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990-PF

Return of Private Foundation

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

Department of the Treasury
Internal Revenue Service (77

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

| Fo | r ca | lendar | year 2009, or ta | x year begir | nning |] | 10/1/2009 , | and ending | | 9/30/2010 |) | - | |
|----------------|----------|-----------------------|--|-------------------------------------|-----------------|----------------|--|----------------------|----------------|----------------|--------------------------------------|--|-------------|
| G | Ch | eck all t | hat apply | Initial r | eturn | , <u> </u> | Initial return of a f | ormer public cl | narity | / | Final re | eturn | |
| | | | 1, , | Amend | ded re | eturn | Address chang | · | - | e change | | | |
| _ | | he IRS | Name of foundation | | | | <u> </u> | | | · | dentification nu | ımher | |
| · | | bel. | COCCHIARO F | | NID V. | TION | | | _ ^ | Lilipioyer | 91-1909 | | |
| C | | rwise, | | | | | elivered to street address |) Room/suit | . | Tolophono | | ge 10 of the instru | ictions) |
| | рі | rint | 1 | (OI P O BOX IIIII | iibei ii | man is not u | clivered to street address | , Room/suit | • ° | relephone | | | ictions) |
| | | ype. | P O BOX 42 | and ZID and | | | | | 1 | | (603)968- | | |
| | | pecific | City or town, state, | | | | Aller | 00045 | - 1 | • | | ending, check hei | e ▶∐ |
| | | | HOLDERNESS | | - 504 | 1/->/0> | NH | 03245 | ┦╹ | 1. Foreign o | rganizations, che | eck here | ▶∐ |
| H | Un Se | eck type ection 49 | e of organization 947(a)(1) nonexe | Sectioi <u> א</u> empt charitat | n son de tru | ust (C)(3) exe | mpt private founda Other taxable privat | tion e foundation | | - | rganizations med e and attach cor | eting the 85% tes mputation | st, ▶□ |
| Ŧ | <u>-</u> | ır marke | et value of all ass | ote at and | 1 ^ | counting | mèthod X Ca | ab | ╗┪ | • | ndation status w | | <u> </u> |
| • | | | om Part II, col (c) | | | Other (s | | sh | | | n 507(b)(1)(A), c | onth termination | ▶⊔ |
| | | e 16) | | 765 912 | (Part | I, column (| d) must be on cash b | asis) | · ' | | n 507(b)(1)(B), c | | ▶[] |
| Pa | rt [| Ana | ysis of Revenue | | | | f | 1 | | | | (d) Disburse | ments |
| | | _ | nts in columns (b), (c), | - | | | (a) Revenue and expenses per | (b) Net inve | stmen | t (c) A | Adjusted net | for charita | |
| | | | nounts in column (a) (s | | | | books | income | : | | ncome | purpose | |
| | 4 | Contr | hutions diffe areass | etc recoved (ct | Hach c | chedule) | 15.00 | | | | | (cash basis | OHIY) |
| | '2 | | butions, gifts, grants, € : ▶ if the foundation | • | | - | 15,00 | | | | | - <u>`</u> | |
| C. 3 | 3 | | est on savings and | · · | | | | 0 | | 0 | <u> </u> | <u></u> | |
| o | 1 | | ends and interest fi | | | esunents | 5 | | _ | - | 51 | *** | |
| 2, | 5 | a Gross | | IOIII Securities | | | <u></u> | ' | | 0 | | | i |
| 3 | | | ental income or (los | ee) | | 0 | 36 6 | | | <u> </u> | -, W 'Y, | | |
| Revenue | ۾ ا | | ain or (loss) from s | • —— | not or | | -29 | 6 | s », | *** | | | |
| en . | ľ | _ | sales price for all ass | | | 14,514 | -23 | *** | | -30 X"\1. | | 11 1 1 1 1 1 | * ,, , |
| 6 | 7 | | al gain net income | - | | | | 1 15 | | | | , | , , , |
| , e | 8 | | hort-term capital ga | | 11110 2 | -) | ., | - | ** | 0 322 | 0 | ** | |
| , | 9 | | ne modifications | alli | | | • • • | | | | | | <u> </u> |
| | 1 - | | sales less returns and | dallowances | | , 0 | | | a. | 787 | ** | | |
| | ' " | hless | Cost of goods so | EIVED | | Ö | | - | | | ** | | |
| | | | s profit or (loss) (at | | πU | | | o | | | | ¥ | |
| | 11 | Other | income (attach)so | hedule) ∩ 11 | S | | | 0 | | 0 | 0 | ** | /\ |
| | 12 | Total | . Add ines 1 throu | igh 11 | S-0 | | 14,75 | 5 | | 0 | 51 | | - MMS. S. |
| | 13 | | pensation of officer | | | s etc | 17,70 | 0 | | - | - 31 | | |
| Šě | 14 | Othe | employee Galle | Eand wants | | 0, 0.0 | | | | | | | |
| ü | 15 | | ion plans, employe | | | | | | | | | | <u> </u> |
| xpenses | | | fees (attach sched | | | | | 0 | | 0 | 0 | | 0 |
| ш | l | _ | unting fees (attach | | | | 52 | | | 0 | 520 | | 0 |
| ĕ | | | professional fees | | ule) | | | 0 | | 0 | 020 | | 0 |
| ā | 17 | | - | , | - / | | | 3 | | | 13 | | |
| ist | 18 | | (attach schedule) (see | e page 14 of the i | instruc | tions) | | 0 | | 0 | 0 | | 0 |
| Administrative | 19 | | eciation (attach sch | · • | | • | | ol | | 0 | 0 | | *. |
| 퉏 | 20 | • | pancy | , | • | | | | | | <u> </u> | | |
| | | | el, conferences, and | d meetings | | | | | | | | | |
| p | 22 | | ng and publications | | | | | | | | | | |
| Operating and | 23 | | expenses (attach | | | | | 0 | | 0 | 0 | | 0 |
| Ĭ. | 24 | | operating and ad | · · | exper | nses. | | | | | | | |
| rat | | Add I | ines 13 through 23 | , | | | 53 | 3 | | _o | 533 | | 0 |
| De | 25 | | ibutions, gifts, gran | | | | 20,39 | | | | | | 20,395 |
| 0 | 26 | | expenses and disbui | | lines 2 | 4 and 25 | 20,92 | | | 0 | 533 | | 20,395 |
| | 27 | | act line 26 from line | | | | | | ۲ , | | | | * |
| | | | s of revenue over ex | xpenses and dis | sburse | ements | -6,17 | 3 | | | | | , ; |
| | | | nvestment income | • | | | ; 14. | , | | 0 | *: | | |
| | | | sted net income (| · - | | - | | | , | | ^ | | |

| Рa | rt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | 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 | | | <u> </u> |
| | 2 | Savings and temporary cash investments | | 4,959 | 4,959 |
| | 3 | Accounts receivable 0 | *- , , | | |
| | | Less allowance for doubtful accounts | 0 | 0 | 0 |
| | 4 | Pledges receivable 0 | | * | |
| | | Less allowance for doubtful accounts | 0 | 0 | 0 |
| | 5 | Grants receivable | | <u>-</u> | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | 1 | disqualified persons (attach schedule) (see page 15 of the | | 0 | |
| | 7 | Instructions) | 0 | 0 | |
| / 0 | ' | Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts | | | |
| Assets | 8 | Less allowance for doubtful accounts Inventories for sale or use | 0 | 0 | 0 |
| SS | 9 | Prepaid expenses and deferred charges | | | |
| ⋖ | 1 | Investments—U.S. and state government obligations (attach schedule) | 0 | 0 | 0 |
| | l . | D Investments—corporate stock (attach schedule) | 620,466 | 605,656 | <u>_</u> |
| | l | Investments—corporate stock (attach schedule) | 020,400 | 005,030 | 700,933 |
| | 11 | Investments—land, buildings, and equipment basis | `` | | |
| | '' | Less accumulated depreciation (attach schedule) | 0 | 0 | 0 |
| | 12 | Investments—mortgage loans | | <u> </u> | |
| | 13 | Investments—other (attach schedule) | 0 | 0 | 0 |
| | 14 | Land, buildings, and equipment basis | * 7, 7, | , | * |
| | | Less accumulated depreciation (attach schedule) | 0 | 0 | 0 |
| | 15 | Other assets (describe | 0 | 0 | 0 |
| | 16 | Total assets (to be completed by all filers—see the | | · · · · · · · · · · · · · · · · · · · | |
| | | instructions Also, see page 1, item I) | 620,466 | 610,615 | 765,912 |
| | 17 | Accounts payable and accrued expenses | | | À |
| , | 18 | Grants payable | | | |
| ĕ | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | 0 | 0 | |
| jak | 21 | Mortgages and other notes payable (attach schedule) | 0 | 0 | *** |
| _ | 22 | Other liabilities (describe Margin Ioan - Schwab) | 3,678 | 0 | |
| | 23 | Total liabilities (add lines 17 through 22) | 3,678 | 0 | , , , |
| | | Foundations that follow SFAS 117, check here | | | |
| es | | and complete lines 24 through 26 and lines 30 and 31. | | | , ,, , , , , , , , , , , , , , , , , |
| nces | 24 | Unrestricted | 616,788 | 610,615 | |
| <u> </u> | 25 | Temporarily restricted | | | - * * * * * * * * * * * * * * * * * * * |
| Ö | 26 | Permanently restricted | | | (m) 2 m/2 m/1 m 1 |
| ם | | Foundations that do not follow SFAS 117, check here | | | , , , |
| 昰 | | and complete lines 27 through 31. | | | * 1,* |
| or Fund Bala | 27 | Capital stock, trust principal, or current funds | | | , , |
| ţ | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | · · · · | | |
| Net Assets | 29 | Retained earnings, accumulated income, endowment, or other funds | | | , , |
| Ą | 30 | Total net assets or fund balances (see page 17 of the | | | * * * |
| ē | | instructions) | 616,788 | 610,615 | , · · · , ., |
| Z | 31 | Total liabilities and net assets/fund balances (see page 17 | | | , , |
| | | of the instructions) | 620,466 | 610,615 | , , |
| | <u>t III</u> | Analysis of Changes in Net Assets or Fund Balances | | | |
| 1 | | net assets or fund balances at beginning of year—Part II, column (a), line f-year figure reported on prior year's return) | 30 (must agree with | 1 | |
| _ | | 616,788 | | | |
| | | amount from Part I, line 27a | | 2 | -6,173 |
| | | increases not included in line 2 (itemize) | | 3 | 0 |
| | | nes 1, 2, and 3 | | 4 | 610,615 |
| | | eases not included in line 2 (itemize) | | 5 | 0 |
| b | ı otal | net assets or fund balances at end of year (line 4 minus line 5)—Part II, c | olumn (b), line 30 | 6 | 610,615 |

| (a) List and describe the | c kind(s) of property sold (e.g., real est se, or common stock, 200 shs MLC C | ate, | nt incor | (b) How acquired P—Purchase D—Donation | | e acquired day, yr) | (d) Date sold (mo , day, yr) | | |
|--|--|------------------|-------------|--|---------------------------------------|---|----------------------------------|--|--|
| 1a 100 Powershs QQQ Trust S | er 1 | | | Р | 1 | 0/26/2000 | 5/13/2010 | | |
| b 200 Powershs QQQ Trust S | | | | Р | | 9/5/2001 | 5/13/2010 | | |
| С | | | | | | | | | |
| d | | | | | | | | | |
| e | ···· | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | | other basis nse of sale | | (h) Gain or (loss) (e) plus (f) minus (g) | | | |
| a 4,838 | 0 | | | 7,780 | | | -2,942 | | |
| b 9,676 | 0 | | | 7,030 | | | 2,646 | | |
| <u>c</u> 0 | 0 | | | 0 | | | 0 | | |
| d 0 | 0 | | | 0 | · · · · · · · · · · · · · · · · · · · | | 0 | | |
| e 0 | ring gain in column (h) and owner | d by tha | foundation | | | | 0 | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | u by the | (k) Exces | s of col (i) (j), if any | | (I) Gains (Col. (I) of (k), but not le Losses (fron | ss than -0-) or | | |
| a 0 | 0 | | - | 0 | | | -2,942 | | |
| b 0 | 0 | | | 0 | | | 2,646 | | |
| c 0 | 0 | | | 0 | | | 0 | | |
| d 0 | 0 | | | 0 | | | 0 | | |
| e 0 | 0 | | | 0 | | | 0 | | |
| 2 Capital gain net income or | (net capital loss) { If (loss), | enter - | 0- ın Paı | | 2 | | -296 | | |
| 3 Net short-term capital gain If gain, also enter in Part I, | or (loss) as defined in sectior line 8, column (c) (see pages | | | | | | | | |
| instructions) If (loss), enter | -0- in Part I, line 8 | | | | 3 | | 0 | | |
| Part V Qualification Und | ler Section 4940(e) for Re | educe | d Tax o | n Net Investm | ent Inco | me | | | |
| If section 4940(d)(2) applies, le Was the foundation liable for the If "Yes," the foundation does not a Enter the appropriate amount of the International In | ne section 4942 tax on the dis | (e) Do | not com | plete this part | | | | | |
| (a) | | , , . | 7-3- | | 1 | | (d) | | |
| Base period years | (b) Adjusted qualifying distributio | ns | Net value o | (c) If nonchantable-use as | seete | Distrib | ution ratio | | |
| Calendar year (or tax year beginning in | 0 | | | | | (col_(b) div | ded by col (c)) | | |
| 2008 2007 | | 8,850 3,185 | | | ,410 ,400 | | 0 038833 | | |
| 2006 | | 5,089 | | | ,405 | | 0 057975 0 067230 | | |
| 2005 | | 3,003 3,376 | | | ,592 | | 0 067230 | | |
| 2004 | | 7,694 | | | 976 | | 0 096709 | | |
| 2 Total of line 1, column (d) | | | | | 2 | ? | 0 328868 | | |
| 3 Average distribution ratio for the number of years the for | or the 5-year base period—div Indation has been in existenc | | | | y <u>3</u> | 3 | 0 065774 | | |
| 4 Enter the net value of nonc | haritable-use assets for 2009 | from F | Part X, lır | ie 5 | 4 | ı | 730,672 | | |
| 5 Multiply line 4 by line 3 | | | | • | | <u>;</u> | 48,059 | | |
| 6 Enter 1% of net investment | income (1% of Part I, line 27 | 'b) | | | 6 | <u> </u> | 0 | | |
| 7 Add lines 5 and 6 | - | | | | 7 | · | 48,059 | | |
| 8 Enter qualifying distribution If line 8 is equal to or greate the Part VI instructions on p | er than line 7, check the box i | | VI, line 1 | b, and complete | that part | | 20,395 tax rate See | | |

| P | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see p | age ' | 18 of th | e inst | ructi | ons) | |
|----|--|--------|----------|-------------|---------|----------|--|
| 1 | a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 〕 | | | | | ,, | |
| | Date of ruling or determination letter (attach copy of letter if necessary—see instructions) | | * | , , | , | | |
| | b Domestic foundations that meet the section 4940(e) requirements in Part V, check | 1 | | | 0 | | |
| | here ▶ ☐ and enter 1% of Part I, line 27b | | | | - , | | |
| | c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% | ^ ^ | | * * | ~,· | | |
| | of Part I, line 12, col (b) | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | 0 | | |
| 3 | Add lines 1 and 2 | 3 | | | 0 | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | _ | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | 5 | ļ | | 0 | | |
| 6 | Credits/Payments | | | | | | |
| | a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0 | | 1 | | | ,, | |
| | b Exempt foreign organizations—tax withheld at source 6b | | ,*** | | | أ د. | |
| | c Tax paid with application for extension of time to file (Form 8868) d Region with adding accessory withhold | | 'à, ' | ٠, | 8½ | llige , | |
| 7 | d Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d | | | | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here from 2220 is attached | 7 8 | | | 0 | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | - | | 0 | | |
| 10 | · | 10 | | _ | 0 | | |
| 11 | · · · · · · · · · · · · · · · · · · · | 11 | | | 0 | | |
| | art VII-A Statements Regarding Activities | | L | | | | |
| | | | | 0 45 | Yes | No | |
| ١ | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | | 1a | 163 | | |
| | b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the | | | la. | | <u> </u> | |
| | instructions for definition)? | | | 1b | | х | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | 15 | | ^ | |
| | published or distributed by the foundation in connection with the activities | | | | , ,,, | ŧ | |
| | c Did the foundation file Form 1120-POL for this year? | | | 1c | | Х | |
| | d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | , | | |
| | (1) On the foundation \blacktriangleright \$ 0 (2) On foundation managers \blacktriangleright \$ | | 0 | \$ ** 5. | , | 1 | |
| | e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | *) + -1 | , , | |
| _ | on foundation managers \$0 | | | E 10 | | - 41' | |
| 2 | 5 5 , | | | 2 | | X | |
| 2 | If "Yes," attach a detailed description of the activities | | | à, | , | , | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | | | -,- | |
| 4 | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 3 | | X | |
| | b If "Yes," has it filed a tax return on Form 990-T for this year? | | | 4a 4b | N/A | _ X | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | 11// | 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 | | | | 4 | a. | |
| | By language in the governing instrument, or | | | * | 8 | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions | | | * | | ` | |
| | that conflict with the state law remain in the governing instrument? | | | 6 | Χ | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a | nd P | art XV | 7 | _X | | |
| 8 | a Enter the states to which the foundation reports or with which it is registered (see page 19 of the | | | / 38 | | 4 | |
| | instructions) ► NH | | | * | | Ì | |
| | 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 | × . | Х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) | | | <u> </u> | | | |
| | or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27 |)? | | 9 | | х | |
| 10 | If "Yes," complete Part XIV | | | | | | |
| ıV | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing | | | _ | | , | |
| | their names and addresses | | | 10 | | X | |

if the foundation had excess business holdings in 2009)

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

N/A

Х

3b

4a

4b

| Forn | 1 990-PF (2009) COCCHIARO FAMILY FOUN | DATION | | 9 | 1-1909063 | Page 6 |
|-------------------|---|---|---|--|----------------------|---------------------------------------|
| Pa | rt VII-B Statements Regarding Activitie | es for Which Form | 4720 May Be R | | | |
| 5a | During the year did the foundation pay or incur any | amount to | | | | |
| | (1) Carry on propaganda, or otherwise attempt to | o influence legislation (| section 4945(e))? | Yes X | No | |
| | (2) Influence the outcome of any specific public e | election (see section 49 | 955), or to carry | | _ | ' |
| | on, directly or indirectly, any voter registration | n drive? | | Yes X | No | |
| | (3) Provide a grant to an individual for travel, stud | dy, or other similar purp | ooses? | Yes X | No | |
| | (4) Provide a grant to an organization other than | a charitable, etc , orga | nization described | <u> </u> | - | |
| | in section 509(a)(1), (2), or (3), or section 494 | 40(d)(2)? (see page 22 | of the instructions) | Yes X | No | |
| | (5) Provide for any purpose other than religious, | charitable, scientific, lit | erary, or | | - | |
| | educational purposes, or for the prevention of | f cruelty to children or a | animals? | Yes X | No | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the to | ransactions fail to qual | fy under the exception | ns described in | _ | |
| | Regulations section 53 4945 or in a current notice in | regarding disaster assi | stance (see page 22 | of the instructions)? | 5b | N/A |
| | Organizations relying on a current notice regarding | disaster assistance ch | eck here | ▶ [| | , , , , , , , , , , , , , , , , , , , |
| С | If the answer is "Yes" to question 5a(4), does the fo | oundation claim exemp | tion from the | | | |
| | tax because it maintained expenditure responsibility | y for the grant? | • | Yes | No | |
| | If "Yes," attach the statement required by Regulation | ons section 53 4945–5(| (d) | | | |
| 6a | Did the foundation, during the year, receive any fur | nds, directly or indirectly | y, to pay | | _ ** | 3 |
| | premiums on a personal benefit contract? | | | Yes X | No | `` |
| þ | Did the foundation, during the year, pay premiums, | directly or indirectly, o | n a personal benefit o | contract? | 6b | X |
| | If "Yes" to 6b, file Form 8870 | | | | _ | |
| 7a | At any time during the tax year, was the foundation | a party to a prohibited | tax shelter transaction | on? Yes X |] No | 13 / 4 |
| | If yes, did the foundation receive any proceeds or h | nave any net income at | tributable to the trans | action? | 7b | X |
| P | art VIII Information About Officers, | Directors, Truste | es, Foundation | Managers, Highly Pai | id Employ | ees, |
| | and Contractors | | | | | |
| _1 | List all officers, directors, trustees, founda | ation managers and | l their compensat | ion (see page 22 of the | instruction | ns). |
| | | | | | | |
| | (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 | (e) Exper | nse account, Ilowances |
| Ric | · · · | (b) Title, and average hours per week | (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans | (e) Exper | nse account, |
| <u>P</u> C | hard Cocchiaro). Box 42 Holderness NH 03245 | (b) Title, and average hours per week devoted to position President | (c) Compensation (If not paid, enter | (d) Contributions to employee benefit plans | (e) Exper other a | nse account, |
| P C Jan | hard Cocchiaro D. Box 42 Holderness NH 03245 let Cocchiaro | (b) Title, and average hours per week devoted to position President OO Vice Pres | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Exper other a | nse account, illowances |
| P C Jan | hard Cocchiaro). Box 42 Holderness NH 03245 | (b) Title, and average hours per week devoted to position President | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Exper other a | nse account, illowances |
| P C Jan | hard Cocchiaro D. Box 42 Holderness NH 03245 let Cocchiaro | (b) Title, and average hours per week devoted to position President 00 Vice Pres .00 | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | nse account, Illowances |
| P C Jan | hard Cocchiaro D. Box 42 Holderness NH 03245 let Cocchiaro | (b) Title, and average hours per week devoted to position President OO Vice Pres | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | nse account, illowances |
| P C Jan | hard Cocchiaro D. Box 42 Holderness NH 03245 let Cocchiaro | (b) Title, and average hours per week devoted to position President 00 Vice Pres .00 | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | nse account, illowances 0 0 |
| Jan P C | hard Cocchiaro). Box 42 Holderness NH 03245 let Cocchiaro). Box 42 Holderness NH 03245 | (b) Title, and average hours per week devoted to position President O0 Vice Pres .00 .00 | (c) Compensation (If not paid, enter -0-) 0 | (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | nse account, illowances 0 0 0 |
| Jan P C | hard Cocchiaro D. Box 42 Holderness NH 03245 Let Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ | (b) Title, and average hours per week devoted to position President O0 Vice Pres .00 .00 | (c) Compensation (If not paid, enter -0-) 0 | (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | nse account, illowances 0 0 0 |
| Jan P C | hard Cocchiaro). Box 42 Holderness NH 03245 let Cocchiaro). Box 42 Holderness NH 03245 | (b) Title, and average hours per week devoted to position President 00 Vice Pres .00 .00 .00 | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li | (d) Contributions to employee benefit plans and deferred compensation (d) Compensation | (e) Experother a | nse account, illowances 0 0 0 |
| P C Jan P C | hard Cocchiaro D. Box 42 Holderness NH 03245 Let Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 ose included on li | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit the contributions to employee benefit | (e) Experother a | nse account, illowances 0 0 0 |
| P C Jan P C | hard Cocchiaro D. Box 42 Holderness NH 03245 Let Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit the contributions to employee benefit | (e) Experother a | ons). |
| P C Jan P C | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |
| P C Jan P C 2 (a) | hard Cocchiaro D. Box 42 Holderness NH 03245 Det Cocchiaro D. Box 42 Holderness NH 03245 Compensation of five highest-paid employ If none, enter "NONE." | (b) Title, and average hours per week devoted to position President OO Vice Pres .00 .00 /ees (other than the devoted to position) (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) 0 0 0 ose included on lie | (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation | (e) Experother a | ons). |

| 0111 000-11 (2000) | COCCHIARO FAMILI FOUNDATION | | 91-1909003 | rage i |
|---------------------|--|--|-------------|--------|
| Part VIII | Information About Officers, Directors, Trustees, Found Contractors (continued) | oundation Managers, Highly Paid | d Employees | s, |
| 3 Five higher | st-paid independent contractors for professional services (see p | age 23 of the instructions). If none, ente | r "NONE." | |
| | lame and address of each person paid more than \$50,000 | (b) Type of service | (c) Compen | sation |
| NONE | | | | 0 |
| | | | | 0 |
| | | | | 0 |
| | | | | 0 |
| | | | | 0 |
| Total number o | of others receiving over \$50,000 for professional services . | | . ▶ | 0 |
| | s's four largest direct charitable activities during the tax year. Include relevant sta anizations and other beneficiaries served, conferences convened, research paper. | | Expens | es |
| 4 | | | | |
| Part IX-B S | ummary of Program-Related Investments (see page 2 | 4 of the instructions) | | |
| | rgest program-related investments made by the foundation during the tax year of | | Amour | nt |
| 2 | | | | |
| All other program-r | elated investments See page 24 of the instructions | | • | |

Total. Add lines 1 through 3

 \blacktriangleright

0

0

| Pai | Minimum Investment Return (All domestic foundations must complete this part. For | reign foundatio | ns, |
|-----|---|-----------------|------------------|
| | see page 24 of the instructions) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., | | |
| | purposes | | |
| а | Average monthly fair market value of securities | 1a | 734,049 |
| b | Average of monthly cash balances | 1b | 7,750 |
| С | Fair market value of all other assets (see page 24 of the instructions) | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 741,799 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 74 <u>1,</u> 799 |
| 4 | Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 | | |
| | of the instructions) | 4 | 11,127 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 730,672 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 36,534 |
| Par | Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) pri | vate operating | |
| | foundations and certain foreign organizations check here 🌗 🔲 and do not complete this pa | art) | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 36,534 |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | 0 | |
| b | Income tax for 2009 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 0 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 36,534 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 36,534 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | 36,534 |
| Par | Qualifying Distributions (see page 25 of the instructions) | | · · |
| rai | Qualifying distributions (see page 25 of the instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 20,395 |
| b | Program-related investments—total from Part IX-B | 1b | 0 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | 1 1 | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | *** | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 20,395 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 20,395 |

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

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

| Part | XIII Undistributed Income (se | e page 26 of t | he instruct | ions) | | | | | | | 000 | | , ago e |
|------|--|-----------------|---------------------|--------|----------|---------------------------------------|------|-------------|----------------|-----|---------------|------|----------|
| | | | (a) | | | (b) | | | (c) | | | (d) | |
| 1 | Distributable amount for 2009 from Pai | rt XI, | Corpu | ıs | Years | prior to | 2008 | | 2008 | | | 2009 | |
| | line 7 | | * | | | | | | · | | | | 36,534 |
| 2 | Undistributed income, if any, as of the | end of 2009 | , , | , ^ | | • | 4 | * | | | | | |
| а | Enter amount for 2008 only | | | | | | | | | 0 | | | |
| b | Total for prior years 20 , 20 | , 20 | | | | | 0 | | | | | | |
| 3 | Excess distributions carryover, if any, t | o 2009 | | | | | | | | 4 | | | * |
| а | From 2004 | 0 | , | | | | | | | | | | |
| b | From 2005 | 21,125 | | ř, | * | | | | | | | | ø. |
| С | From 2006 | 55,089 | z. | | | | l | | | | | | |
| d | From 2007 | 0 | | , , į | . * | | , | | | | | | |
| е | From 2008 | 0 | . 7 % | ʻ | * | | | | * | | | | |
| f | Total of lines 3a through e | | | 76,214 | + | | , | | | | , | | |
| 4 | Qualifying distributions for 2009 from P | Part | | 3% | | ٠, | | | | | | à | |
| | XII, line 4 > \$ 20,39 | 95 | , | | | | | | | | | | |
| а | Applied to 2008, but not more than line | 2a | , " | * | | | , | | | 0 | | ý | ė. |
| b | Applied to undistributed income of prior | r years | , | łs. | | | | | | á | | × | |
| | (Election required—see page 26 of the | | »" | -% | | | o | | | ~ | | | |
| С | Treated as distributions out of corpus (| Election | | | ė, | | | | | | (| | · |
| | required—see page 26 of the instruction | ons) | | o | | | 1 | | | Ì | | | |
| d | | | . 4 | | Á | | | | Þí | | | | 20,395 |
| е | Remaining amount distributed out of co | orpus | - | 0 | ,; | | | | 1. | | °a | | |
| 5 | Excess distributions carryover applied to | to 2009 | | 16,139 | | , | | | | | | | 16,139 |
| | (If an amount appears in column (d), th | | 1, 4 | . Ngs | , | , | , 4 | b. 4 | | | | | |
| | same amount must be shown in column | n (a)) | , , | · | | • | 1 | | | | | | |
| 6 | Enter the net total of each column as indicated below: | s | , | | | | \$ | 24 | | | | * | |
| а | Corpus Add lines 3f, 4c, and 4e Subtr | ract line 5 | | 60,075 | | 300, | * 1 | | | | | , | \$ |
| | Prior years' undistributed income Subt | | | 4 | | | | | | | | | |
| | line 4b from line 2b | | ` [*] ?* * | · ' | | | 0 | < ₹ | | (go | | | * |
| С | | ributed | - 12. | ž , | | | | · | ž _k | , » | | | <u> </u> |
| | income for which a notice of deficiency | | , % ° ! | | | | İ | | | ` | | | * |
| | been issued, or on which the section 49 | | % | | | | | ** | #, * | r# | | * | * |
| | tax has been previously assessed | (-) | | | | | | | | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | | | | | | | '/ | | % |
| | amount—see page 27 of the instruction | ns | . , | | | | o | , | | | | | |
| е | Undistributed income for 2008 Subtract | | | | | | | | | | | | |
| | 4a from line 2a Taxable amount—see | | <i>\$</i> 2 | l | 4. | | * | | | | | | 1/4 |
| | instructions | , | * . | | | | | | | o | | | |
| f | Undistributed income for 2009 Subtract | et l | , , * | | | | | | | | | | |
| | lines 4d and 5 from line 1 This amount | t must | | | | | I | | | | | | |
| | be distributed in 2010 | | * | l | | | İ | * | | | | | 0 |
| 7 | Amounts treated as distributions out of | | | | i | - | | ٠ 🍇 | | | ٨. | | <u>_</u> |
| | corpus to satisfy requirements imposed | | | | | | 1 | | | 1 | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (see | - | | | | ** | | | | 1 | <i>f</i> | | |
| | the instructions) | , -5 | | | \%\ | | l | , | | 3" | | | |
| 8 | Excess distributions carryover from 200 | ₀₄ Ì | · | | | · · · · · · · · · · · · · · · · · · · | | | | | | | · |
| | not applied on line 5 or line 7 (see page | | | | b | | 1 | | | | | | r |
| | instructions) | | | o | | | | | | | | | |
| 9 | Excess distributions carryover to 20 | 10. | | | | | 1 | | | | | | |
| | Subtract lines 7 and 8 from line 6a | | | 60,075 | | | | | | | | | |
| 10 | Analysis of line 9 | | | 35,575 | | | | | | | | | |
| | Excess from 2005 | 4,986 | , | - 1 | | | | * | | ļ | | | |
| | Excess from 2006 | 55,089 | f | , 1 | | | | | | Ī | | | |
| c | Excess from 2007 | 03,000 | , | | | | | | , | | | | • |
| d | Excess from 2008 | | , i | 1 | | | , | | | 1 | | | |
| _ | Excess from 2009 | 0 | , , , , , , | 1 | | | . | } | | | | | |

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

factors

NONE

| Part XV | Supplementary Information (| (continued) |
|----------|------------------------------|--|
| 2 Granto | and Contributions Baid Dusin | ng the Veer or Approved for Euture Dovment |

| 3 (| Grants and Contributions Paid During the | | r Future Pay | ment | |
|-----|--|--|----------------------|----------------------------------|--------|
| | 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 business) | or substantial contributor | recipient | | |
| а | Paid during the year | | | | |
| | | | | | 20,395 |
| | | | | | 0 |
| | | | | | 0 |
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| | Total | | | ▶ 3a | |
| b | Approved for future payment | T | | ▶ Ja | 20,395 |
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| - | Total | | | ▶ 3b | (|

| Form 990-PF (2009) COCCHIARO FAMILY FOUNDATION | | | | 91-190 | 9063 Page 12 |
|--|--|------------------|-----------------------|--|--|
| Part XVI-A Analysis of Income-Producing Acti | vities | | | | |
| Enter gross amounts unless otherwise indicated | Unrelated busin | ness income | Excluded by section | n 512, 513, or 514 | (e) |
| 1 Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See page 28 of the instructions) |
| a | | 0 | | 0 | 0 |
| b | | 0 | | 0 | 0 |
| С | | 0 | | 0 | 0 |
| d | | 0 | | 0 | 0 |
| e | | 0 | | 0 | 0 |
| f | | 0 | | 0 | 0 |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 51 | |
| 5 Net rental income or (loss) from real estate | ************************************** | | • | , 44,48#44 , | S. De |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | 0 | -296 |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a | | 0 | | 0 | 0 |
| b | | 0 | | 0 | |
| С | | 0 | | 0 | 0 |
| d | | 0 | | 0 | 0 |
| e | | 0 | | | 0 |
| 12 Subtotal Add columns (b), (d), and (e) | | 0 | | 51 | -296 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | -245 |
| (See worksheet in line 13 instructions on page 28 to verify calc | | | | | |
| Part XVI-B Relationship of Activities to the Activities No. Explain below how each activity for which income the accomplishment of the foundation's exempting page 28 of the instructions.) | ne is reported in colu | mn (e) of Part X | VI-A contributed in | | |
| page 25 of the mondedness | | | | | |
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| _ | n 990-PF | 000011111110111111111111111111111111111 | | | | | 91-1909063 | Page | e 13 |
|--------|-----------------------|--|--|-------------------------------------|-----------|---|---|-----------------|------|
| Рa | rt XVII | | insfers To and Tra | ansactions a | nd Rei | ationships With No | ncharitable | | |
| | | Exempt Organizations | | | | | | | |
| 1 | | e organization directly or indirectly | | | | | | Yes | No |
| | | tion 501(c) of the Code (other that zations? | n section 501(c)(3) o | rganızations) or | r in sect | ion 527, relating to poli | itical | , -, | |
| а | Transf | ers from the reporting foundation | to a noncharitable ex | cempt organiza | tion of | | | · 💒 📗 | |
| | (1) Ca | | | | | | . 1a(1) | | Х |
| | | her assets | | | | | 1a(2) | | Х |
| b | | transactions | | | | | | | |
| | | ales of assets to a noncharitable e | xempt organization | • | | • | 1b(1) | | Х |
| | | irchases of assets from a noncha | | ızatıon . | | | 1b(2) | | Х |
| | (3) Re | ental of facilities, equipment, or ot | ner assets . | | | • | 1b(3) | | Х |
| | (4) Re | eimbursement arrangements | | | | • | . 1b(4) | | Х |
| | (5) Lo | ans or loan guarantees | | | | | 1b(5) | | X |
| | (6) Pe | erformance of services or membe | ship or fundraising s | olicitations . | | | . 1b(6) | | X |
| С | Sharın | ig of facilities, equipment, mailing | lists, other assets, o | r paid employee | es | | 1c | | Х |
| | value o | answer to any of the above is "Ye of the goods, other assets, or ser in any transaction or sharing arrait | rices given by the repagement, show in col | porting foundati umn (d) the val | on If th | ne foundation received ne goods, other assets, | less than fair n , or services re | narket ceive | d |
| (a) | Line no | | ne of noncharitable exempt | organization | (d) Des | cription of transfers, transaction | ons, and sharing ar | rangem | ents |
| | | 0 | ······································ | | | | _ | | |
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| | descril | foundation directly or indirectly af bed in section 501(c) of the Code s," complete the following schedul | (other than section 5 | | | | Yes X |] No | |
| | | (a) Name of organization | | of organization | | (c) Description o | of relationship | | |
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| | , - | | <u>.</u> | | | | | | |
| a) | | er penalties of perjury, I declare that I have of f. it is true, correct, and complete Declarate Declarate M - Gould | | | | | | | |
| Here | Sig | nature of officer or trustee | | Dat | te | Title | | | |
| Sign H | aid arer's Only | Preparer's | | Date | | Check if n | Preparer's identifying number (see Signat page 30 of the instru | ure on | |

CENTER BARNSTEAD, NH 03225-0234

Paid Preparer's Use Only

signature

Firm's name (or yours if self-employed), address and ZIP code

EIN ▶

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 COCCHIARO FAMILY FOUNDATION** 91-1909063 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

| Page_ | 1 | of_ | 1_ | of Part I |
|-------|---|-----|----|-----------|
| | | | | |

| Name of organization | |
|-----------------------------|----|
| COCCHIARO FAMILY FOUNDATION | ۸C |

Employer identification number

| | ARO FAMILY FOUNDATION | | 91-1909003 |
|------------|--|-----------------------------|---|
| Part I | Contributors (see instructions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | P.O Box 42 Holderness NH 03245 Foreign State or Province Foreign Country | \$15,000 | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | Foreign State or Province Foreign Country | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| . 3 | Foreign State or Province Foreign Country | \$0 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | Foreign State or Province Foreign Country | \$ 0 | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 5 | Foreign State or Province Foreign Country | \$0 | Person Payroll Oncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 6 | Foreign State or Province | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

| | 100 | Õ | ı | | | _ | Т | <u> </u> | ı | _ | 1 | Г | Г | Г | i | 1 |
|-----------------------------------|----------------------------|-----------------------------|---------------------|------------------------|-------------|--------------|------------------------------|------------------------------|---|---|---|---|---|---|---|---|
| Net Gain or Loss | -296 | | • | | | Depreciation | | | | | | | | | | |
| Net | | | Expense of Sale and | Cost of | Improve- | ments | | | | | | | | | | |
| Other Expenses | 14,810 | 0 | her Basis | field only) | Donated | Value | | | | | | | | | | |
| Cost, Other Basis and Expenses | | | Cost or Other Basis | (Enter one field only) | | Cost | 7,780 | 7.030 | | | | | | | | |
| SS | 14,514 | 0 | | | Gross Sales | Price | 4,838 | 9.676 | | | | | | | | |
| Gross | | | | | Date | Sold | 5/13/2010 | 5/13/2010 | | | | | | | | |
| Totals | Securities | Other sales | | | Acquisition | Method | ۵ | ۵ | | | | | | | | |
| | | | | | Date | Acquired | 10/26/2000 | 9/5/2001 | | | | | | | | |
| | | | Check "X" If | Purchaser | IS a | Business | | | | | | | | | | |
| | | | | | | Purchaser | | | | | | | | | | |
| Amount | | | | | | CUSIP# | | | | | | | | | | |
| | Long Term CG Distributions | Short Term CG Distributions | - | | | Description | 100 Powershs QQQ Trust Ser 1 | 200 Powershs QQQ Trust ser 1 | | | | | | | | |
| | | | | Check "X" | if Sale of | Security | | | | | | | | | | |
| | | | | | | Index | - | 7 | က | 4 | 2 | 9 | 7 | 8 | စ | 9 |

Part II, Line 10b (990-PF) - Investments - Corporate Stock

| | | | 620,466 | 605,656 | 679,340 | 760,953 |
|----|--------------------------|-------------|-------------|-------------|--------------|-------------|
| | | Num Shares/ | Book Value | Book Value | FMV | ш |
| | Description | Face Value | Beg of Year | End of Year | Beg. of Year | End of Year |
| 1 | KForce Inc | | 605,656 | 605,656 | 99'999 | 760,953 |
| 7 | Powershs QQQ Trust Ser 1 | | 14,810 | 0 | 12,67 | 0 |
| 3 | | | | | | |
| 4 | | | | | | |
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| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | | | |

Part II, Line 22 (990-PF) - Other Liabilities

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

| | | -296 | Gains Minus Excess | Excess of FMV of FMV Over Adjusted | Basis or Losses | -2 942 | 2 646 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--------|----------------------------|-----------------------------|--------------------|--------------------------------------|--------------------------|------------------------------|------------------------------|---|---|---|---|---|---|---|---|---|
| | | 0 | | Excess of FMV | Over Adj Basis | 0 | 6 | | | 0 | 0 | | 0 | 0 | 0 | 0 |
| | | 0 | Adjusted Basis | as of | 12/31/69 | | | | | | | | | | | |
| | | 0 | F 14 | as of | 12/31/69 | | | | | | | | | | | |
| | | -296 | | Gain or | Loss | -2.942 | | Ì | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 14,810 | _ | | | 7.780 | 7.030 | | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | | Depreciation | Allowed | 0 | 0 | | | o | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 14,514 | Gross | Sales | Price | 4,838 | 9.676 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | Totals | | Date | Sold | 5/13/2010 | 5/13/2010 | | | | | | | | | |
| | | | | Date | Acquired Acquired | 10/26/2000 5/13/2010 | 9/5/2001 | _ | | | | | | | | |
| | | | | How | Acquired | <u>a</u> | ۵ | | | | | | | | | |
| Amount | | | | | CUSIP # | | | | | | | | | | | |
| | Long Term CG Distributions | Short Term CG Distributions | | | Kind(s) of Property Sold | 100 Powershs QQQ Trust Ser 1 | 200 Powershs QQQ Trust Ser 1 | | | | | | | | | |
| | | | | | | - | 7 | ~ | | 4 | Q | 9 | 7 | œ | 6 | 9 |

| Part VII-A, Line 8b (990-PF) - Copy of Form 990-PF to Attorn | ney Gene | ral | |
|--|----------|-----|--|
| Did the foundation furnish a copy of Form 990-PF to the State Attorney General? | Yes | XNo | |
| If "No", please provide an explanation [.] Not required by New Hampshire state law | · - | | |
| | | | |
| | | | |
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| | | | |

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

| | | Check "X" | | | | | Foreign | | Average |
|---------|-------------------|-------------|------------|------------|-------|----------|---------|-----------|---------|
| | Name | if Business | Street | | State | Zip Code | Country | Title | Hours |
| Richard | Richard Cocchiaro | | P O Box 42 | Holderness | Ŧ | NH 03245 | | President | |
| Janet (| Socchiaro | | P O Box 42 | | Į | 03245 | | Vice Pres | |
| | | | | | | | | | |
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COCCHIARO FAMILY FOUNDATION TIN 91-1909063 FORM 990-PF FYE 9/30/2010 PART XV - CONTRIBUTIONS PAID DURING THE YEAR

| Recipient | Relationship | Foundation Status | Purpose of Contribution | Amount |
|---|--------------|----------------------|----------------------------|--------|
| New Hampshire Catholic Charities | NONE | 170(c) | Humanıtarian | 5,100 |
| Fezziwig Foundation | NONE | 170(c) | Human / Educ | 1,500 |
| Klingberry Family Centers | NONE | 170(c) | Humanitarian | 130 |
| Squam Lakes Association | NONE | 170(c) | Educational | 100 |
| Squam Lakes Science Center | NONE | 170(c) | Educational | 500 |
| Holy Trinity Church | NONE | 170(c) | Religious | 6,725 |
| The Circle Program | NONE | 170(c) | Humanitarian | 2,600 |
| The Bridge House | NONE | 170(c) | Humanitarian | 100 |
| Pease Public Library | NONE | 170(c) | Educational | 200 |
| Emerson College | NONE | 170(c) | Educational | 100 |
| New Hampshire Public Radio | NONE | 170(c) | Educational | 200 |
| The Whole Village | NONE | 170(c) | Humanitarian | 200 |
| Squam Lakes Conservation Society | NONE | 170(c) | Educational | 600 |
| The Ophelia Project | NONE | 170(c) | Humanitarian | 250 |
| New Hampshire Master Chorale | NONE | 170(c) | Educational | 790 |
| Holderness School/Walker Scholarship Fund | NONE | 170(c) | Educational | 1,000 |
| Little Church Theater | NONE | 170(c) | Educational | 200 |
| The Mayhew Program | NONE | 170(c) | Humanıtarian | 100 |
| | | | | 20,395 |