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Form 990-PF

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

ed as a Private Foundation

0000

		nue Service	No	te. The foundation may be abl	e to use a copy of this ret	urn to satisfy sta	ate reporting	requirements	
For	calend	ar year 2009, or tax y	ear begini	ning ,	and ending				<u> </u>
G C	Check a	all that apply	Initial reti	urn Initial re	turn of a former public	charity		Final return	
		<u> </u>	Amende	d return Ado	ress change	Name	change		- <u></u>
Use	the IR							loyer identification num	ber
l.	abel.	i .		FAMILY FOUND	DATION INC		58	-2573815	
Oth	erwise	, C/O THOM	AS GU	GLIOTTA			4	phone number (see page 1	0 of the instructions)
	print		•	number if mail is not delivered	to street address)	Room/suite	40	<u>4-266-6329</u>	
	type.	1267 FRA	NCIS_	STREET			C If exe	emption application is pend	ing, check here
	Specif	Oity or town, state, t	and ZIP code				D 1. F	oreign organizations, check	here 🕨
	uction	11111111111			30318-5323			oreign organizations meetir	-
\Box		_		1 501(c)(3) exempt private				5% test, check here and att	
		4947(a)(1) nonexemp			le private foundation		-1	vate foundation status was on 507(b)(1)(A), check here	
		ket value of all assets a	at end	J Accounting method	X Cash	crual			_
		rom Part II, col (c),		Other (specify)			1	foundation is in a 60-mont	
	e 16) 🕽			(Part I, column (d) must			unde	r section 507(b)(1)(B), chec	
Pa	art i	•		nd Expenses (The	(a) Revenue and expenses per	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		total of amounts in columns (the amounts in column (a) (s			books		ome	income	purposes
					-	 			(cash basis only)
	1	Contributions, gifts, grant Check ► X if the for							
	2			not required to attach Sch B		 			
	3	-	erest on savings and temporary cash investments idends and interest from securities				56,335	56,335	
	5a		it from sec	urities	56,33	'	30,333	30,333	
_	b	Gross rents Net rental income or ((logg)			 			
nue	6a	Net gain or (loss) from sale of			-77,05	3			
/er	b	Gross sales price for all assets		289,677	,	 	·		
Revenue	7	Capital gain net incom				<u> </u>	0		
_	8	Net short-term capital	•	a. (, a _)				651	
	9	Income modifications	_			 			· · · · · · · · · · · · · · · · · · ·
	10a	Gross sales less returns		ıs İ					
	b	Less Cost of goods s	sold						
	C	Gross profit or (loss)		nedule)					
	11	Other income (attach	schedule)						
	12	Total. Add lines 1 thre	ough 11		-20,72	3	56,335	56,986	
) (n	13	Compensation of office	cers, direct	ors, trustees, etc					
enses	14	Other employee salar	nes and wa	iges					
en	15	Pension plans, emplo	yee benefi	ts					
Хp	16a	Legal fees (attach sch	nedule)						
е	b	Accounting fees (attack							
ative	С	Other professional fees (attach sched	dule) STMT 1	10,48	B			
tra	17	Interest				ļ. <u> </u>			
nis	18			instructions) STMT 2	52:	3			
Ξ	19	Depreciation (attach sche	edule) and d	epletion					
Ad	20	Occupancy				 			
þ	21	Travel, conferences, a		95 n	<u> </u>	 			
a	22	Printing and publication		200		 			
ing	23	Other expenses (att.scn)							
Operating and Administrative Exp	24	Other expenses (att.sch) Total operating and Add lines 1335 ough	Tring	anye expenses.	11,01	, [0		ļ
bei	25	Contributions, gifts, gr	rante nova	<u> </u> %	86,54				86,54
Ō	25 26	Total expenses and di			97,55		0	0	86,54
	27	Subtract line 20 from		ita. AUGUINES 24 BIIU 20	91,33	`			
	a	Excess of revenue over		e and dishursements	-118,27	e l			
	b	Net investment inco			110,27		56,335		
	6	Adjusted net income				 	, , , , ,	56,986	
		judedu not moonit		, o, o, no, <u>o ,</u>	<u> </u>				

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

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F	orm 99 <u>0</u>	O-PF (2009) THE GUGLIOTTA FAMILY FOUNDATION I	NC 58-2573815	ō	Page 2
	Part I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	37,428	107,479	107,479
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶		1	
		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 page 16 of the			
		instructions)	<u> </u>		
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U S and state government obligations (attach schedule) STMT 3		69,971	69,993
	b	Investments—corporate stock (attach schedule) SEE STMT 4	2,136,722	1,903,782	1,874,726
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
	4.0	Less accumulated depreciation (attach sch.)			<u>-</u>
1	12	Investments—mortgage loans	<u> </u>		
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
- [45	Less accumulated depreciation (attach sch.)			
	15 46	Other assets (describe >	-		
	16	Total assets (to be completed by all filers—see the	2,174,150	2,081,232	2,052,198
┪	17	Accounts payable and accrued expenses	2,174,130	2,001,232	2,032,130
	18	Grants payable			
8	19	Deferred revenue			
aplitti	20	Loans from officers, directors, trustees, and other disqualified persons			
ョ	21	Mortgages and other notes payable (attach schedule)			
]	22	Other liabilities (describe ▶)			
1	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶			
es		and complete lines 24 through 26 and lines 30 and 31.		į	
Oi	24	Unrestricted			
<u>a</u>	25	Temporanly restricted			
מ	26	Permanently restricted			
밁		Foundations that do not follow SFAS 117, check here ▶ X		Ī	
or rund balan		and complete lines 27 through 31.			
히	27	Capital stock, trust principal, or current funds			
2	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ASSets	29	Retained earnings, accumulated income, endowment, or other funds	2,174,150	2,081,232	
	30	Total net assets or fund balances (see page 17 of the			
e		instructions)	2,174,150	2,081,232	
2	31	Total liabilities and net assets/fund balances (see page 17			
_!	D == 1 11	of the instructions)	2,174,150	2,081,232	
	Part II				
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with		0 174 150
_		of-year figure reported on prior year's return)		1	2,174,150
		amount from Part I, line 27a increases not included in line 2 (itemize) ► SEE STATEMENT 5		2	-118,279 25,361
		, ,		3	25,361 2,081,232
		nes 1, 2, and 3 eases not included in line 2 (itemize) ▶		4	2,001,232
		reases not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b).	line 30	5	2,081,232

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income				
	be the kind(s) of property sold (e.g., real estate, ehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)
1a SMITH BARNEY AC	CT #18164-13 SEE ATT		P	VARIO	ous	VARIOUS
b SMITH BARNEY AC	CT #18164-13 SEE ATT		P	VARIO	ous	VARIOUS
С						
d						
_е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a_ 64,344			63,693		<u> </u>	651
b 225,333			303,042			-77,709
d e						
	gain in column (h) and owned by the four	dation on 12/31/69				
(i) F M V as of 12/31/69	(i) Adjusted basis (k) Excess of col (i)				(), but not	(h) gain minus less than -0-) or om col (h))
	43 01 120 1703		- Unit ally		<u>`</u>	651
<u>a</u>						-77,709
<u>b</u>						-11,109
d d						
e			···			
2 Capital gain net income or (net ca	pital loss) If gain, also enter in F If (loss), enter -0- in F	•		2		-77,058
, , ,	s) as defined in sections 1222(5) and (6) column (c) (see pages 13 and 17 of the in	_				
If (loss), enter -0- in Part I, line 8	column (c) (see pages 13 and 17 of the in	structions)		3		651
	nder Section 4940(e) for Reduc	ed Tax on Net I	nvestment Incor			
	s part blank on 4942 tax on the distributable amount of y under section 4940(e) Do not complete		e penod? Ye	s 🗓 No		
1 Enter the appropriate amount in e	ach column for each year, see page 18 of	the instructions before	ore making any entries	·	_	· · · · · · · · · · · · · · · · · · ·
(a) Base period years Calendar year (or tax year beginning	in) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use ass	ets		(d) abution ratio avided by col (c))
2008	135	, 455	2,216,2	246		0.061119
2007		,843	2,596,			0.060018
2006		, 962	2,404,			0.037417
2005		,601	2,248,			0.051868
2004	22	,000	1,818,	567		0.012097
2 Total of line 1, column (d)				2	ļ	0.222519
_	year base penod—divide the total on line as been in existence if less than 5 years	2 by 5, or by the		3_		0.044504
4 Enter the net value of nonchantab	le-use assets for 2009 from Part X, line 5			4_		1,784,301
5 Multiply line 4 by line 3						79,409
6 Enter 1% of net investment incom	e (1% of Part I line 27b)			6		563
7 Add lines 5 and 6				7		79,972
	Dort VII. Inc. 4			8		86,545
· · · · · · · · · · · · · · · · · · ·	Part XII, line 4 line 7, check the box in Part VI, line 1b, a	nd complete that par	rt using a 1% tax rate		L	00,343
Part VI instructions on page 18						

1

<u>Form</u>	990-PF (2009) THE GUGLIOTTA FAMILY FOUNDATION INC 58-2573815			P	age 4
<u>_Pa</u>	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				<u>563</u>
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			· .	0
3	Add lines 1 and 2				563
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				563
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)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8				17
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				580
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		\longrightarrow	Yes	No
	participate or intervene in any political campaign?	}	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1	- 1		
	of the instructions for definition)?	ŀ	1b		<u> </u>
	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		_		37
С	Did the foundation file Form 1120-POL for this year?	}	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		ł		
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$		ĺ		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
_	on foundation managers \$		ا ،	:	v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ł	2		<u> </u>
_	If "Yes," attach a detailed description of the activities	}	1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		ا ۽ ا		x
4-	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ŀ	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/A	4a		
b 5	· ··, ·· · · · · · · · · · · · · · · ·	′~	4b 5		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ŀ			
6	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
Ü					
	 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?	1	6	X	
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	ŀ	7	X	
, 8а	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	ŀ			
Ja	Instructions) ▶ GA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
~	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	ŀ			
~	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		1		
	27)? If "Yes," complete Part XIV	1	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
		Fo		0-PF	(2009)

	n 990-PF (2009) THE GUGLIOTTA FAMILY FOUNDATION INC 58-2573815	 , ,		F	age_5
	art VII-A Statements Regarding Activities (continued)		r -		_
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			ļ	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)		11		<u> </u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?		12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13_	_ <u>x</u> _	<u> </u>
	Website address ► N/A				
14	The books are in care of ▶ EDWARD BROWN Telephone no ▶ 4	104-2	66-	637	5
	1267 FRANCIS STREET				
	Located at ► ATLANTA, GA ZIP+4 ► 3	30318	-53	27	_
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	<u> </u>		_	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			_	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)	_			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No			
	(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 Yes	No			ŀ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes	No			ļ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No			ļ
	(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)?	No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				1
	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)	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)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	▶ ∐			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				Ì
	were not corrected before the first day of the tax year beginning in 2009?		1c		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?	No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20				ŀ
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to				ŀ
		N/A	2b		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				ŀ
	▶ 20 , 20 , 20 , 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	a			
	, , ,	No			
þ	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 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	/-			1
	· · · · · · · · · · · · · · · · · · ·	N/A	3b		-
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				J.,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?		4b	~	X
		Fo	rm 99	U-PF	(2009)

огп		IOTTA FAMILY FOUNDA		<u> -2573815 </u>			Pa	age 6
Pa	art VII-B Statements Re	garding Activities for Which	Form 4720 May Be	Required (cont	tinued)			
5a	During the year did the foundation	pay or incur any amount to		_	_			
	(1) Carry on propaganda, or other	wise attempt to influence legislation (se	ction 4945(e))?		Yes X No	1	- 1	
	(2) Influence the outcome of any s	pecific public election (see section 495	5), or to carry on,		-			
	directly or indirectly, any voter	registration drive?		Ц	Yes X No		ļ	
	(3) Provide a grant to an individua	l for travel, study, or other similar purpo	ses?		Yes X No		1	
	(4) Provide a grant to an organization	tion other than a charitable, etc , organi	zation described in	<u></u>			}	
		r section 4940(d)(2)? (see page 22 of the			Yes X No		- 1	
	• • • • • • • • • • • • • • • • • • • •	than religious, chantable, scientific, liter	ary, or educational		-			
		of cruelty to children or animals?			Yes X No		1	
b		did any of the transactions fail to qualif			37/3		i	
	-	current notice regarding disaster assis	· -	ne instructions)?	N/A	5b		
		notice regarding disaster assistance chi			▶ ⊔	1		
С		a(4), does the foundation claim exempt	ion from the tax	N7 / 3 🗀	🗆	1		
	because it maintained expenditure			N/A	Yes No	İ	- 1	
		red by Regulations section 53 4945-5(d					- 1	
6a		, receive any funds, directly or indirectly	, to pay premiums	П	Yes X No			
_	on a personal benefit contract?	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	a naraanal hanafit saat		Yes X No	6.		X
þ	· ·	, pay premiums, directly or indirectly, or	i a personai benent conti	iact?		6b		
7a	If "Yes" to 6b, file Form 8870	s the foundation a party to a prohibited	tay shaltar transaction?	П	Yes X No			
	•	ny proceeds or have any net income att			N/A	7b	-+	
		ut Officers, Directors, Trustee						
	and Contractors		, , , , , , , , , , , , , , , , , , , ,	agoro, r.i.g.iy	. ala Employo	,		
1 L		, foundation managers and their con	pensation (see page 2	2 of the instruction	s).			
			(b) Title, and avera	age (c) Compensation	(d) Contributions to			
	(a) Nar	ne and address	hours per week	(If not paid, enter	employee benefit plans and deferred		ense acc	
			devoted to positi	on -0-)	compensation	00.0		
TH	OMAS GUGLIOTTA	ATLANTA	PRESIDENT	ļ				
12	67 FRANCIS STREET	GA 30318-5327	0.00		0			0
ED	WARD H. BROWN		MANAGER					
			0.00		0	L		0
					}			
					 	<u> </u>		
			[[
_						L		
2		id employees (other than those incl	ided on line 1—see pag	ge 23 of the instruct	tions).			
	If none, enter "NONE."				(4) 0-1-1-1-1			
	(a) Name and address of each	a ampleyed acid more than \$50,000	(b) Title, and avera		(d) Contributions to employee benefit	(e) Exp	ense acc	count,
	(a) Name and address or each	n employee paid more than \$50,000	devoted to positi		plans and deferred compensation	other	allowand	ces
NO	NE -				Compensation	 		
140	NE.		1					
						<u> </u>		
			1		1			
			1	1	1	}		
					<u> </u>			
					<u> </u>			
otal	number of other employees hald ov	er \$50 000				•	1 -	-

Form 990-PF (20	009) THE GUGLIOTTA FAMILY FOUNDATION INC		Page 7			
Part VIII	Information About Officers, Directors, Trustees, Foundati	ion Managers, Highly Paid Emp	oloyees,			
	and Contractors (continued)					
3 Five highe	est-paid independent contractors for professional services (see page 23 of					
	(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		•			
Part IX-A	Summary of Direct Charitable Activities					
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.						
1 N/A						
			-			
2						
3						
4			<u> </u>			
7						
Part IX-B	Summary of Program-Related Investments (see page 24	of the instructions)				
Describe the two	largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount			
1 N/A						
2						
All other program	n-related investments. See page 24 of the instructions					
3						
Total. Add lines	1 through 3					

Form 990-PF (2009)

86,545

85,982

563

<u>3a</u> 3b

4

5

6

b

5

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

_Pa	art XIII Undistributed Income (see page	ge 26 of the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				88,652
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only			79,088	
b	Total for prior years 20 , 20 , 20			-	
3	Excess distributions carryover, if any, to 2009				
a	From 2004				
b	From 2005				
c	From 2006				
d	From 2007				
e	From 2008		1		
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII,				
•	line 4 ▶ \$ 86,545				
а	Applied to 2008, but not more than line 2a		}	79,088	
	Applied to undistributed income of prior years				· · · · · · · · · · · · · · · · · · ·
~	(Election required—see page 26 of the instructions)				
	Treated as distributions out of corpus (Election				
·	required—see page 26 of the instructions))		ļ	
a					7,457
	Applied to 2009 distributable amount				7,457
5	Remaining amount distributed out of corpus		 	····-	
3	Excess distributions carryover applied to 2009	 -			
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a))				
U	Enter the net total of each column as			ł	
_	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
Ŋ	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
q	Subtract line 6c from line 6b Taxable			i	
_	amount—see page 27 of the instructions				
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page				
£	27 of the instructions		 		
•	Undistributed income for 2009 Subtract lines			j	
	4d and 5 from line 1. This amount must be				81,195
7	distributed in 2010		 		61,195
′	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	f		[
	instructions)		 		
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the				
۰	instructions)				
9	Excess distributions carryover to 2010.				
40	Subtract lines 7 and 8 from line 6a		 		
10	Analysis of line 9			1	
	Excess from 2005			1	
þ	Excess from 2006				
С	Excess from 2007				
d	Excess from 2008			İ	
e	Excess from 2009				

The form in which applications should be submitted and information and materials they should include

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Any submission deadlines

N/A

N/A

Part XV Supplementary Information	on (continued)		. <u> </u>	
3 Grants and Contributions Paid Durir	g the Year or Approved for Fu	ture Payment		· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or busines	S) or substantial contributor	recipient		
	If recipient is an individual, show any relationship to any foundation manager	Foundation	Purpose of grant or contribution	Amount 86,545
				96 545
Total	· · · · · · · · · · · · · · · · · · ·	T	▶ 3a	86,545
b Approved for future payment N/A				
Total			▶ 3b	

nter gross amo	ounts unless otherwise indicated	Ctivities Unrelated	business income	Excluded	d by section 512, 513, or 514	(e)
1 Program ser		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
-						
		_		+		
		_				
						
_						
f						
g Fees an	nd contracts from government agencies					
Membership	dues and assessments					
Interest on s	savings and temporary cash investments			_		
Dividends ar	nd interest from securities			14	56,335	
Net rental in	come or (loss) from real estate					
a Debt-fina	anced property		·			
	t-financed property					
	come or (loss) from personal property					
Other invest			<u> </u>	1 2		
-	s) from sales of assets other than inventory	 		18	-77,058	
	or (loss) from special events			+		
	or (loss) from sales of inventory	-		+		
Other revent	ue a	-	···			
				+		
				+		
e		-		-		
	<u> </u>	-		+		
z Subtotal Adı	d columns (h) (d) and (e)	i .		0) I	-20.723	
	d columns (b), (d), and (e) ne 12 columns (b) (d) and (e)			0	-20,723 13	
3 Total. Add I	ne 12, columns (b), (d), and (e)	ons)	<u> </u>	0)	-20,723 13	-20,72
Total. Add li	ne 12, columns (b), (d), and (e) in line 13 instructions on page 28 to verify calculate				13	
Total. Add li	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,72
Total. Add li ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) in line 13 instructions on page 28 to verify calculated Relationship of Activities to the A Explain below how each activity for which income	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,72
Total. Add li ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add li ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add li ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add lee worksheet in Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet I Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7
Total. Add III ee worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) In line 13 instructions on page 28 to verify calculated Relationship of Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purp	Accomplishme e is reported in colui	nt of Exempt P	urposes	13 d importantly to the	-20,7

Part XVII	Information Reg Exempt Organize	_	ansfers To an	nd Transactio	ns and Relationsh	ips With N	oncharit	able		
1 Did the or	rganization directly or indi		e in any of the follo	owing with any oth	er organization described				Yes	No
	501(c) of the Code (othe									
organizati	ions?		.,,,							
a Transfers	from the reporting found	ation to a nor	ncharitable exemp	ot organization of						
(1) Cash	, -		·	-				1a(1)		\mathbf{x}_{-}
(2) Other	r assets							1a(2)		X
b Other tran	nsactions									
(1) Sales	of assets to a noncharita	ble exempt o	organization					1b(1)		X.
(2) Purch	nases of assets from a no	ncharitable e	exempt organization	on				1b(2)	_	X
(3) Renta	al of facilities, equipment,	or other asse	ets					1b(3)		X
(4) Reim	bursement arrangements							1b(4)		X
(5) Loans	s or loan guarantees							1b(5)		X
(6) Perfo	rmance of services or me	mbership or	fundraising solicit	ations				1b(6)		_X_
c Sharing o	f facilities, equipment, ma	uling lists, oth	ner assets, or paid	i employees				1c		X
d If the ansi	wer to any of the above is	"Yes," comp	lete the following	schedule Colum	n (b) should always show	the fair mark	et			
value of th	he goods, other assets, or	r services giv	en by the reportin	ng foundation. If th	e foundation received les	s than fair ma	rket			
value in a	ny transaction or sharing	arrangement	t, show in column	(d) the value of the	e goods, other assets, or	services rece	eived			
(a) Line no	(b) Amount involved	(c) Name	of noncharitable exe	empt organization	(d) Description of tr	ansfers, transac	ctions, and sh	aring arrange	ments	
/A_										
			<u> </u>							
										
		<u> </u>								
		 				-				
		-							_	
a is the four	ndation directly or indirect	lv affiliated w	or related to	one or more tax-e	xempt organizations				_	
	I in section 501(c) of the C	•			· -			☐ Ye	s X	No
	omplete the following sch	,		,,(0,) 0 000						
	(a) Name of organization	<u></u>	(b) Type of	organization		(c) Description (of relationship)		
N/A	<u>, , , , , , , , , , , , , , , , , , , </u>		(=/-,/-	· · · · · · · · · · · · · · · · · · ·		<u>` </u>	<u> </u>		_	
										
·										
										
Under nene	alties of perjury, I declare that	I baya ayaada	od this satura, include		hadulas and statements, and	t to the best of	mu kaawladaa			
belief, it is t	true, correct, and complete, 8	claration of p	reparer (other than ta	axpayer or fidugiary)	is based on all information of	which preparer	has any kno	wledge		
	11 12 1	ر ا	A	17/12	12010					
Signat	ure of officer of trustee	g Ast	7	Date		itle			_	
- J.g., M.	V	()-				Τ	F	Preparer's identify	/ing	
	Proporado 1	,	- 1		Date	Check if	n	number (see Sigr	nature o	
Paging St.	Preparer's signature	1	1 Tol	CPA 2	2 June 2010	self-employed	ڑ 🗀 🏲	page 30 of the ins 가 4.6		
		SMITH,	ADCOCK	AND COMP				773.46	2 ^]	AT,
Paid Preparer's Use Only	Firm's name (or yours if	,	VIEUCA RD				EIN S			
-	self-employed), address, and ZIP code	ATLAN		30342-32		_	EIN ▶	404-25	2-2	200
		WI TWI	ITA, GA	30342-32			Phone no 4	104-23	<u> </u>	-00

1-2 Charitable Purpose Charitable Purpose Adjusted Net Adjusted Net Statement 1 - Form 990-PF, Part I, Line 16c - Other Professional Fees Statement 2 - Form 990-PF, Part I, Line 18 - Taxes Investment Investment 6450A THE GUGLIOTTA FAMILY FOUNDATION INC Federal Statements Net 523 523 10,488 10,488 Total Total _የ S Description Description FOREIGN TAXES PAID INVESTMENT FEES FYE: 12/31/2009 TOTAL TOTAL

6450A THE GUGLIOTTA FAMILY FOUNDATION INC

58-2573815

Federal Statements

FYE: 12/31/2009

Statement 3 - Form 990-PF, Part II, Line 10a - US and State Government Investments

	Description					
		Beginning of Year	 End of Year	Basis of Valuation	F	air Market Value
GOVT BONDS	\$		\$ 69,971	ς.	\$	69,993
TOTAL	\$ =	0	\$ 69,971	Š	\$	69,993

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Descri	ption				
		Beginning of Year	End of Year	Basis of Valuation	 Fair Market Value
STOCK	<u> </u>	2,136,722 \$	1,903,782		\$ 1,874,726
TOTAL	\$ <u></u>	2,136,722 \$	1,903,782		\$ 1,874,726

Statement 5 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
PRIOR PERIOD BASIS ADJUSTMENT	\$25,361
TOTAL	\$ 25,361

	Federal Statements
6450A THE GUGLIOTTA FAMILY FOUNDATION INC	Federal
6450A THE GUG	58-2573815

FYE: 12/31/2009 58-2573815

Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

5,625 5,625 1,500 4,125 2,500 1,150 7,500 4,160 250 3,000 150 550 500 1,250 7,500 30,000 11,110 Amount OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS OPERATIONS Status PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC PUBLIC 1900 CENTURY PLACE NE PARKLAKE DRIVE WEST MARIETTA ST RENAISSANCE PKWY PEACHTREE ST NE 3524 NORTHSIDE PKWY 981 HOWELL MILL RD 3578 S. FULTON AVE 1776 CENTURY BLVD 2870 PEACHTREE RD 100 EDGEWOOD AVE. WATERFOWL WAY Relationship 817 W. PEACHTREE TENTH STREET Address 100 AUBURN AVE PO BOX 5319 BOX 162 N/A 2302 345 887 ONE 607 Ю LAWRENCEVILLE GA 30042 ODYSSEY FAMILY COUNSELING HAPEVILLE GA 30354 A'TLANTA CHILDREN'S SHELTE ATLANTA GA 30308 RESCUE ME ANIMAL PROJECT ATLANTA GA 31107 METROPOLITAN COUNSELING SAFE GIRLS STRONG GIRLS GLEN HEAD NY 11545 ATLANTA HUMANE SOCIETY THE CHILDREN'S SCHOOL JUDE RECOVERY CTR ATLANTA GA 30345 ATLANTA GA 30345 ATLANTA GA 30309 ATLANTA GA 30305 ATLANTA GA 30318 ATLANTA GA 30318 ATLANTA GA 30303 ATLANTA GA 30308 ATLANTA GA 30345 ATLANTA GA 30303 MEMPHIS TN 38120 ATLANTA GA 30308 ATLANTA GIRLS SCHOOL ATLANTA GA 30327 CYSTIC FIBROSIS FDN CREATE YOUR DREAMS BOYS & GIRLS CLUB RESCUE LEAGUE DUCKS UNLIMITED GA CONSERVANCY G CAPP

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86,545 ဖ Amount Statement 6 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued) Purpose 6450A THE GUGLIOTTA FAMILY FOUNDATION INC Federal Statements Status Relationship Address Address Name 58-2573815 FYE: 12/31/2009 TOTAL

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SmithBarnev **MorganStanley**

Ref: 00002966 00023594

2009 Year End Summary Client Statement Reserved

Account Number 410-18164-13 536 THE GUGLIOTTA FAMILY

Details of Earnings 2009 - continued

Dividends and Distributions Section 1							•
Reference number Description	Total dividends	Qualified dividends	Short term capital gains	Total capital gain distributions	Unrecaptured Sec 1250 gain	Section 1202 gain	Alternative minimum tax
160002400 WAL-MART STORES INC	\$ 1,055.00	\$ 1,055.00					
160002500 WYETH	450.00	450.00					
Totals	\$ 23,033.38	\$ 22,981 52					

O

Dividends and Distributions, Section 2

Amounts displayed for dividends include dividend reinvestments, money fund eamings, accrued dividends received and dividends exempt from Federal income tax.

4	Y			ш
NRA Withholding				
Investment expense				
Non cash Ilquidation distributions				
Cash Ilquidation distributions				
Foreign tax paid				
Nondividend distributions	\$ 12,843 46			\$ 12,843.48
Raference number Description	TIME WARNER CABLE CL A	A PORTION OF THIS INCOME HAS	BEEN RECLASSIFIED	
Reference number	160002200			Totals

Details of Short Term Gain (Loss) 2009

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than \$20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this material is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

ZO

Reference			Onening	Closing	als			
number	Quantity	Quantity Security Description	Trade Date	Trade Date	Proceeds	Cost	(Loss)	Gain
125000010	09	ALLSTATE CORP TRADE AS OF 05/07/09	10/06/08	05/07/09	\$ 1,679.96	\$ 2,485.58	(\$ 805.62)	
25000030	155	AMERICAN EXPRESS CO	09/17/08	60/20/80	5,059 64	5,024.62		35.02
125000110	210 650	MCGRAW HILL COS INC	09/23/08 10/03/08	04/30/09	6,381.88 19,753.44	7,750.80	(1,368.92)	725.14
25000200	500 170	UNITEDHEALTH GROUP INC	05/15/08 06/23/08	62/02/50	12,527.62 4,259.39	15,997.30 4,504.30	(3,469.68) (244.91)	
125000210	310	WYETH	10/10/08	07/27/09	14,682.27	8,902.36		5,779.91
Total					\$ 64,344.20	\$ 63,693.26	(\$ 5,889.13)	\$ 6,540 07

MorganStanley SmithBarney

Ref: 00002966 00023595

Reserved Client Statement 2009 Year End Summary

THE GUGLIOTTA FAMILY
Account Number 410-18164-13 536

Details of Long Term Gain (Loss) 2009

This section shows your sales of securities during the year. The "Sale Proceeds" column excludes any accrued income you may have received. In addition, although cash in lieu less than \$20 is not included on Form 1099-B (if applicable), it is included in this section. Please note, this matenal is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor.

Reference	Quantity	Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain
125000010	88	ALLSTATE CORP	07/20/01	05/07/09	\$ 5,599.85	\$ 6,730 00	(\$ 1,130.15)	
	ß	TRADE AS OF 05/07/09	09/21/01		1,399.96	1,527.50	(127.54)	
	80		10/24/07		2,239.94	4,110.72	(1,870.78)	
12500020	325	AMERICAN EXPRESS CO	02/05/05	04/29/09	8,134.60	15,331.92	(7,197.32)	
	83		01/11/08		1,376 63	2,369 58	(992.95)	
12500030	365	AMERICAN EXPRESS CO	01/11/08	60/20/80	11,914 64	15,725.41	(3,810.77)	
12500040	5	BERKSHIRE HATHAWAY INC CL B	09/16/03	11/03/09	16,509.77	12,590.87		3,918.90
	9		09/19/05		19,811.72	16,386.00		3,425 72
125000050	40	BURLINGTON NORTHERN SANTA FE	07/26/07	04/30/09	2,756.03	3,354.27	(598.24)	
125000060	170	BURLINGTON NORTHERN SANTA FE	07/26/07	11/03/09	16,678 41	14,255.64		2,422.77
125000070	260	COMCAST CORP CL A - SPL VSP 12/05/07 -VSP 12052007	12/05/07	05/18/09	7,844.44	10,546 87	(2,702.43)	
12500080	8	INTEL CORP	90/80/80	05/04/09	13,087.34	16,056.00	(2,968.66)	
	130		06/01/06		2,126 69	2,314 00	(187.31)	
12500090	8	LEGG MASON INC	09/26/07	05/01/09	4,108.57	16,242.78	(12,134.21)	
	88		10/25/07		1,643.43	6,353 46	(4,710.03)	
	30		03/04/08		616.28	1,919.86	(1,303 58)	
125000100	230	LEGG MASON INC	03/04/08	09/14/09	6,723.48	14,718.89	(7,995 41)	
	215		06/18/08		6,284,99	11,158.50	(4,873 51)	
	135		07/14/08		3,946.40	4,222.94	(276 54)	
125000120	8	PFIZER INC	12/17/04	10/28/09	1,566.32	2,205 00	(638 68)	
	625		10/20/05		10,877.22	14,000.00	(3,122 78)	
	760		04/28/08		13,226 70	15,438.26	(2,211 56)	,
	069		90/01/01		12,008 45	10,6/9.82		1,328.63
125000130	5.	1046 TIME WARNER INC	12/29/00	03/27/09	2.29	8.01	(5 72)	
	æ.	3932 REVSPLT 03/27/09 887317105000	02/02/03		8 62	937	(.75)	
		.1688	09/17/03		371	6.24	(2 53)	
125000140	87.22	87.2287 TIME WARNER INC	12/29/00	11/16/09	2,815.62	6,680.51	(3,864 89)	
	327.9401	01	02/05/03		10,585 43	7,814.41		2,771.02
	140 8312	12	09/17/03		4,545.83	5,207 61	(661.78)	
125000150	e t.	.1909 TIME WARNER CABLE INC	09/24/07	03/12/09	4 86	18.15	(13 29)	
	14	.1418 REVSPLT 03/12/09 88732J108000	12/20/07		3.62	10.89	(7.27)	

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MorganStanley SmithBarney

Ref: 00002966 00023596

2009 Year End Summary **Client Statement** Reserved

THE GUGLIOTTA FAMILY

Account Number 410-18164-13 536

Details of	Details: of Long Term Gain (Loss) 2009 - continued		Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				(* + 5 (* 1) (* 1)
Reference number	Quantity Security Description	Opening Trade Date	Closing Trade Date	Sale Proceeds	Cost	(Loss)	Gain	2
125000160	.0206 TIME WARNER CABLE INC	12/29/00	60/06/60	\$.56	\$ 2.08	(\$ 1.52)		-
	.0774 CASH IN LIEU OF .72890	02/02/03		2.12	2.43	(.31)		c
	.0332 RECORD 03/12/09 PAY 03/27/09	09/17/03		.91	1.62	(171)		>
	.3429 FROM. 887317105000 (SPINOFF)	09/24/07		826	32.57	(23.19)		C
	.2548	12/20/07		6.97	19.55	(12 58)		n
125000170	362 TIME WARNER CABLE INC	09/24/07	60/10/90	12,340 37	34,386 38	(22,046.01)		ı
	VSP 09/24/07							>
	-VSF 05242007 TRADE AS OF 05/07/09		:	!	:			– (
125000180	86 TIME WARNER CABLE INC	12/20/07	60/10/90	2,931.69	6,598.50	(3,666.81)		IJ
	VSP 12/20/07							<
	-VSP 12202007							(
	TRADE AS OF 05/07/09							2
125000190	21.8072 TIME WARNER CABLE INC	12/29/00	60/02/09	743 40	2,201 68	(1,458.28)		_
	.1928 VSP 12/29/00	02/02/03		6.57	90'9		.51	
	-VSP 12292000							U
	TRADE AS OF 05/07/09							u
125000210	220 WYETH	Unavailable	07/27/09	10,419 68	1242			Z
	250	05/29/02		2,368 11	2,830.00	(461.89)		Z
	8	07/10/02		4,262.60	3,217.50		1,045.10	_
	80	01/27/04		3,788.97	3,298.40		490.57	ָ נ
Total				\$ 225,333.17	\$ 290,690.25	(\$ 91,079.98)	\$ 15,403.22	
					7,2,4			C.
					202045.20	D) :
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Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMP No. 1545 1700

reasury				1	
ervice	► File a separate application for each return.				
	Extension, complete only Part I and check this box				► X
ig for an Additional (Not Autor	matic) 3-Month Extension, complete only Part II (on page 2	2 of this form)			
			368		
Automatic 3-Month Exte	ension of Time. Only submit original (no copies	s needed)			
uired to file Form 990-T and red	questing an automatic 6-month extension—check this box and	d complete			
					▶ [_]
	partnerships, REMICs, and trusts must use Form 7004 to requi	est an extension	of		
(e-file). Generally, you can ele	ectronically file Form 8868 if you want a 3-month automatic ext	tension of time to	o file		
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	this form, visit www it's govietile and click on e-file for Chantles				
. •	AMILY FOUNDATION INC		ipioy	er identification i	umber
		58	8-2	573815	
Number, street, and room or sui	nite no. If a P.O. box, see instructions				
			_		
ATLANTA	GA 30318-5323		_		
turn to be filed (file a separate	e application for each return)				
	Form 990-T (corporation)			—	
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e in the care of P EDWA	IND DROWN				
▶ 404-266-637	5 FAX No ▶				_
ation does not have an office or	r place of business in the United States, check this box				▶ ∐
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·		and attac	h		
					
	prorganization return for the organization named above. The c	CACCIOIOTI IS			
year beginning	, and ending				
ear is for less than 12 months, o	check reason Initial return Final return	Change in ac	count	ting period	
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·	-PF, 990-T, 4720, or 6069, enter the tentative tax,				563
nrefundable credits. See instru	ıctions		_3a_	\$	563
nrefundable credits See instruction is for Form 990-PF or 99	actions 20-T, enter any refundable credits and estimated tax		_3a 3b	\$	563 0
onrefundable credits. See instru- cation is for Form 990-PF or 99 nade. Include any prior year over	actions 20-T, enter any refundable credits and estimated tax				
onrefundable credits See instru- cation is for Form 990-PF or 99 made Include any prior year ov- ue. Subtract line 3b from line 3a	actions 20-T, enter any refundable credits and estimated tax verpayment allowed as a credit				
	Automatic 3-Month Extrument to file Form 990-T and resions (including 1120-C filers), present the file form 990-T and resions (including 1120-C filers), present the file form 990-T and reside the file form 990-T and the file form 990-T and the file form 990-T and the file form 990-T and the file form 990-T and form 110-T Automatic 3-Month Extension of Time. 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However, you cannot file Form 8868 if you want a 3-month automatic extension of time to generally a solution or consolidated Form 980-T Instead, you must submit the fully completed and signed page 2 (Part II), etails on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits. Name of Exempt Organization THE GUGLIOTTA FAMILY FOUNDATION INC C/O THOMAS GUGLIOTTA Sumber, street, and room or suite no. If a P O box, see instructions ATLANTA GA 30318-5323 turn to be filed (file a separate application for each return) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 990-T (trust other than above) Form 990-T (trust other than above) Form 1041-A e in the care of PEDWARD BROWN The 404-266-6375 FAX No Peaton does not have an office or place of business in the United States, check this box Group Return, enter the organization's four digit Group Exemption Number (GEN) Form 990-T (sec 401), of file the extension will cover a automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time The extension is intraction's return for endar year 2009 or	uired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete ions (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of a tax returns [1 (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file s noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 b) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group posite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of For tetals on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization THE GUGLIOTTA FAMILY FOUNDATION INC C/O THOMAS GUGLIOTTA STREET Number, street, and room or suite no. If a P O box, see instructions 1267 FRANCIS STREET City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLIANTA GA 30318-5323 Turn to be filed (file a separate application for each return) Form 990-T (corporation) Form 990-T (trust other than above) Form 1041-A e in the care of EDWARD BROWN De 404-266-6375 FAX No Form 990-T (trust other than above) Form 1041-A if it is for part of the group, check this box Group Return, enter the organization's four digit Group Exemption Number (GEN) p, check this box If this is pp, check this box If this for part of the group, check this box The automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 715/10, to file the exempt organization return for the organization named above. The extension is Initiation's return for endar year 2009 or	Automatic 3-Month Extension of Time. Only submit original (no copies needed) urred to file Form 990-T and requesting an automatic 6-month extension—check this box and complete tions (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of the tax returns (i.e.file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file s noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6089, or 8870, group possite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form etails on the electronic filing of this form, visit www irs goviefile and click on e-file for Charities & Nonprofits Name of Exempt Organization THE GUGLIOTTA FAMILY FOUNDATION INC C/O THOMAS GUGLIOTTA Uniform Street, and room or suite no if a P O box, see instructions 1267 FRANCIS STREET City, town or post office, state, and ZIP code For a foreign address, see instructions ATLANTA GA 30318-5323 turn to be filed (file a separate application for each return) Form 990-T (corporation) Form 990-T (corporation) Form 990-T (rust other than above) Form 990-T (rust other than above) Form 606 Form 887 e in the care of EDWARD BROWN of A04-266-6375 FAX No Fation does not have an office or place of business in the United States, check this box Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is pp. check this box A if it is for part of the group, check this box Form 1041-A Taxing and ENso of all members the extension will cover automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 7115/10, to file the exempt organization return for the organization named above The extension is minication's return for endary ear 2009 or	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)