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### Form **990-PF**

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

OMB No 15	545-0052
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2010

Department Internal Re	nt of the Treasury evenue Service	Note. The foundation	may be able t	o use a copy of th	is return to satisf	y state rep	portin	ig requirements		
For cale	endar year 2010, or	tax year beginning	11/15		, and ending		/3:	<del></del>		
<b>G</b> Che	ck all that apply	X Initial return III	iitial Return	of a former p	ublic charity	_			Final return	
		Amended return		Address	change	Nan	ne c	change		
LITT C	OV PANTIN DO	TNDAMTON					Α	Employer identification		
	OX FAMILY FOU ST. FRANCIS I						_	80-0342340		
	ILLE, CA 9452						В	Telephone number (se 925 413-53	•	
	•						С	If exemption application		here ►
								1 Foreign organizations	. 5,	·
H C	neck type of organiz	zation X Section 5	01(c)(3 <u>)</u> ex	empt private t	foundation			2 Foreign organizations	meeting the 85% te	st, check
		) nonexempt charitable		Other taxable			Ε	here and attach comp If private foundation		.d •
	ir market value of all ass com Part II, column (c), lii			nethod: XC	ash []Ac	crual	_	under section 507(b)		ີ່. ▶ 🗍
,,,			Other (spec	(d) must be o		-,	F	If the foundation is in under section 507(b)		ition 🕨 🗀
Part I	Analysis of R									
	Expenses (Th	e total of amounts in	expense	venue and es per books	(b) Net inv		nt	(c) Adjusted ne		rsements Iritable
	columns (b), (c), sarily equal the a	. and (d) may not nece amounts ın column (a)	5-	•					purp	oses
	(see the instructi								(cash ba	sıs only)
		s, grants, etc, received (att sch	) <del> </del>	<u>1.</u>						
_	لبا ، ،	foundn is <b>not</b> req to att Sch Bavings and temporary								
วกก	cash investme	ents				····				
		terest from securities								
€6	5a Gross rents b Net rental income or (loss)									
SCANNED"AUG		om sale of assets not on line 10		, -		-				
	<b>b</b> Gross sales price assets on line 6a	for all								
E	7 Capital gain net in	ncome (from Part IV, line 2).		···						
ÚÚ.	8 Net short-tern 9 Income modified			-						
	10 a Gross sales less									
	allowances.									
	<b>b</b> Less Cost of goods sold									
<i>⊗</i> 23	c Gross profit/(los									
	11 Other income	e (attach schedule)								
	12 Total. Add Im	nes 1 through 11		1.	· · · · · ·	<del></del>	0.		0.	
	·	officers, directors, trustees, etc		0.						
	, ,	salaries and wages	-							
_	15 Pension plans	s, employee benefits	¬├							
A D M	16a Legal fees (attact b Accounting fees (	(affach sch)								<del></del>
i.	c Other brof lifees (a									
O I	17 Interest /	attach sch) AUG 1 1 2011								
PERA	18 Taxes (attach schedule	,,,	2							<del></del>
A A	19 Deprecia <del>tion</del> sch) and dep	ODEN, UT	-							
N V G E	<b>20</b> Occu <del>pancy -</del>		7							
_	21 Travel, confered 22 Printing and in	rences, and meetings								_,
A E N X D P		ses (attach schedule)		,						·
E N		· · · · · · · · · · · · · · · · · · ·								
S	24 Total operation	ng and administrative dd lines 13 through 23								
S	expenses. Ac 25 Contributions, gif				-			-		
	26 Total expens	es and disbursements				<del></del> -				·
	Add lines 24	and 25	_	0.			0.		0.	0.
		26 from line 12: venue over expenses								
	and disburse			1.						
		ncome (if negative, enter -0)					0.			
	C Adjusted net inco	ome (if negative, enter -0-)	_L		L			L	0.	

Dovi		Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
Pari	. 11	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see the instructions)			
Δ	7	Other notes and loans receivable (attach sch)			
A S E T		Less allowance for doubtful accounts			
S	1	Inventories for sale or use			
	l	Prepaid expenses and deferred charges			
S		Investments — U.S. and state government obligations (attach schedule)		_	
		Investments — corporate stock (attach schedule) STATEMENT 1		1.	4,364,100.
	۰ (	: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15				
	16	Total assets (to be completed by all filers – see instructions. Also, see page 1, item l)	0.	1.	4,364,100.
L	17				
I A	18				
B	19	Deferred revenue			1
ļ	20	Loans from officers, directors, trustees, & other disqualified persons		<u> </u>	
ī	21	Mortgages and other notes payable (attach schedule)			1
Ţ	22	Other liabilities (describe  )			]
Ė		Takel Baldisha (add been 17 been b 20)	0.		
	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	0.	0.	-
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted			
TN	25	Temporarily restricted			
A D	26				_
A S B S A E L		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
E L T A	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, building, and equipment fund.	<u>-</u>	-	]
O E	29	Retained earnings, accumulated income, endowment, or other funds		1.	
RS	30	Total net assets or fund balances (see the instructions)	0.	1.	]
	31	Total liabilities and net assets/fund balances (see the instructions)	0.	1.	
Par	t III	Analysis of Changes in Net Assets or Fund Balanc	<u> </u>		<u> </u>
		I net assets or fund balances at beginning of year — Part II, colu		aree with	
	end-	of-year figure reported on prior year's return)	(-),	1	0.
2		r amount from Part I, line 27a		2	1.
3		increases not included in line 2 (itemize)			
4		lines 1, 2, and 3		4	1.
5		ases not included in line 2 (itemize)			
6	rota	I net assets or fund balances at end of year (line 4 minus line 5)	) – Part II, column (b),	ine 30   <b>6</b>	1.

(a) List and descri	Losses for Tax on Investmen be the kind(s) of property sold (e g , r use, or common stock, 200 shares ML	eal estate.	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A					
b					
С					
d					
<u>e</u>	1 200		1	<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (e) plus (f) m	(loss) linus (g)
a					
<u> </u>					
С					<del>_</del>
d		··			_
Complete only for coasts also	www.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a	, the foundation on 19/21/66	$\overline{}$		
(i) Fair Market Value	wing gain in column (h) and owned by  (j) Adjusted basis	(k) Excess of column		(I) Gains (Col gain minus column (I	
as of 12/31/69	as of 12/31/69	over column (j), if a		nan -0-) <b>or</b> Losses (fi	
a					
b					
С					
d					
e		<u> </u>			
2 Capital gain net income or (r	net capital loss) If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)	and (6)			
If gain, also enter in Part I, Ii in Part I, line 8	ne 8, column (c) (see the instructions)	). If (loss), enter -0-	. 3		
Part V Qualification Und	er Section 4940(e) for Reduce	d Tax on Net Investm	ent Income		
If 'Yes,' the foundation does not qu	ection 4942 tax on the distributable an ualify under section 4940(e) Do not co it in each column for each year, see th	mplete this part		Yes	No
(a)	(b)		g arry eritries	(d)	<del></del>
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets (co	Distribution lumn (b) divided	
2009					
2008				·	
2007					
2006					
2005					
2 Total of line 1, column (d)			2		
3 Average distribution ratio for number of years the foundation	the 5-year base period — divide the toon has been in existence if less than !	otal on line 2 by 5, or by the 5 years	3		
4 Enter the net value of nonch	arıtable-use assets for 2010 from Part	X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		<del> </del>
8 Enter qualifying distributions	from Part XII, line 4		8		
If line 8 is equal to or greate	r than line 7, check the box in Part VI,	line 1b, and complete that	part using a 1	% tax rate See t	he

Form <b>990-PF</b> (2010) WILCOX FAMILY FOUNDATION	80-03423	340	Р	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	- see the ins	tructions)		<u>-5-</u>
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 instr.)  b Domestic foundations that meet the section 4940(e) requirements in Part V,  □ check here □ and enter 1% of Part I, line 27b  □ All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	- <b>1</b>			0.
<ul> <li>2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)</li> <li>3 Add lines 1 and 2</li> <li>4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-</li> <li>5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-</li> <li>6 Credits/Payments</li> </ul>	2 3 4 5			0. 0. 0.
a 2010 estimated tax pmts and 2009 overpayment credited to 2010  b Exempt foreign organizations — tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld  7 Total credits and payments Add lines 6a through 6d  8 Enter any penalty for underpayment of estimated tax. Check here  9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	7 8 9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11 Enter the amount of line 10 to be Credited to 2011 estimated tax Refunded  Part VII-A Statements Regarding Activities	<u>►</u> 11			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	i ıt	1a 1b	Yes	No X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any material or distributed by the foundation in connection with the activities  c Did the foundation file Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation	·			X
<ul> <li>3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?</li> <li>b If 'Yes,' has it filed a tax return on Form 990-T for this year?</li> <li>5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?</li> <li>If 'Yes,' attach the statement required by General Instruction T</li> <li>6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:</li> <li>By language in the governing instrument, or</li> </ul>	irticles es	3 4a 4b 5	N	X X /A X
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that with the state law remain in the governing instrument?</li> <li>Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV</li> <li>8a Enter the states to which the foundation reports or with which it is registered (see the instructions) N/A</li> </ul>	hat conflict	6 7	X	

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Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

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

SEE STATEMENT 2

**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* 

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

b If 'Yes,' did it have excess business holdings in 2010 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 foundation had excess business holdings in 2010).

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3b

4 a

N/A

X

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Part VII-B   Statements Regarding Activiti	es for Which Form	1 4720 May Be Requ	uired (continued)		
5a During the year did the foundation pay or incu	•				
(1) Carry on propaganda, or otherwise attempt	it to influence legislatio	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ition drive?	1 4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, oi 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the except ding disaster assistance	cions	5 b	N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ 🗌		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regi	ulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive ar on a personal benefit contract?		•	∐Yes X	No	
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal benef	it contract?	6b	X
If 'Yes' to 6b, file Form 8870					
<b>7a</b> At any time during the tax year, was the found <b>b</b> If yes, did the foundation receive any proceed				No 7b	<u> </u>
Part VIII Information About Officers, D					
and Contractors	, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,	. oundation manag	,o.o, mgmy raid E	-inployee.	٠,
1 List all officers, directors, trustees, foundatio	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	
STEPHEN WILCOX	PRESIDENT	0.	0.		0.
480 ST. FRANCIS DRIVE	0				
DANVILLE, CA 94526					
MARGARET WILCOX	SECTY/TREAS	0.	0.		0.
480 ST. FRANCIS DRIVE	0				
DANVILLE, CA 94526					
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1— see in	structions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	
NONE					
			-		
				-	
				_	_
Total number of other employees paid over \$50,000	TEEA0306L (	07/23/10		Form <b>99</b>	0 <b>0-PF</b> (2010)

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Total. Add lines 1 through 3

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0.

see instructions.)	. r oreigir k	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1a	4,081,500.
<b>b</b> Average of monthly cash balances .	1 b	
c Fair market value of all other assets (see instructions)	1c	
d Total (add lines 1a, b, and c)	1 d	4,081,500.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d .	3	4,081,500.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	61,223.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,020,277.
6 Minimum investment return. Enter 5% of line 5 SHORT YEAR MODIFIED PERCENTAGE 0.6438	3 % <b>6</b>	25,883.
Park Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of	perating fo	
and certain foreign organizations check here ► and do not complete this		
1 Minimum investment return from Part X, line 6	1	25,883.
2a Tax on investment income for 2010 from Part VI, line 5		
<b>b</b> Income tax for 2010 (This does not include the tax from Part VI)  2b		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	25,883.
4 Recoveries of amounts treated as qualifying distributions	4	- · · · · · · · · · · · · · · · · · · ·
5 Add lines 3 and 4	5	25,883.
6 Deduction from distributable amount (see instructions).	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	25,883.
PartXII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	
<b>b</b> Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who qualifies for the section 4940(e) reduction of tax in those years	ether the four	ndation

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#### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7				25,883.
2 Undistributed income, if any, as of the end of 2010:				, , , , , , , , , , , , , , , , , , , ,
a Enter amount for 2009 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20 _		0.		
3 Excess distributions carryover, if any, to 2010.		_	•	1
<b>a</b> From 2005				
<b>b</b> From 2006				ı
<b>c</b> From 2007				
<b>d</b> From 2008				
<b>e</b> From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$			0.	
a Applied to 2009, but not more than line 2a	********		0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
Treated as distributions out of corpus     (Election required — see instructions)	0.			
<b>d</b> Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )		1		
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			<u> </u>
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-		- · · · · · · ·		
ed income for which a notice of deficiency has been issued, or on which the section	:			
4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b Taxable				
amount — see instructions		0.		
e Undistributed income for 2009. Subtract line 4a from			_	
line 2a Taxable amount — see instructions.			0.	
f Undistributed income for 2010 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2011				25,883.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2005 not				
applied on line 5 or line 7 (see instructions).	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2006				
<b>b</b> Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
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Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or on its effective for 2010, enter the date of the		r that it is a private o	operating foundation	· _	
<b>b</b> Check box to indicate whether the foundat		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	· · · · · · · · · · · · · · · · · · ·	
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities		<u> </u>			
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).			_		
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
.,,,,,,					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		1			<u> </u>
Supplementary Information assets at any time during the			organization ha	id \$5,000 or mo	re in
		istructions.)			
1 Information Regarding Foundation Managers as List any managers of the foundation who close of any tax year (but only if they have NONE)	have contributed n	nore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2))	eceived by the four	dation before the
<b>b</b> List any managers of the foundation who	own 10% or more	of the stock of a cor	poration (or an equ	ally large portion of	the ownership of
a partnership or other entity) of which the NONE	foundation has a	10% or greater inter	est	any large portion of	the ownership of
2 Information Regarding Contribution, Gra	nt Gift Loon Sol	olarchin etc Brozz		·	
Check here X if the foundation only requests for funds. If the foundation make	makes contribution	s to preselected cha	ırıtable organızatıon		
a The name, address, and telephone number	ar of the norses to	whom applications	should be addresse		
a The Hame, address, and telephone humbe	er of the person to	whom аррисацонs	snould be addresse	u	
<b>b</b> The form in which applications should be	submitted and info	ormation and materia	als they should incli	ude	
b The form in which applications should be	submitted and init	imation and materia	ais triey sriould iricic	ide	
c Any submission deadlines					
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charita	ble fields, kinds of	institutions, or other	r factors
BAA	т	EEA0310L 02/16/11			Form <b>990-PF</b> (2010)

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	- Contribution	
a Paid during the year	substantial contributor	recipient		
		<u> </u>	<u> </u>	
Total	···	1	► 3a	
b Approved for future payment				
Total			<b>&gt;</b> 3b	1

Part XVI-A	A I	( I 🗪		A
Pan IVI-A	Traincie V.	t Income_P	roducina	Activities
	MIIGIVƏIƏ V		IVUUCIIIU	ACHVILLES

<u> </u>						
Enter gross amounts unless othe	erwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 51	4 (e)
<ol> <li>Program service revenue.</li> </ol>		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (see the instructions)
		<del></del>		Code		
ab	<del></del>			<del>  </del> -		
С					<del></del>	
d						
e						
f	·					
g Fees and contracts from go	overnment agencies					
2 Membership dues and asse						
3 Interest on savings and temporary	y cash investments					
4 Dividends and interest from						
5 Net rental income or (loss)	from real estate					
a Debt-financed property				-		
<b>b</b> Not debt-financed property						
6 Net rental income or (loss) from p	personal property					
7 Other investment income			1			<u> </u>
8 Gain or (loss) from sales of asset				-		
9 Net income or (loss) from	•					
10 Gross profit or (loss) from	sales of inventory				<del></del>	
11 Other revenue				<del></del>	•	
a b		<del>-  -</del> -		<del>                                     </del>	···	
		<del></del>	•/-	+		
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a						
d	<del>-</del>			1		
e						
e Subtotal Add columns (b),	, (d), and (e)				13	0.
e 12 Subtotal Add columns (b), 13 Total. Add line 12, column	, (d), and (e) s (b), (d), and (e)				13	0.
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Yes No

# Form 990-PF (2010) WILCOX FAMILY FOUNDATION 80-0342340 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describ	ped in section 501(o g to political organi	c) of the Code (o	ther than section 501(c)	(3) organizatio	ns) or in section 5	527,		
			a noncharitable exemp	t organization (	of.			
(1) Ca	•		- · · · · · · · · · · · · · · · · · · ·	9			1 a (1)	$\overline{\mathbf{x}}$
• •	her assets						1a (2)	<u>x</u>
• •	transactions						14 (2)	<del></del>
							11.43	
• •	les of assets to a n		•				1 b (1)	<u>X</u>
• •			ible exempt organizatio	n			1 b (2)	X
• •	ental of facilities, eq		r assets				1 b (3)	X
<b>(4)</b> Re	eimbursement arran	igements					1 b (4)	<u> X</u>
<b>(5)</b> Lo	ans or loan guarant	tees					1 b (5)	X
<b>(6)</b> Pe	erformance of service	ces or membersh	ip or fundraising solicita	ations			1 b (6)	X
<b>c</b> Sharın	g of facilities, equip	oment, mailing lis	sts, other assets, or paid	demployees			1c	X
the ao	ods, other assets, o	or services diven	complete the following by the reporting founda how in column <b>(d)</b> the v	tion If the four	ndation received lods, other assets,	ess than fair mark or services receiv	ket value in red	
(a) Line no.	(b) Amount involved	(c) Name of	of noncharitable exempt organi	zation (	(d) Description of trans	sfers, transactions, an	d sharing arrangen	nents
I/A						<u> </u>		
				_				
							<del> </del>	
					<u> </u>	·		
							<del></del>	
							· -	
		· <del></del>				<del></del>	<u> </u>	<del></del>
		-						
						<del></del>		
<u>.</u>		<u> </u>						
descri	foundation directly bed in section 501(o	c) of the Code (o	ated with, or related to, ther than section 501(c)	one or more to (3)) or in secti	ax-exempt organiz on 527?	zations	Yes	XNo
·	(a) Name of organiz		(b) Type of org	anization	(c	) Description of re	elationshin	
N/A	(a) Harrio of organiz		(3) . ) p o o. o. g	a		, Bosonphon on re	olation or ip	
	-							
						<del></del>		
	<del></del>			<u> </u>				
		- <del></del>	<del></del>		<del></del>			
Unda		valere that I have aver	upod this satura, including sees			the best of an installation		
Sign	ct, and complete Declara	1	lined this return, including according than taxpayer or fiduciary) is be	npanying scriedules ased on all informat	e and statements, and to ion of which preparer ha	PRESIDEN		rrue,
	Signature of officer or trus	stee		D	ate L	Title	<del></del> -	
	Print/Type preparer's		Preparer's signature	7	Date	Check if If	PTIN	
<b>.</b>	KEVIN COLL		Wen (	1	8/4/11		N/A	
Paid		COLLIS & 1	RAMOS, LLP		<del>-                                    </del>	self-employed	] IV/ A	
reparer	Firm's name			_		Firm's EIN ► N/A		
Jse Only	Firm's address	146 DIABLO	CA 94526-3304				E) 020 04	00
		DANVILLE,	Ch 34340-3304	<del></del>	<del>_</del>	Phone no (92	5) 838-04	
BAA							Form <b>990-P</b>	<b>1</b> Ε (2010).

#### 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

2010

Name of the organization		Employer identification number
WILCOX FAMILY FOUNDATION	80-0342340	
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	on
	4947(a)(1) nonexempt charitable trust no	t treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust tre	ated as a private foundation
	501(c)(3) taxable private foundation	
	by the <b>General Rule</b> or a <b>Special Rule</b> (10) organization can check boxes for both the Genera	Il Rule and a Special Rule See instructions
General Rule  X For an organization filing Form 99 contributor. (Complete Parts I and	0, 990-EZ, or 990-PF that received, during the year, \$5, II)	,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and	on filing Form 990 or 990-EZ, that met the 33-1/3% supper discoved from any one contributor, during the year, a 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Comp	contribution of the greater of (1) \$5,000 or
aggregate contributions of more th	<ul> <li>organization filing Form 990 or 990-EZ, that received nan \$1,000 for use exclusively for religious, charitable, sen or animals. Complete Parts I, II, and III.</li> </ul>	from any one contributor, during the year, scientific, literary, or educational purposes, or
contributions for use <i>exclusively</i> for lf this box is checked, enter here t	<ul> <li>organization filing Form 990 or 990-EZ, that received or religious, charitable, etc, purposes, but these contribute the total contributions that were received during the yea the parts unless the General Rule applies to this organization.</li> </ul>	utions did not aggregate to more than \$1,000 ar for an <i>exclusively</i> religious, charitable, etc.
religious, charitable, etc, contribut	ions of \$5,000 or more during the year	<b>&gt;</b> \$
990-PF) but it <b>must</b> answer 'No' on Pa	overed by the General Rule and/or the Special Rules do art IV, line 2 of their Form 990, or check the box on line at the filing requirements of Schedule B (Form 990, 990	H of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act I 990EZ, or 990-PF.	Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010

•					
Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1 of 1 of P	art I			
Name of organization	Employer identification number				
WILCOX FAMILY FOUNDATION	80-0342340				
Part					

r cnr n	Contributors (see instructions)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STEPHEN WILCOX 480 ST. FRANCIS DRIVE DANVILLE, CA 94526	\$ <u>3,955,050</u> .	Person Payroll Noncash  (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$ -	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

Page

of 1

of Part II

Name of organization
WILCOX FAMILY FOUNDATION

Employer identification number 80-0342340

Part II Noncash Property (see instructions ) (b) Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (d) Date received (see instructions) 90,000 SHARES ACCENTURE STOCK 3,955,050. 11/15/10 (a) No. from (c) FMV (or estimate) (see instructions) (d) Description of noncash property given Date received Part I (a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from (d) Date received (c) FMV (or estimate) (see instructions) Description of noncash property given Part I (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2010)

of 1

of Part III

WILCOX FAMILY FOUNDATION

Employer identification number 80-0342340

Paril 🛄	Exclusively religious, charitable, etc, individual contributions to section 501(c)(7	), (8), or (10)
	organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e)	and the following line entry

o. from	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
Part I N/A	i dipose oi giit		Description of now girt is need		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a)	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
Part I	r dipose or gilt	ose or grit	Description of now gift is neig		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
	Transferee's name, addres	Relationship of transferor to transferee			
(a) . from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

PAGE 1 2010 **FEDERAL STATEMENTS CLIENT 6007 WILCOX FAMILY FOUNDATION** 80-0342340 **STATEMENT 1** FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS VALUATION BOOK FAIR MARKET CORPORATE STOCKS VALUE METHOD VALUE 4,364,100. 4,364,100. COST 90,000 SHARES ACCENTURE SCA TOTAL  $\frac{\$}{\$}$ 

STATEMENT 2 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR

ADDRESS OF SUBSTANTIAL CONTRIBUTOR

STEPHEN WILCOX 480 ST. FRANCIS DRIVE DANVILLE, CA 94526

2010

#### **FEDERAL SUPPORTING DETAIL**

PAGE 1

**CLIENT 6007** 

**WILCOX FAMILY FOUNDATION** 

80-0342340

BALANCE SHEET - INVESTMENTS FAIR MARKET VALUE AT END OF YEAR (FORM 990-PF) 90,000 SHARES ACCENTURE SCA

TOTAL \$ 4,364,100. \$ 4,364,100.

## Form **8868** (Rev January 2011)

Department of the Treasury Internal Revenue Service

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

COPY

OMB No 1545-1709

Form 8868 (Rev. 1-2011)

File a separate application for each return.

<ul><li>If you ar</li></ul>	e filing for an Automatic 3-Month Extension, cor	mplete only	Part I and check this box		<b>►</b> X	
	e filing for an Additional (Not Automatic) 3-Mont				<del></del>	
	plete Part II unless you have already been grante					
corporation request an eassociated	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (no extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which milling of this form, visit www irs.gov/efile and click	t automatic Part I or P ust be sent	) 3-month extension of time You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruct)	ctronically file Form	n 8868 to	
Part I A	utomatic 3-Month Extension of Time.	Only subn	nit original (no copies needed).			
A corporation	on required to file Form 990-T and requesting an	automatic 6	-month extension - check this box and o	complete Part I only	, <u> </u>	
All other co	rporations (including 1120-C filers), partnerships, returns	REMICS, a	nd trusts must use Form 7004 to request	t an extension of tin	ne to file	
	Name of exempt organization			Employer identification	Employer identification number	
Type or print						
•	WILCOX FAMILY FOUNDATION			80-0342340	80-0342340	
File by the due date for	Number, street, and room or suite number. If a P O box, see ii	nstructions				
filing your return See	480 ST. FRANCIS DRIVE					
instructions	City, town or post office, state, and ZIP code For a foreign add	fress, see instru	actions			
	DANVILLE, CA 94526					
Enter the R	eturn code for the return that this application is fo	or (file a se	parate application for each return)		04	
Application Is For		Return Code	Application Is For			
Form 990		01	Form 990-T (corporation)		07	
Form 990-B	L	02	Form 1041-A		08	
Form 990-E	Ζ	03	Form 4720	_	09	
Form 990-P	F	04	Form 5227		10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above) 06 Form 8870				· · · · · · · · · · · · · · · · · · ·	12	
Telephor If the or If this is check the	As are in the care of ► COLLIS & RAMOS,  The No ► 925 838-0400  The ganization does not have an office or place of but a Group Return, enter the organization's four box ► If it is for part of the group, checkension is for	FAX N Isiness in th	Exemption Number (GEN) If	this is for the whole and EINs of all mem	► ☐ e group, ubers	
until	est an automatic 3-month (6 months for a corpora $8/15$ , 20 $11$ _ , to file the exempt or extension is for the organization's return for calendar year 20 or tax year beginning $11/15$ , 20 $10$	ganızatıon r	eturn for the organization named above			
_	tax year entered in line 1 is for less than 12 mon nange in accounting period	ths, check r	reason: Initial return Fin	al return		
nonre	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3a \$	0.	
b if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit					0.	
	ce due. Subtract line 3b from line 3a Include you S (Electronic Federal Tax Payment System) See			3c \$	0.	
Caution. If payment in:	you are going to make an electronic fund withdra structions	wal with thi	s Form 8868, see Form 8453-EO and For	m 8879-EO for		

BAA For Paperwork Reduction Act Notice, see Instructions.