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## Form **990-PF**

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

OMB No 1545 0052

2011

Department of the Treasury Internal Revenue Service

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

For cale	endar year 2011, or tax year beginning	, 2011	, and ending	<u>, , , , , , , , , , , , , , , , , , , </u>			
Bigg	lesworth Family Foundation, Pacific Avenue, Suite 200	Inc	A	Employer identification num 27-3854526	iber		
	Francisco, CA 94133	В	B Telephone number (see the instructions) 415-346-5757				
			c	If exemption application is	pending, check here 🕨 🗌		
<b>G</b> Che	ck all that apply: Initial return Final return	Initial Return of a form Amended return	mer public charity	1 Foreign organizations, chec	k here . $ ightharpoonup$		
H CI	Address change  neck type of organization   X  Section 50	Name change (c)(3) exempt private for	oundation	2 Foreign organizations meeti here and attach computation			
	Section 4947(a)(1) nonexempt charitable tr	ust Other taxable p	orivate foundation Each X Accrual	If private foundation status under section 507(b)(1)(A),	was terminated , check here		
	rom Part II, column (c), line 16)	Other (specify)	<sub>F</sub>	If the foundation is in a 60- under section 507(b)(1)(B)			
Part I		(a) Revenue and expenses per books	(b) Net investment income		(d) Disbursements for charitable purposes (cash basis only)		
	1 Contributions, gifts, grants, etc, received (att sch)	975,000.					
	2 Ck ►if the foundn is <b>not</b> req to att Sch B 3 Interest on savings and temporary cash investments	69.	69	. N/A			
	4 Dividends and interest from securities	4,756.	4,756		+++++		
	5a Gross rents b Net rental income or (loss)				:		
R	6a Net gain/(loss) from sale of assets not on line 10	1,447.					
EV	b Gross sales price for all 1,447 assets on line 6a						
E N	7 Capital gain net income (from Part V. (ine 2) V 8 Net short-term capital gain	<u> </u>	1,447	•			
U	9 Income modifications	60		···			
E		012 3			:		
	Less Cost of						
	c Gross profit/(loss) (att sch) () GDEN						
	11 Other income (attach schedule)						
	12 Total. Add lines 1 through 11	981,272.	6,272				
	13 Compensation of officers, directors, trustees, etc	0.					
	14 Other employee salaries and wages						
	15 Pension plans, employee benefits 16a Legal fees (attach schedule) See St 1	3,777.			3,777.		
A D M	b Accounting fees (attach sch) See St 2		,		705.		
I N	c Other prof fees (attach sch)						
O I	17 Interest						
E T	18 Taxes (attach schedule)(see instrs)				· · · · · · · · · · · · · · · · · · ·		
	19 Depreciation (attach sch) and depletion						
- STEE AT-> W	20 Occupancy						
	21 Travel, conferences, and meetings 22 Printing and publications	12,477.			10,134.		
N X P	23 Other expenses (attach schedule)				, <u>,</u>		
AU	See Statement 3	10,411.	334		8,170.		
S E	24 Total operating and administrative expenses. Add lines 13 through 23.	27,370.	334		22,786.		
	25 Contributions, gifts, grants paid Part XV	182,500.	334	•	182,500.		
MANTED AUGE	26 Total expenses and disbursements. Add lines 24 and 25	209,870.	334		205,286.		
3	27 Subtract line 26 from line 12:	205,070.	334	•	203,200.		
Ø	a Excess of revenue over expenses and disbursements	771,402.					
	<b>b</b> Net investment income (if negative, enter 0)		5,938				
	C Adjusted net income (if negative, enter 0)			1			

BAA For Paperwork Reduction Act Notice, see instructions.

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Decreases not included in line 2 (itemize)

► See Statement 5

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6,775.

792,396.

5

6

	(a) Base period years Calendar year (or tax year beginning in)	se period years Adjusted qualifying distributions Net value of noncharitable-use assets		(d) Distribution ratio (column (b) divided by column		
	2010	97,245.	12,540.		7.754785	
	2009					
	2008					
	2007					
	2006					
2	Total of line 1, column (d)			2	7.754785	
3		e 5-year base period — divide the total has been in existence if less than 5 ye		3	7.754785	
4	Enter the net value of noncharit	able-use assets for 2011 from Part X,	line 5	4	242,329.	
5	Multiply line 4 by line 3	5	1,879,209.			
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)		6	59.	
7	Add lines 5 and 6			7	1,879,268.	
8 Enter qualifying distributions from Part XII, line 4					205,286.	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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Par	······································	ns)			
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			119.	
	check here   ☐ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			_	
	foundations only. Others enter -0-)			0.	
	Add lines 1 and 2			119.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>119.</u>	
	Credits/Payments.				
	2011 estimated tax pmts and 2010 overpayment credited to 2011				
	Exempt foreign organizations — tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d 6d			•	
	Total credits and payments. Add lines 6a through 6d			<u>0.</u>	
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>119.</u>	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be Credited to 2012 estimated tax				
Par	VII-A   Statements Regarding Activities		1	T	
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1 a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	۱.			
	(see the instructions for definition)?	1 b	ļ	X	
	If the answer is 'Yes' to <i>1a</i> or <i>1b</i> , attach a detailed description of the activities and copies of any materials published 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 \( \bigs \) \( \bigs \) \( \bigs \) (2) On foundation managers \( \bigs \) \( \bigs \) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	<u> -</u>			
·	foundation managers $\Rightarrow$ \$ 0.	-			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1	X	
	If 'Yes,' attach a detailed description of the activities.				
,					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	1	X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X	
	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	/A	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ	Х	
	If 'Yes,' attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	•			
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict				
	with the state law remain in the governing instrument?	6	X		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CA DE				
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	86	X	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)				
	for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	<b> </b>	X	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
D A A	and addresses. See Statement 6	10	<u> </u>	1000	
BAA		Form 9	90-PF	(2011)	

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Par	t VII-A Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqual advisory privileges? If 'Yes,' attach statement (see instructions)	fied perso	on had	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address  N/A	n applica	tion?	13	Х	
14			415-34	6-5	757	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			N/A		$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year	<b>▶</b> [_	15			N/A
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other abank, securities, or other financial account in a foreign country?	uthority o	over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the r foreign country. ▶	ame of th	ne			
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly):		<u></u>			,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			:
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Statement 7	X Yes	No	>		
	<ul><li>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?</li><li>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?</li></ul>	X Yes Yes	X No		*	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo	-%	^	Lague Base of the Park
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo		>	mount on a se
ŀ	o If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions	)?	_	 1b	,	x
	Organizations relying on a current notice regarding disaster assistance check here	•	· 🔲			
(	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts that were not corrected before the first day of the tax year beginning in 2011?	,		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).				*	
á	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	Yes	X No	,		į
	If 'Yes,' list the years ► 20 , 20 , 20					:
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942 all years listed, answer 'No' and attach statement — see instructions.)	(a)(2) to		2b		/A
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years $20_{0}$ , $20_{0}$ , $20_{0}$ , $20_{0}$ .	here.				
3 8	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
ł	o If 'Yes,' did it have excess business holdings in 2011 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 approve 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 2011)	ı ed		3b	N	/A
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		Х
	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 2011?			4b	•	x
BAA			Fo	rm <b>99</b>	0-PF (	(2011)

435 Pacific Avenue, Suite 200 5.00 San Francisco, CA 94133	Form 990-PF (2011) Bigglesworth Famil			27-38		Page 6
(1) Carry on propagation, or otherwise attempt to influence ineguistion (section 4985(s))?  (2) Influence the outcome of ray speatic guide inches have a section 4985), or to carry  (3) Provide a grant to an organization of the registration drive?  (4) Provide a grant to an organization of the final a charitable, etc., organization described in section 593(s)(r), (2), or (3), or section 498(s)(s)(2) (see instructions)  (5) Provide a grant to an organization of the final a charitable, etc., organization described in section 593(s)(r), (2), or (3), or section 498(s)(s)(2) (see instructions)  (5) Provide a grant to an organization of the final a charitable, etc., organization described in section 593(s)(s), (3), or section 498(s)(s)(2) (see instructions)  (5) Provide a grant to an organization of the final and the section of the prevention of cruefly to children or annivation.  (6) Provide a grant to an organization of the final and the section of the provincing of the section 593(s) (see instruction or annivation of the education of the section of the section 593(s) (see instruction or annivation or annivation of the section 593(s) (see instruction or annivation or annivation or annivation of the section 593(s) (see instruction or annivation or annivation of the section 593(s) (see instruction or annivation or annivation of the section 593(s) (see instruction or annivation or annivation of the section 593(s) (see instruction or annivation or annivation of the section 593(s) (see instruction or annivation of the section 593(s) (see instruction or annivation of the section 593(s) (see instruction of the section 593(s) (see instruction 593(s) (see i	Part VII-B Statements Regarding Activit	ies for Which Forn	n 4720 May Be Req	uired (continued)	·	
Tribunce the autome of any spectra cubic elector least section 4955), or to carry or, directly an ordinately, any other registration there?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than religious, charitable, scendific, literary, or elucitorian purposes, or for the prevention of cruelty to children or animals?  (6) Provide for any purpose other than religious, charitable, scendific, literary, or elucitorian purposes, or for the prevention of cruelty to children or animals?  (7) Provide for any purpose other than religious, charitable, scendific, literary, or elucitorian purposes, or for the prevention of cruelty to children or animals?  (8) Provide for any answer is Yes' to Sa(1)-(5), did any of the transactions fail to quality under the exceptions described in Regulations section \$3.5995 or in a current inotice regarding disaster assistance check here.  (9) If the answer is Yes' to question \$3.6995 or in a current inotice regarding disaster assistance check here.  (1) If the answer is Yes' to question \$3.6995 or in a current inotice regarding disaster assistance check here.  (2) If the answer is Yes' to question \$3.6995 or in a current inotice regarding disaster assistance check here.  (3) If the answer is Yes' to question \$3.6995 or in a current inotice regarding disaster assistance check here.  (4) If the answer is Yes' to question \$3.6995 or in a current inotice regarding disaster assistance check here.  (a) Name and benefit contract?  (b) If the answer is Yes' to question \$4.00 to \$1.00 to \$1.0		•				
on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other then a charitable, etc. organization described in section 659(q))(2, 0°, or 3), or section 490(q)(2) (See instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or euclastional purposes, or for the prevention of cruelly to children or animate?  bit fany answer is "se" to 55(1)-(5), did any of the transactions fall to quality under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  cit the answer is "se" to question 52(4), does the foundation dam exemption from the tax because it maintained expenditure responsibility for the grant tax because it maintained expenditure responsibility for the grant of the state of the second series of the series of the second series of the series	(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e))?	∐ Yes X	No	
(4) Provide a grant to an organization other than a charitable, etc, organization described in section 595(0)(f), (2), or (3), or section 499(0)(2)? (see instructions)	(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry		4 + 1	
in section 509(q1)), (2), for (3), or section 4940(q(2)2) (see instructions)	(3) Provide a grant to an individual for travel,	study, or other sımılar p	ourposes?	∐ Yes <u>X</u>	No	
educational purposes, or for the prevention of cruelty to children or animals?    Yes   X   No	(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section (4)	an a charitable, etc, orç 4940(d)(2)? (see instruc	ganization described tions)	Yes X	] No	
described in Requisitons selving on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).  6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, life Form 8270.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A 7b   Team 8270.  The party III   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1   List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per weak devoted to position (first paid, enter -0) party of the paid, enter -0 party of the paid, enter -0 party of the paid, enter -0 party of the paid of the paid of the paid, enter -0 party of the paid of the p				Yes X	] No	
Organizations relying on a current notice regarding disaster assistance check here  c if the answer is Yes' to question 5a(4), does the foundation claim exemption from the lax because it maintained expenditure responsibility for the grant?  if Yes,' attach the statement required by Regulations section 53 4945-5(d).  6a Did the toundation, during the year, receive any funds, directly or indirectly, to pay premiums  on a personal benefit contract?  b Did the foundation, during the year, as the foundation aprity to a prohibited tax shelter transaction?  yes \( \begin{align*} No \)  6b \( X \)  if Yes' to 6b, the Form 8870.  7a At any time during the tax year, was the foundation aprity to a prohibited tax shelter transaction?  bif Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average (or for the paid, enter -0-)  claire Solot  Q) Analy and address  (c) Compensation  (d) Contributions to enlarge the plans and deferred compensation.  (e) Expense account, other allowances devoted to position of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (c) Compensation  (d) Contributions to entry the paid employees of the entry the paid enter entry the paid entry the paid entry the paid entry the paid entery the paid entry the pai	described in Regulations section 53.4945 or in	he transactions fail to qual a current notice regard	ualify under the exception ang disaster assistance	ons	5b	N/A
tax because it maintained expenditure responsibility for the grant?  If Yes at latch the statement required by Regulations section 53:4945-5(d).  5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes' to 6b, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  8b If Yes' do 6b, the Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  7b If Yes' to 6b, the Form 8870.  8b If Yes' do 6b, the Form 8870.  8c If Yes' to 6b, the Form 8		ding disaster assistance	e check here	▶ [		
Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes' to 6b, the Form 8870.  7 At Alany time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If 'Yes' to 6b, the Form 8870.  7 At Alany time during the tax year, was the foundation a party to a prohibited tax shelter transaction?    Ves.   No.			mption from the	N/A Yes	No No	
on a personal benefit contract? bild the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes' to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8b If Yes', did the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions)  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions)  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions)  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions)  1 List all officers, directors, trustees, foundation managers and their compensation of their allowances devoted to position  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions)  1 List all officers, directors, trustees, foundation managers and their compensation of the party of	If 'Yes,' attach the statement required by Regu	lations section 53.4945	-5(d).		-	
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?   Yes   X   No   DI Yes' (did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b	6a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or indi	rectly, to pay premiums	Yes X	No	
7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Yes (No bit Yes) did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b    Part VIII information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Title, and average devoted to position (flot paid, enter -0) plans and deferred compensation (other allowances) proceeds (a) Name and address (b) Title, and average foundation proceeds (c) Compensation (other allowances) proceeds (c) Compensation (other allowance		ums, directly or indirect	ly, on a personal benefi	t contract?	6b	X
Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors    List all officers, directors, trustees, foundation managers and their compensation (see instructions).	•	ation a party to a prohit	oited tax shelter transac	tion? Yes X	No	
and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Tille, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (f) Compensation  (f) Compensation  (f) Contributions to employee benefit plans and deferred compensation  (o) Contributions to employee benefit plans and deferred compensation  (o) Expense account, other allowances  (o) Compensation  (o) Contributions to employee benefit plans and deferred compensation  (o) Compensation  (o) Contributions to employee benefit plans and deferred compensation  (o) Compensation  (o) Compensation  (o) Compensation  (o) Compensation  (o) Contributions to employee benefit plans and deferred compensation  (o) Expense account, other allowances  (o) Compensation  (o)						
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Compensation  (d) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (d) Compensation  (d) Compensation  (d) Contributions to employee some account, other allowances  (e) Expense account, other allowances  (find paid, enter -0-)  (g) Expense account, other allowances  (g) Compensation  (her allowances)  (her allowances)  (g) Compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Expense account, other allowances  (g) Compensation  (g) Compensation  (g) Contributions to employee benefit plans and deferred compensation  (g) Expense account, other allowances  (g) Expense account other allowances  (g) Expense account other allowances  (g) Expense account		irectors, Trustees	, Foundation Mana	gers, Highly Paid	l Employee	es,
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Campensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) not paid, enter -0.)  (g) Expense account, other allowances  (e) Compensation  (f) not paid, enter -0.)  (g) Expense account, other allowances  (e) Compensation  (f) not paid, enter -0.)  (g) Campensation  (h) Title, and average hours per week devoted to position  (g) Compensation  (g) Compensation  (g) Contributions to employee the paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (g) Name and address of each employee hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Title, and average hours per week devoted to position  (h) Compensation  (h) Compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Contributions to employee benefit plans and deferred compensation  (h) Compensation						
(a) Name and address devoted to position devoted to position  Claire Solot	1 List all officers, directors, trustees, foundation	· •	· · · · · · · · · · · · · · · · · · ·		7/35	
435 Pacific Avenue, Suite 200 San Francisco, CA 94133 St. John Bain Also Pacific Avenue, Suite 200 San Francisco, CA 94133  2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000  None  (b) Title, and average hours per week devoted to position  (c) Compensation of the position of the allowances of the allowances of the plans and deferred compensation.  (a) Name and address of each employee devoted to position.  (b) Title, and average hours per week devoted to position.  (c) Compensation of the plans and deferred compensation.  (d) Contributions to employee benefit plans and deferred compensation.	(a) Name and address	hours per week		employee benefit plans and deferred		
San Francisco, CA 94133 St. John Bain Sec'tary/Dir	Claire Solot	Pres/Dir	0.	0.		0.
St. John Bain  435 Pacific Avenue, Suite 200 San Francisco, CA 94133  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000  None  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee penit plans and deferred compensation  (e) Expense account, other allowances  (o) Compensation		5.00				
2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'  (a) Name and address of each employee hours per week devoted to position  None  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances of the relation of th		Sec'tary/Dir	0.	0.		0.
2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter '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  (other allowances)  (other allowances)		2.00				
(a) Name and address of each employee paid more than \$50,000  None  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances			·			
(a) Name and address of each employee paid more than \$50,000  None  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  None  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  None  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances						
None Solution Solutio	2 Compensation of five highest-paid employees	(other than those inclu	ided on line 1— see inst	ructions). If none, ente	er 'NONE.'	
None	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		
Total number of other employees paid over \$50,000   Dotal number of o	None			componsation		
Total number of other employees paid over \$50,000   □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
Total number of other employees paid over \$50,000    Dotal number of other employees paid over \$50,000   □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000   ▶ 0		1			1	_
Total number of other employees paid over \$50,000   ▶ 0						
Total number of other employees paid over \$50,000   ▶ 0		-				
Total number of other employees paid over \$50,000   ▶ 0						
Total number of other employees paid over \$50,000   ▶ 0		-				
	Total number of other employees paid over \$50,000	<u> </u>			-	0

	-3854526 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly I and Contractors (continued)	<sup>2</sup> aid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services.	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N/A	
. 224	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	7 mount
N/A	
2	
All other program-related investments. See instructions.	
3	
·	
Total, Add lines 1 through 3	▶ 0.
RAA	Form <b>990-PF</b> (2011)

Form 990-PF (2011) Bigglesworth Family Foundation, Inc	27-3854526	
Part X Minimum Investment Return (All domestic foundations must complete this particle see instructions.)	rt. Foreign fou	ndations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes.	1.	107 /22
a Average monthly fair market value of securities	1a	187,432. 58,587.
b Average of monthly cash balances	1b	36,367.
c Fair market value of all other assets (see instructions)	1c	246,019.
d Total (add lines 1a, b, and c)	1d	240,019.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	0.	
(attach detailed explanation)		0
2 Acquisition indebtedness applicable to line 1 assets	3	0. 246,019.
3 Subtract line 2 from line 1d	3	240,019.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3	4	3,690.
(for greater amount, see instructions)	5	242,329.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	6	12,116.
6 Minimum investment return. Enter 5% of line 5  Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private (		
and certain foreign organizations check here ► and do not complete this part		uations
1 Minimum investment return from Part X, line 6	1 1	12,116.
1 1	19.	12,110.
b Income tax for 2011. (This does not include the tax from Part VI.)	19.	
c Add lines 2a and 2b		119.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	11,997.
Recoveries of amounts treated as qualifying distributions	4	11, 551.
5 Add lines 3 and 4	5	11,997.
6 Deduction from distributable amount (see instructions)	6	11, 331.
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	11,997.
		11, 337.
Part XII   Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	205,286.
<b>b</b> Program-related investments — total from Part IX-B	1b	,
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	205,286.
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	

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.

BAA

6 Adjusted qualifying distributions. Subtract line 5 from line 4

Form **990-PF** (2011)

6

205,286.

Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
Distributable amount for 2011 from Part XI, line 7				11,997.
2 Undistributed income, if any, as of the end of 2011.				11, 331.
a Enter amount for 2010 only			0.	
<b>b</b> Total for prior years 20, 20 , 20		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
<b>b</b> From 2007				
<b>c</b> From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from Part				
XII, line 4. ► \$ 205, 286.				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2011 distributable amount	U.			11,997.
e Remaining amount distributed out of corpus	193,289.			11,337.
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)	· · · · · · · · · · · · · · · · · · ·			· · ·
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	193,289.		:	
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount — see instructions			0.	
,o La Valladio antoniti. Goo metidottorio				:
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	193,289.			
8 Excess distributions carryover from 2006 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

Form 990-PF (2011) Bigglesworth Fam Part XIV   Private Operating Founda			rt VIII. A guastia	27-3854526	N/A
1a If the foundation has received a ruling or d	etermination letter t				N/A
is effective for 2011, enter the date of the in b Check box to indicate whether the foundation	_	atına foundatıon de	scribed in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years	3/1/	
income from Part I or the minimum investment return from Part X for each year listed	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(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					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon.					
a 'Assets' alternative test — enter.					
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under</li></ul>					
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	10 11 11 1	<u> </u>		1 105 000	
Part XV Supplementary Information assets at any time during the	(Complete this	s part only if the	e organization	nad \$5,000 or mo	ore in
Information Regarding Foundation Manage     a List any managers of the foundation who have     close of any tax year (but only if they have     None  b List any managers of the foundation who described the second s	ers: nave contributed moe contributed more t	re than 2% of the than \$5,000) (See s	section 507(d)(2).)	-	
a partnership or other entity) of which the None	foundation has a 10	)% or greater intere	st.		
2 Information Regarding Contribution, Gran Check here ► X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	nakes contributions	to preselected char	ritable organizations		
a The name, address, and telephone number	er of the person to v	vhom applications s	should be addressed	d.	
<b>b</b> The form in which applications should be	submitted and inforr	mation and material	s they should include	de.	
c Any submission deadlines.					
d Any restrictions or limitations on awards,	such as by geograph	hical areas, charital	ble fields, kinds of i	nstitutions, or other f	actors.
DAA	· · · · · · · · · · · · · · · · · · ·				
BAA	TE	EA0310L 07/14/11			Form <b>990-PF</b> (2011)

TEEA0310L 07/14/11

Form **990-PF** (2011)

27-3854526 Form 990-PF (2011) Bigglesworth Family Foundation, Inc Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year 175,000. Fidelity Charitable Gift Fund N/A 509(a) General Program P O Box 770001 1 Cincinnati, OH 45277 7,500. Association of Small Fdns N/A 509(a) Conference 4905 Del Ray Avenue, Suite 308 (1) Sponsorship Bethesda, MD 20814 Total 3a 182,500. **b** Approved for future payment

Page 12

er gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	Related or exempt function income (See instructions)
Program service revenue		<u> </u>	code		
b		<del>_</del> .	<del>                                     </del>		
<u> </u>	-		<del>  </del>		
d			+ +		
e f	+	· · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	69.	
Dividends and interest from securities			14	4,756.	
Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property			+		
Net rental income or (loss) from personal property  Other investment income	<del>                                     </del>		+		
Gain or (loss) from sales of assets other than inventory			18	1,447.	
Net income or (loss) from special events			<del>                                     </del>		
Gross profit or (loss) from sales of inventory					
Other revenue:				.,,,,	
a					<u>,                                      </u>
b					
<u> </u>					
d			+		
e Subtotal Add columns (b), (d), and (e)				6,272.	
Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	6,27
e worksheet in line 13 instructions to verify calculation	ns.)				
Relationship of Activities to th		hment of Exem	pt Purpose	es	· · · · · · · · · · · · · · · · · · ·
ine No. Explain below how each activity for which in accomplishment of the foundation's exempt			· · · · · · · · · · · · · · · · · · ·		the
	purposes (other	than by providing fu	inds for such	purposes). (See instr	uctions )
N/A					
				•	<del> </del>

# Form 990-PF (2011) Bigglesworth Family Foundation, Inc 27-3854526 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		zxempt Organi							p		
d	escribed	rganization directly d in section 501(c) o o political organizat	of the Code (oth	ngage in any of her than section	the following with 1 501(c)(3) organi	any otho zations)	er organization or in section 52	7,		Yes	No
a Ti	ransfers	from the reporting	foundation to a	a noncharitable	exempt organiza	tion of.					
(1	) Cash	 							1 a (1)		Χ
(2	) Othe	r assets							1 a (2)		Χ
<b>b</b> O	ther tra	nsactions.									
(1	) Sales	s of assets to a nor	ncharitable exer	mpt organizatio	n				1 b (1)		_X
(2	) Purci	hases of assets fro	m a noncharital	ble exempt orga	anızatıon				1 b (2)		X
(3	) Rent	al of facilities, equi	pment, or other	assets		•			1 b (3)		X
(4	) Reim	bursement arrange	ements						1 b (4)		X
(5	) Loan	s or loan guarantee	es						1 b (5)		X
(6	) Perfo	ormance of services	s or membershi	p or fundraising	solicitations				1 b (6)		X
<b>c</b> S	haring o	of facilities, equipm	ent, mailing list	s, other assets	, or paid employe	es			1 c		X
tr	e good:	swer to any of the a s, other assets, or saction or sharing a	services given l	by the reporting	foundation. If the	e founda	tion received le	ss than fair r	market value in	e of	
( <b>a)</b> Line	no	(b) Amount involved	(c) Name o	of noncharitable exe	mpt organization	(d)	Description of tran	sfers, transactio	ons, and sharing arra	ngement	<u>s</u>
1/A						ļ	<del></del>				
					···	<u> </u>					
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			<del> </del>			ļ		_			
đ	escribe	undation directly or d in section 501(c)	of the Code (ot	ited with, or rela her than section	ated to, one or mon 501(c)(3)) or in	ore tax-e section 5	xempt organiza 27?	ations	Ye	s X	No
<b>b</b> If		complete the follow	<u> </u>					<del></del>			
1/3	(a)	Name of organizat	tion	<b>(b)</b> ⊤yp	e of organization		. (0	c) Description	of relationship		
I/A		_									
	Lindor o	apolton of powers I dook	ata that I have aver	upod this satura inc	ludina aggernaniuna a	ahadulaa a		t- th- bttt			
	correct,	enalties of perjury, I decla and complete Declaratio	n of preparer (other	than taxpayer) is ba	ased on all information	of which pr	eparer has any kno	to the best of my wledge	/ knowledge and belle	ı, it is tru	ıe,
Sign								, ,	May the	IRS disc rn with th	LSS
lere	<u> </u>	<i>O</i> <sub>1</sub> .			7-25-12	<u>.  </u> ▶_	Preside	ext	prepare.	r shown t tructions	below 1
	Signat	ure of officer or trustee			Date	TI	tle / o			Yes	XINO
	_	Print/Type preparer's na		Prepare	Justice All	XXII	1011	Check	ıf PTIN		
aid		Carol Duffi		Carol		<u>UU</u>	4 18/15	self emplo	yed P0125	7136	
repa	rer	_			d & Otake,			Firm's EIN	37-1420474		
Jse C					t, Suite 20	19					_
			San Franci	sco, CA 9	4104			Phone no	(415) 983-	0200	
AA									Form 9	90-PF	(2011)

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

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

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

OMB No 1545 0047

2011

Name of the organization	Employer Identification number	
Bigglesworth Family Fo	27-3854526	
Organization type (check one).		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organiz	zation
	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 covere Note. Only a section 501(c)(7), (8),	ed by the <b>General Rule</b> or a <b>Special Rule</b> . or (10) organization can check boxes for both the Gene	ral Rule and a Special Rule. See instructions.
General Rule		
X For an organization filing Form scontributor (Complete Parts I a	990, 990-EZ, or 990-PF that received, during the year, \$ nd II.)	\$5,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(vi)$ , a	ution filing Form 990 or 990-EZ that met the 33-1/3% sup and received from any one contributor, during the year, m 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Con	a contribution of the greater of (1) \$5,000 or
total contributions of more than	(10) organization filing Form 990 or 990-EZ that received \$1,000 for use <i>exclusively</i> for religious, charitable, sciedren or animals. Complete Parts I, II, and III.	
contributions for use exclusively If this box is checked, enter her	(10) organization filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but these contribet the total contributions that were received during the yof the parts unless the <b>General Rule</b> applies to this orga	ributions did not total to more than \$1,000. year for an <i>exclusively</i> religious, charitable, etc,
	outions of \$5,000 or more during the year	<b>►</b> \$
Caution: An organization that is not	covered by the General Rule and/or the Special Rules	does not file Schedule B (Form 990, 990 F7, or
990-PF) but it must answer 'No' on	Part IV, line 2, of its Form 990, or check the box on line not meet the filing requirements of Schedule B (Form 9	e H of its Form 990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Ac 990EZ, or 990-PF.	t Notice, see the Instructions for Form 990,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2011

	B (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
Name of org Biggle	esworth Family Foundation, Inc	' '	identification number 354526
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Marcled Foundation  435 Pacific Avenue, Suite 200  San Francisco, CA 94133	\$ <u>975,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
			Person

Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Page

1 to

1 of Part II

Name of organization

Bigglesworth Family Foundation, Inc

Employer identification number

27-3854526

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	:
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	

Name of organization

Bigglesworth Family Foundation, Inc

Employer identification number

27-3854526 Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry. For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) N/A Use duplicate copies of Part III if additional space is needed. (d) (c) (b) (a) No. from Part I Description of how gift is held Use of gift Purpose of gift N/A (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (c) (d) (b) (a) Description of how gift is held Use of gift No. from Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) (c) (d) (a) Use of gift Description of how gift is held No. from Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (d) (c) (b) (a) Use of gift Description of how gift is held No. from Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Fe	deral State	ments		Page
Bigglesv	vorth Family Fo	undation, Inc		27-385452
Total	\$ 3,777.		(c) Adjusted Net Income	(d) Charitable Purposes  \$ 3,777. \$ 3,777.
Total	(a) Expenses per Books \$ 705. \$ 705.	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes \$ 705 \$ 705
	(a) Expenses <u>per Books</u>	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable <u>Purposes</u>
	850. 3,000. 60.			\$ 850 1,326 60
S	256. 600. 87. 800.	256.		750 600 87 800 217
Total	852. 2,861.			852 2,628 \$ 8,170
	Total	(a) Expenses Per Books  \$ 3,777. Total \$ 3,777.  Total \$ 705.  (a) Expenses per Books \$ 705.  Total \$ 705.  Total \$ 705.  (a) Expenses per Books  \$ 705.  3,000. 60. 750. 256. 600. 87. 800. 217. 852. 2,861.	(a) (b) Net Investment Income    (a) (b) Net Investment Income	Ca

20	1	1
ZU	1	

#### **Federal Statements**

Page 2

Bigglesworth Family Foundation, Inc

27-3854526

Statement 4 Form 990-PF, Part II, Line 13 Investments - Other

	Valuation <u>Method</u>	Book Value	Fair Market Value
Other Publicly Traded Securities	_		
IShares Barclays Treas, 162 Sh Vanguard Tax-Managed Int'l, 1,115 Sh Vanguard Int'l Equity, 319 Sh Vanguard Index REIT, 60 Sh Vanguard Index Total Stock, 1,171 Sh AQR Diversified Arbitrage, 875.455 Sh AQR Managed Futures, 692.714 Sh DFA Int'l Real Estate, 701.474 Sh Gateway Fund, 250.86 Sh PIMCO Comm Real Return, 2,967.557 Sh PIMCO Unconstrained Bd, 299.817 Sh Vanguard Total Bond, 12,606.551 Sh Treasury Fund Daily, 417,948.79 Sh	Mkt Val	\$ 18,904. 34,152. 12,189. 3,480. 75,295. 9,534. 6,629. 3,072. 6,623. 19,408. 3,265. 138,672. 417,949.	34,152. 12,189. 3,480. 75,295. 9,534. 6,629. 3,072. 6,623. 19,408. 3,265. 138,672.
	Total	\$ 749,172.	\$ 749,172.

Statement 5 Form 990-PF, Part III, Line 5 **Other Decreases** 

FMV Adjustment of Investments

6,775. 6,775. Total \$

Statement 6 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year

Name of Substantial Contributor Address of Substantial Contributor

The Marcled Foundation

435 Pacific Avenue, Suite 200 San Francisco, CA 94133

### **2011**

#### **Federal Supplemental Information**

Page 1

**Bigglesworth Family Foundation, Inc** 

27-3854526

Statement 7
Form 990-PF, Part VII-B, Question 1a(2)
Borrow money from, lend money to, or extend credit to/from a disqualified person

During the period ending December 31, 2011, there was an outstanding payable to a Board Member for expenses incurred on behalf of the Foundation in the amount of \$2,342.

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

OMB No 1545 1709

Department of Internal Revenu	artment of the Treasury rnal Revenue Service ► File a separate application for each return.						
If you a	re filing for an A	Automatic 3-Month Extension	on, complete only P	art I and check this box.		► X	
• If you a	re filing for an A	Additional (Not Automatic)	3-Month Extension,	complete only Part II (on page 2 of this	form).	_	
Do not con	mplete Part II un	<i>less</i> you have already been	granted an automa	atic 3-month extension on a previously fi	led Form	8868.	
corporation request an Associated	required to file extension of tim With Certain Pe	Form 990-T), or an addition the to file any of the forms lis	nal (not automatic) sted in Part I or Pai hich must be sent	a 3-month automatic extension of time 3-month extension of time. You can elert II with the exception of Form 8870, Infoother IRS in paper format (see instructional Charities & Nonprofits.	ctronicall ormation	y file Form 8868 to Return for Transfers	
Part I	Automatic 3-	Month Extension of 1	ime. Only subr	nit original (no copies needed).			
	_			month extension - check this box and o		Part I only	
All other co		uding 1120-C filers), partnei	rships, REMICS, ar	nd trusts must use Form 7004 to request	an exter	nsion of time to file	
				Enter filer's ident	ifying nu	mber, see instructions	
	Name of exempt	organization or other filer, see instr	uctions		Employe	er identification number (EIN) or	
Type or print							
•	Bigglesw	orth Family Found	lation, Inc			27-3854526	
File by the due date for	,	, and room or suite number. If a P.O. box, see instructions				ocial security number (SSN)	
filing your return See instructions		35 Pacific Avenue, Suite 200					
manuchons	1 "	City, town or post office, state, and ZIP code For a foreign address, see instructions  San Francisco, CA 94133					
Enter the R		he return that this applicati	on is for (file a sepa	Application for each return)  Application Is For		04  Return Code	
			01	Form 990-T (corporation)		07	
Form 990-E		<u></u>	02	Form 1041-A			
Form 990-E			01	Form 4720			
Form 990-F	·	<del></del>	04	Form 5227			
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069				
	T (trust other tha		06	Form 8870	rm 8870		
Telepho If the o If this is check t	one No.   415 organization doe s for a Group Ro this box ension is for. uest an automat	s not have an office or placeturn, enter the organization  I fit is for part of the organization are as a second content of the organization are a second content of the organization are as a second content of the organization are a	FAX Ne of business in the n's four digit Group group, check this be corporation require	Evenue States, check this box  Exemption Number (GEN)  ox  In and attach a list with the name of the file Form 990-T) extension of time	ames and		
until	8/15	, 20 12 , to file the exe	empt organization re	eturn for the organization named above.			

The extension is for the organization's return for.  ► X calendar year 20 11 or		
tax year beginning, 20, and ending, 20		
2 If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Fina  Change in accounting period	al return	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$	119.
<b>b</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	3ь\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using	30 9	110

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