/A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere.				
_	► 20					
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 disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by after hospitality.					
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)				NT	/3
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its	• •		_3b	IN	/A
	charitable purposes?			4a		X
h	Did the foundation make any investment in a prior year (but after December 31, 1969) that could					
U	eopardize its charitable purpose that had not been removed from jeopardy before the first day of					ı

Part VII-B Statements Regarding Activiti	es for Which Form	<u>ı 4720 May Be Req</u> ı	uired (continued))		
5'a During the year did the foundation pay or incu	r any amount to:			_	, ,	
(1) Carry on propaganda, or otherwise attempt	_	• • • •	Yes [X No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra				No		
(3) Provide a grant to an individual for travel,			Yes	X No		
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	rganization described uctions)	Yes [X No		
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes [X No		
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to one a current notice regard	qualify under the except ding disaster assistance	tions		5 b	N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶[
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure responsible 'Yes,' attach the statement required by Regions	sibility for the grant?		N/A Yes	No		
6a Did the foundation, during the year, receive an			•			
on a personal benefit contract? b Did the foundation, during the year, pay premi		•		XNo	6b	X
If 'Yes' to 6b, file Form 8870.	ams, ancetty of mance	ary, on a personal bene	in contract:			
7a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	iction? Yes	X No		
b If yes, did the foundation receive any proceed Part VIII Information About Officers, D				Empl	7b	N/A
and Contractors			gers, nigiliy Paic	Empi	oyees,	
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).			
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	ot	xpense her allow	account, vances
SEE STATEMENT 5						
			,			0
		0.		<u></u>		0.
					,	
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see ir	structions). If none,	enter 'N	IONE.	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	ot	xpense her allow	account, vances
NONE						
Total number of other employees paid over \$50,000)			•		0
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Form **990-PF** (2009)

GOGGIO FAMILY FOUNDATION

Total. Add lines 1 through 3

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Form 990-PF (2009)

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services — (see 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 of others receiving over \$50,000 for professional services 0 Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. **Amount** All other program-related investments. See instructions

Form 990-PF (2009) GOGGIO FAMILY FOUNDATION	26-3924816	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this passee instructions.)	art. Foreign found	dations,
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	
b Average of monthly cash balances	1 b	408,447.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	408,447.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation).	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d .	3	408,447.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	6,127.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	402,320.
6 Minimum investment return. Enter 5% of line 5	6	20,116.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section of the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section of the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► and do not complete the section 4942(j)(3) and (j)(5) private and certain foreign organization and certain f		ations
1 Minimum investment return from Part X, line 6.	1	20,116.
2a Tax on investment income for 2009 from Part VI, line 5 . 2a b Income tax for 2009. (This does not include the tax from Part VI.) . 2b	24.	
c Add lines 2a and 2b	2c	24.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	20,092.
4 Recoveries of amounts treated as qualifying distributions .	4	
5 Add lines 3 and 4	5	20,092.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	20,092.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	30,140.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line	4 . 4	30,140.
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 instructions)	. 5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	30,140.
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		
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7.				20,092.
2 Undistributed income, if any, as of the end of 2009.				20,032.
a Enter amount for 2008 only			0.	
b Total for prior years. 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006 .				
d From 2007				
e From 2008				
f Total of lines 3a through e.	0.			
4 Qualifying distributions for 2009 from Part				
XII, line 4: ► \$ 30,140.				
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus				
(Election required — see instructions)	0.			
d Applied to 2009 distributable amount				20,092.
e Remaining amount distributed out of corpus	10,048.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
come amount much so shown in column (a))				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	10,048.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency				
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
The Late Control of the Control of t				
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				0.
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
· ·				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	10,048.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009 10,048.				

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Form 990-PF (2009)

Form 990-PF (2009) GOGGIO FAMILY FO		otions and Dort	VIII A musetien (26-392481	
Part XIV Private Operating Foundation 1 a If the foundation has received a ruling or of					N/A
is effective for 2009, enter the date of the	ruling	•			
b Check box to indicate whether the foundate		erating foundation o		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total
investment return from Part X for each year listed	(a) 2003	(6) 2008	(c) 2007	(u) 2000	(e) Iotai
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).					
(3) Largest amount of support from an exempt organization					-
(4) Gross investment income	<u> </u>	<u> </u>	<u> </u>		
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	organization ha	id \$5,000 or moi	re in
Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have CRISTINA G. BANKS	gers:		total contributions re section 507(d)(2))	eceived by the foun	dation before the
b List any managers of the foundation who	own 10% or more	of the stock of a cor	poration (or an equa	ally large portion of	the ownership of
a partnership or other entity) of which the NONE	foundation has a	10% or greater inter	est	any tenge perment er	
2 Information Regarding Contribution, Gran	nt. Gift. Loan. Sch	olarship, etc. Progra	ams:	 	
Check here \(\bigcup if the foundation only n requests for funds If the foundation make complete items 2a, b, c, and d	nakes contribution	s to preselected cha	ritable organizations	s and does not acce anizations under oth	ept unsolicited ner conditions,
a The name, address, and telephone number	r of the person to	whom applications	should be addressed		
	·				
SEE STATEMENT 6					
b The form in which applications should be s	submitted and info	rmation and materia	als they should inclu	de:	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines:			-		
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards, s	such as by geogra	phical areas, charita	ble fields, kinds of i	nstitutions, or other	factors
SEE STATEMENT FOR LINE 2A					
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3' Grants and Contributions Paid During the	Year or Approved for Fut	ure Paymen		,
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		<u> </u>
a Paid during the year SEE STATEMENT 7				
Total			► 3a	30,140.
b Approved for future payment				
Total			► 3t	
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Part XVI-A	Analy	sis of	Income-F	Producina	Activities

Enter gross	s amounts unless otherwise indicated.	Unrelate	ed business income	Excluded b	y section 512, 513, or 514	
1 Progr	am service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (see the instructions)
a						
b						
	 			-		
				ļ.		
				 		<u> </u>
7 <u> </u>	and contracts from government agencies	_		+		
_	bership dues and assessments			 		
	st on savings and temporary cash investments			14	325.	
	ends and interest from securities			14	1,090.	
	ental income or (loss) from real estate:					
	financed property					
b Not d	lebt-financed property					
6 Net re	ntal income or (loss) from personal property					
7 Other	r investment income					
8 Gain o	r (loss) from sales of assets other than inventory			ļ		
	ncome or (loss) from special events			<u> </u>		
	s profit or (loss) from sales of inventory			1		
11 Other	r revenue.			-		
				-		
				├		
				 		
e				 	 -	
	otal. Add columns (b), (d), and (e)			 	1,415.	
12 Subto						
				1		1.415.
13 Total	. Add line 12, columns (b), (d), and (e)	Iculations)		- <u>-</u>	13	1,415.
13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca		ishment of Evenn	t Purpos	13	1,415.
13 Total (See works	. Add line 12, columns (b), (d), and (e)		ishment of Exemp	t Purpos	13	1,415.
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	
13 Total (See works Part XVI- Line No.	Add line 12, columns (b), (d), and (e) sheet in the instructions for line 13 to verify ca B Relationship of Activities to the	Accompl			13 Ses	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable
Exempt Organizations

	Exempt Organ	Zauons							
1 Did t desc relati	the organization directly tribed in section 501(c) or ing to political organizations.	or indirectly e of the Code (of tions?	ngage in any of the her than section 50	following wit 11(c)(3) organ	h any other org lizations) or in s	anization section 527,		Yes	No
	sfers from the reporting		a noncharitable exe	empt organiza	ation of:		}	i 1	1
(1)	_						1a (1)		X
• •	Other assets						1a (2)		X
• •	er transactions.						1		
	Sales of assets to a non	charitable eve	mnt organization				1 b (1)		X
	Purchases of assets from		. •	ation			1b (2)	\vdash	X
• •	Rental of facilities, equip			ation		• •	1 b (3)	\vdash	X
• •			assets			•	1 b (4)	\vdash	X
• •	Reimbursement arrange Loans or loan guarantee				•		1 b (5)		X
• •	Performance of services		In or fundraising sol	Nortations			1 b (6)		X
• •			•				1c	 	X
C Silar	ring of facilities, equipme	ent, mailing its	is, other assets, or	paid employe	562	•	16	L	
d If the the g	e answer to any of the a goods, other assets, or s transaction or sharing a	bove is 'Yes,' services given rrangement, sl	complete the follow by the reporting fou now in column (d) the	ring schedule undation If th he value of th	Column (b) she foundation re	ould always show the fair ceived less than fair marke assets, or services receive	market vali et value in ed	ue of	
(a) Line no.			f noncharitable exempt o			ion of transfers, transactions, and		ngement	s
N/A	(5) /	(5)	The state of the s	- gameanon	(4) 5000	to a diamono o, diamono diomo, dila	errarring arran	igunioni	
		 							
		 							
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	<u> </u>								
	<u> </u>	l							
	e foundation directly or cribed in section 501(c) ces,' complete the following		ated with, or related ther than section 50	to, one or m 1(c)(3)) or in	nore tax-exempt section 527?	t organizations ·	Yes	X	No
	(a) Name of organizati		(b) Type of	organization		(c) Description of rel	ationshin		
N/A	(a) Harris or organizati	<u> </u>	(27 1) po o.	organization	· · · · · · · · · · · · · · · · · · ·	(c) Bescription of ref	attorismp		
	·	-							
					·				
Under per	nalties of nerviny. I declare that	have examined th	s return including accomi	nanying scheduler	and statements an	d to the hest of my knowledge and	haliaf it is true		t and
	Declaration of preparer (other t	han taxpayer or fid	uciary) is based on all info	ormation of which	preparer has any kn	d to the best of my knowledge and owledge		s, conec	a, anu
S S S S S	The state of the s	1 of one			KII 11 21	///0 ► TREASURE	<u> </u>		
G - State	pature of officer or trustee				Date	Title	orașia lei- 11		hor
H Deta	Preparer's	1 11	11.00	/	Date /	Check if (See	arer's Identifyi Signature in		
Paid Pre-	signature	toll	11/18/ (1)	<u>-</u>	TX51//0	self employed ► X P0	0185575	<u>.</u>	
paitis		NE K. MOS	E, CPÁ		/ /	EIN ► 68-03	20548		
Use Only		CIVIC DRI							
	address, and PLEA					Phone no ► 925	5-680-0	110	
BAA							Form 99		(2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization Employer Identification number						
GOGGIO FAMILY FOUNDATION 26-3924816						
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not tre	ated as a private foundation				
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
1 0111 930-1 1	4947(a)(1) nonexempt charitable trust treated	l as a private foundation				
	501(c)(3) taxable private foundation	as a private roundation				
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, 9	90-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or property) from any one				
contributor (Complete Parts I and II)						
Special Rules –						
For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II						
For a section 501(c)(7), (8), or (10) or	ganization filing Form 990 or 990-EZ, that received from	any one contributor, during the year,				
prevention of cruelty to children or an	\$1,000 for use exclusively for religious, charitable, scientimals. Complete Parts I, II, and III.	itific, literary, or educational purposes, or the				
For a section 501(c)(7), (8), or (10) or	rganization filing Form 990 or 990-EZ, that received from	any one contributor, during the year.				
contributions for use exclusively for re	eligious, charitable, etc, purposes, but these contribution tal contributions that were received during the year for a	is did not aggregate to more than \$1,000. If				
purpose Do not complete any of the	parts unless the General Rule applies to this organization	on because it received nonexclusively				
religious, charitable, etc, contributions	of \$5,000 or more during the year.	► \$				
990-PF) but it must answer 'No' on Part i'	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 their 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)					
BAA For Privacy Act and Paperwork Re	duction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)				
for Form 990, 990EZ, or 990-PF.						

Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1	of 1 of Part I
Name of org	PAMILY FOUNDATION		rer identification number 3924816
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CRISTINA GOGGIO BANKS		Person X
	12 MAYFIELD PLACE	\$200,000	Payroll Noncash
	MORAGA, CA 94556		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
BAA	TEEA0702L 06/23/09	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)
Name of organization

Page

of 1

of Part II

GOGGIO FAMILY FOUNDATION

Employer identification number 26-3924816

Part II Noncash Property (see instructions)

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		(see manuchons)	
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
BAA	<u> </u>	Schedule B (Form 990, 990, F7	2 000 DEX (2000)

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

3 51	•					
	3 (Form 990, 990-EZ, or 990-PF) (2009)			Page 1	of 1	of Part III
Name of organ					Employer Identificat	
Part III	FAMILY FOUNDATION	An individual appaulusta		on E01/o\/	26-3924816	
rart III	Exclusively religious, charitable, e organizations aggregating more the For organizations completing Part III, enter	total of exclusively religious, ch	naritable, etc.		/), (8), or (10) e) and the follow	
<u></u>	contributions of \$1,000 or less for the year	(Enter this information once –	see instruction	ons)	▶ \$	N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desci	(d) ription of how gif	t is held
	N/A					
		(0)				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of t	ransferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desci	(d) ription of how git	t is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of t	ransferor to tran	sferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		t is held
						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of t	ransferor to tran	sferee
						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Desci	(d) ription of how git	t is held
						
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of t	ransferor to tran	sferee
	-					

2009

FEDERAL STATEMENTS

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GOGGIO FAMILY FOUNDATION

26-3924816

STATEMENT 1 FORM 990-PF, PART I, LINE 6A NET GAIN (LOSS) FROM NONINVENTORY SALES PER BOOKS ASSETS NOT INCLUDED IN PART IV

DESCRIPTION:

45,000 CD ALLY BK (GMAC BK)

DATE ACQUIRED:

8/13/2009 PURCHASE

HOW ACQUIRED: DATE SOLD:

PURCHASE 11/20/2009

TO WHOM SOLD:

45,000.

GROSS SALES PRICE: COST OR OTHER BASIS:

45,000.

BASIS METHOD:

COST

GAIN (LOSS)

0.

TOTAL \$ 0.

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		-	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME		(D) CHARITABLE PURPOSES
EMA ANNUAL FEE OTHER WEB FEE		\$	150. 80. 71.	\$ 150. 80.			
	TOTAL	\$	301.	\$ 230.	\$ 0.	<u>\$</u>	0.

STATEMENT 3 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

	VALUATION <u>METHOD</u>		BOOK VALUE	FA1	R MARKET VALUE
OTHER PUBLICLY TRADED SECURITIES					
BLACKROCK GLOBAL 1,284 SHS ISHARES BARCLYS 1-3YR 200SHS IVY ASSET STRATEGY 496 SHS LORD ABBETT SHORT 5602 SHS POWERSHARES TR WILDER 1,000 SHS VANGUARD SHORT TERM BOND (250)	COST COST COST COST COST COST	\$	20,222. 16,916. 9,999. 25,381. 10,578. 20,092.	\$	21,500. 16,592. 10,804. 25,604. 11,000. 19,885.
	TOTAL	. <u>\$</u>	103,188.	\$	105,385.

2009

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FEDERAL STATEMENTS

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GOGGIO FAMILY FOUNDATION

26-3924816

STATEMENT 4 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

CRISTINA GOGGIO BANKS

12 MAYFIELD PLACE MORAGA, CA 94556

STATEMENT 5 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
CRISTINA G. BANKS 12 MAYFIELD PLACE MORAGA, CA 94556	TREASURER 3.00	\$ 0.	\$ 0.	\$ 0.
MERRIAN C. FULLER 31 FRANCISCO DRIVE MORAGA, CA 94556	PRESIDENT 1.00	0.	0.	0.
GINA BANKS 12 MAYFIELD PLACE MORAGA, CA 94556	VICE PRESIDENT 1.00	0.	0.	0.
RAYMOND S. BANKS 12 MAYFIELD PLACE MORAGA, CA 94556	TRUSTEE 1.00	0.	0.	0.
JENNIFER C. FULLER 31 FRANCISCO DRIVE MORAGA, CA 94556	TRUSTEE 1.00	0.	0.	0.
ALFRED FULLER 31 FRANCISCO DRIVE MORAGA, CA 94556	TRUSTEE 1.00	0.	0.	0.
BENJAMIN COHN 31 FRANCISCO DRIVE MORAGA, CA 94556	TRUSTEE 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 6 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

COMMUNITY DEVELOPMENT & SOCIAL CHANGE

NAME: CARE OF:

GRANTS@GOGGIOFOUNDATION.ORG

STREET ADDRESS:

26-3924816

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

CITY, STATE, ZIP CODE:

TELEPHONE:

FORM AND CONTENT:

THE GOGGIO FAMILY FOUNDATION ACCEPTS LETTERS OF INTEREST (LOI) ON A ROLLING BASIS, THOUGH LOIS MUST BE RECEIVED SEPTEMBER 1ST TO BE CONSIDERED FOR FUNDING ISSUED BY THE END OF THE CALENDAR YEAR. WE THEN REQUEST FULL GRANT APPLICATIONS FROM A SELECT GROUP. GRANT APPLICATIONS (ONCE REQUESTED) MUST BE RECEIVED BY NOVEMBER 1ST AT THE LATEST, THOUGH EARLY SUBMISSIONS ARE ENCOURAGED. GRANTS WILL BE

DISTRIBUTED IN DECEMBER.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS: SEPTEMBER 1 FOR LOI; NOVEMBER 1 FOR GRANT APPLICATION FUNDS ARE RESTRICTED TO SUPPORTING THE PROGRAM AREAS AS

DEFINED BY THE AGENCY MISSION STATEMENT.

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

FORM AND CONTENT:

ENVIRONMENTAL PRESERVATION PROGRAM

GRANTS@GOGGIOFOUNDATION.ORG

THE GOGGIO FAMILY FOUNDATION ACCEPTS LETTERS OF INTEREST (LOI) ON A ROLLING BASIS, THOUGH LOIS MUST BE RECEIVED SEPTEMBER 1ST TO BE CONSIDERED FOR FUNDING ISSUED BY THE END OF THE CALENDAR YEAR. WE THEN REQUEST FULL GRANT

APPLICATIONS FROM A SELECT GROUP. GRANT APPLICATIONS (ONCE REQUESTED) MUST BE RECEIVED BY NOVEMBER 1ST AT THE LATEST, THOUGH EARLY SUBMISSIONS ARE ENCOURAGED. GRANTS WILL BE

DISTRIBUTED IN DECEMBER.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

SEPTEMBER 1 FOR LOI; NOVEMBER 1 FOR GRANT APPLICATION FUNDS ARE RESTRICTED TO SUPPORTING THE PROGRAM AREAS AS

DEFINED BY THE AGENCY MISSION STATEMENT.

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

THE EDUCATIONAL PROGRAM

GRANTS@GOGGIOFOUNDATION.ORG

FORM AND CONTENT: THE GOGGIO FAMILY FOUNDATION ACCEPTS LETTERS OF INTEREST

(LOI) ON A ROLLING BASIS, THOUGH LOIS MUST BE RECEIVED SEPTEMBER 1ST TO BE CONSIDERED FOR FUNDING ISSUED BY THE END OF THE CALENDAR YEAR. WE THEN REQUEST FULL GRANT APPLICATIONS FROM A SELECT GROUP. GRANT APPLICATIONS (ONCE REQUESTED) MUST BE RECEIVED BY NOVEMBER 1ST AT THE LATEST, THOUGH EARLY SUBMISSIONS ARE ENCOURAGED. GRANTS WILL BE

SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

DISTRIBUTED IN DECEMBER.
SEPTEMBER 1 FOR LOI; NOVEMBER 1 FOR GRANT APPLICATION
FUNDS ARE RESTRICTED TO SUPPORTING THE PROGRAM AREAS AS

DEFINED BY THE AGENCY MISSION STATEMENT.

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FEDERAL STATEMENTS

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GOGGIO FAMILY FOUNDATION

26-3924816

STATEMENT 7 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE	FOUND- ATION	PURPOSE OF	AMOUNT
NAME AND ADDRESS MISSION GRADUATES 3040 16TH STREET SAN FRANCISCO, CA 94103	RELATIONSHIP 501 (C) (3) ORGANIZATION	STATUS	GRANT DEVELOPMENT OF LEADERSHIP SKILLS AND ACADEMIC EXCELLENCE.	\$ <u>AMOUNT</u> 5,000.
GREEN FOR ALL 1611 TELEGRAPH AVE, STE 600 OAKLAND, CA 94612	501 (C) (3) ORGANIZATION		ENVIRONMENTAL PRESERVATION	3,600.
ALAMEDA FOOD BANK 1900 THAU WAY ALAMEDA, CA	501 (C) (3) ORGANIZATION		COMMUNITY DEVELOPMENT AND SOCIAL CHANGE	100.
EF SHUMACHER SOCIETY 140 JUG END RD GREAT BARRINGTON, MA 01230	501 (C) (3) ORGANIZATION		ENVIRONMENTAL PRESERVATION	100.
GIRLS INC ALAMEDA CO 13666 EAST 14TH ST SAN LEANDRO, CA 94578	501 (C) (3) ORGANIZATION		DEVELOPMENT OF LEADERSHIP SKILLS AND ACADEMIC EXCELLENCE.	50.
GIRLS ON THE RUN OF GREATER SACRAMENTO P.O. BOX 19602 SACRAMENTO, CA 95819	501 (C) (3) ORGANIZATION			2,500.
INSTITUTE OF LOCAL SEL-RELIANCE 2001 S, STREET BWM STE 570 WASHINGTON, DC 20009	501 (C) (3) ORGANIZATION			2,500.
UC RETENTS 1111 FRANKLIN ST. 12 FLOOR OAKLAND, CA 94607	501 (C) (3) ORGANIZATION			10,000.
ELLA BAKER CENTER FOR HUMAN RIGHTS 344 40TH STREET OAKLAND, CA 94609	501 (C) (3) ORGANIZATION			5,000.
FOOD BANK OF CONTRA COSTA & SOLANO CNTY P.O. BOX 6324 CONCORD, CA 94524	501 (C) (3) ORGANIZATION			120.
SAN DIEGO FOOD BANK 9850 DISTRIBUTION AVE SAN DIEGO, CA 92121	501 (C) (3) ORGANIZATION			120.

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FEDERAL STATEMENTS

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GOGGIO FAMILY FOUNDATION

26-3924816

STATEMENT 7 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT		AMOUNT
SF WORKS 235 MONTGOMERY ST, 12TH FLOOR SAN FRANCISCO, CA 94104	501 (C) (3) ORGANIZATION			\$	500.
WOMAN, INC. 333 VALENCIA ST, STE 450 SAN FRANCISCO, CA 94103	501 (C) (3) ORGANIZATION				500.
GREENBELT ALLIANCE 631 HOWARD ST, STE 510 SAN FRANCISCO, CA 94105	501 (C) (3) ORGANIZATION				50.
			TOTA	L \$	30,140.

Form **8868** (Rev April 2009)

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

OMB	NI.	164	15	170

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Part land Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only . All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or print GOGGIO FAMILY FOUNDATION 26-3924816 File by the due date for Number, street, and room or suite number, if a P.O. box, see instructions filing your return See instructions 12 MAYFIELD PLACE City, town or post office, state, and ZIP code. For a foreign address, see instructions. MORAGA, CA 94556 Check type of return to be filed (file a separate application for each return): Form 990 Form 990-T (corporation) Form 4720 Form 5227 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 8870 Form 1041-A The books are in the care of ► DR. CRISTINA GOGGIO BANKS Telephone No. ► 510-207-7480 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group,

the extension will cover 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for X calendar year 20 09 or tax year beginning _____, 20 ___, and ending 2 If this tax year is for less than 12 months, check reason: | Initial return | Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 24. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b 0. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). 24.

check this box \blacktriangleright If it is for part of the group, check this box \blacktriangleright and attach a list with the names and EINs of all members

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

See instructions

Form 8868 (Rev 4-2009)

MICNIN C BA 5-17-10