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

OMB No 1545-0052 201n

_				e able to use a copy of the	s return to satisfy state re	porting requirements	
		lendar year 2010, or tax year beginnin	g		, 2010, and endi		, 20
G	Che	ck all that apply Initial return			f a former public chari	-	Final return
_		Amended retu	rn	Addres	s change	Name change	
Na	me c	of foundation				A Employer iden	tification number
R	EYN	OLDS FAMILY FOUNDATION				26	5-1458354
N	ımbe	r and street (or P O box number if mail is not del	ivered	to street address)	Room/su	ite B Telephone numbe	er (see page 10 of the instructions)
С	/0	THE AYCO COMPANY, L.P N	TG				
<u>P</u>	.0.	BOX 15014			<u> </u>	` '	518) 640-5000
Cı	ty or t	town, state, and ZIP code				C If exemption applied pending, check he	cation is
						D 1 Foreign organia	zations, check here
_		NY, NY 12212-5014					zations meeting the
H				c)(3) exempt private fou			
\perp		Section 4947(a)(1) nonexempt charitable trus		Other taxable priv		E If private foundation	on status was terminated
ı		1		unting method: X Ca	ash Accrual	under section 507	7(b)(1)(A), check here
	-	ear (from Part II, col (c), line		ther (specify)			s in a 60-month termination
				column (d) must be on	casn basis.)	under section 507	7(b)(1)(B), check here
L	art	Analysis of Revenue and Expenses total of amounts in columns (b), (c), and (d may not necessarily equal the amounts in column (a) (see page 11 of the instructions	r)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule	e) .	1,200,000.			
	2	Check ► if the foundation is not required attach Sch B	i to				
	3	Interest on savings and temporary cash investmen					
	4	Dividends and interest from securities		51,115.	51,115.	(O. ATCH 1
	5 a	Gross rents					
	b	Net rental income or (loss)					
ē		Net gain or (loss) from sale of assets not on line 1	0	2,616.			
Revenue	b	Gross sales price for all 2, 6 assets on line 6a	16.		2 44 4		
Š	7	Capital gain net income (from Part IV, line 2	2) .		2,616.		
_	8	Net short-term capital gain					
	9 10 a	Income modifications · · · · · · · · · · · · · · · · · · ·	• •				
		and allowances • • • • •					
		Less Cost of goods sold Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)			·		
	12	Total. Add lines 1 through 11		1,253,731.	53,731.		0.
_	13	Compensation of officers, directors, trystees, etc		0.			
	14	Other manages	• •				
es	15	Pension plane, employee benefits					
Š	16 a	Legal fees (attach schedule)	• •				
Administrative Expense	8	Accounting rees (attabl schedula)					
Ē	6	أخما					
¥;	17	InterestGDEN, UT					
str	18_	Taxes (attach schedule) (see page 14 of the instruction	ons)* *	3,146.	430.		0. 0
Ē	19	Depreciation (attach schedule) and depletic	on .	-			
퉏	20	Occupancy					
Þ	21	Travel, conferences, and meetings					
and	22	Printing and publications		0.50			
ting	23	Other expenses (attach schedule) ATCH		250.	0.		0. 0
Operating	24	Total operating and administrative expens		2 200	430		
ŏ		Add lines 13 through 23	-	3,396.	430.	<u> </u>	0. 0. 151,000
_	25	Contributions, gifts, grants paid		151,000. 154,396.	430.	 	
_	26	Total expenses and disbursements Add lines 24 and	d 25	134,396.	430.	-	0. 151,000
	27	Subtract line 26 from line 12		1,099,335.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter		1,099,335.	53,301.	 	
		 Net investment income (if negative, enter Adjusted net income (if negative, enter -0) 	•		33,301.	 	0.
	C	- Aujusteu net income (ii negative, enter -0-	-/· ·	I	i	1	V •

For Paperwork Reduction Act Notice, see page 30 of the instructions
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JSA ** ATCH 2 Form 990-PF (2010)

20001366



Р	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
_		amounts only (See instructions)	(a) Book Value		(c) Fair Market Value
	.1	Cash - non-interest-bearing	2,047,527.	162,434.	162,434.
	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 page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
	•	Less allowance for doubtful accounts			
ets	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges		-	
⋖	10 a	Investments - U S and state government obligations (attach schedule)	0.	1 704 400	0.006.606
	D	Investments - corporate stock (attach schedule) ATCH 4		1,784,428.	
	11 °	Investments - corporate bonds (attach schedule) ATCH 5. Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)	0.	1,200,000.	1,200,000.
	40	(attach schedule)			<u> </u>
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule) Land, buildings, and equipment basis	-		
		equipment basis Less accumulated depreciation (attach schedule)		-	
	15	Other assets (describe			
	16	Total assets (to be completed by all filers - see the			
		ınstructions Also, see page 1, item l)	2,047,527.	3,146,862.	3,459,120.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)		0.	
		Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
lan	25	Temporarily restricted		.,	
8	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117,			
Ē		check here and complete lines 27 through 31. ► X			
Net Assets or Fund	27	Capital stock, trust principal, or current funds	2,047,527.	3,146,862.	
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Ā	30	Total net assets or fund balances (see page 17 of the			
Ž		instructions)	2,047 <u>,</u> 527.	3,146,862.	
	31	Total liabilities and net assets/fund balances (see page 17			
		of the instructions)	2,047,527.	3,146,862.	
P	art II	Analysis of Changes in Net Assets or Fund		·	
_		net assets or fund balances at beginning of year - Part I		nust agree with	
			., (2), 00 (1)	_	2,047,527.
2		5 111 67			1,099,335.
				· · · · · · · _ 	<u> </u>
		bass 4.0 and 2			3,146,862.
		eases not included in line 2 (itemize)		· · · · · · · · 	3,170,002.
		net assets or fund balances at end of year (line 4 minus line	5) Port II column (h) !	5	2 146 062
<u>o</u>	iola	net assets of fund balances at end of year (line 4 minus line	o) - Fart II, column (b), lin	e 30 6	3,146,862.

Form 990-PF (2010)	and I accorded Towards	26-14583	54		Page 3
	and Losses for Tax on Inve		(b) How	(a) Data	
_	describe the kind(s) of property sold (e	- '	acquired P-Purchase	(c) Date	(d) Date sold (mo , day, yr)
	ick warehouse, or common stock, 200 sl	ns MLC Co)	D-Donation	(mo , day, yr)	
	JOHE				
<u>b</u>		-			
<u>c</u>					
<u>d</u>		-			
<u>e</u>	(O Decrease and an allowed	(a) Cost or other have			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (k (e) plus (f) mini	
<u>a</u>					
<u>b</u>					
С					
d					
e					_
Complete only for assets sl	howing gain in column (h) and owned by	the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), if any	col	(k), but not less t Losses (from co	
a					
b					
_c					
d				 -	
_e					
2 Capital gain net income or (gain, also enter in Part I, line 7	1 1		
,	· · · · · · · · · · · · · · · · · · ·	(loss), enter -0- ın Part I, lıne 7	2		2,616.
	or (loss) as defined in sections 1222 ine 8, column (c) (see pages 13 and				
	ne 8		3		
Part V Qualification U	nder Section 4940(e) for Redu	iced Tax on Net Investment In			
	eave this part blank. ne section 4942 tax on the distributa of qualify under section 4940(e) Do		period?		Yes X No
	unt in each column for each year, se		making a	any entries	
(a)	(b)	(c)	T T	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2009	148,684.	1,088,444.		(00: (0) 0::::002 2)	0.136602
2008	49,400.	1,002,139.			0.049295
2007	0.	12,475.			0.00000
2006	0.	0.			0.000000
2005	0.	0.			0.000000
				_	-
2 Total of line 1, column (d)			2		0.185897
3 Average distribution ratio for	or the 5-year base period - divide the	e total on line 2 by 5, or by the			
number of years the founda	ation has been in existence if less th	nan 5 years	3		0.061966
•					
4 Enter the net value of nonc	haritable-use assets for 2010 from I	Part X, line 5	4	2,	222,769.
5 Multiply line 4 by line 3 .			5		137,736.
					_
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6		533.
7 Add lines 5 and 6			7		138,269.
				18 11	
8 Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	eater than line 7, check the box in	n Part VI, line 1b, and complete t	B hat part	using a 1% ta	151,000. k rate. See the

• By state legislation that effectively amends the governing instrument so that no mandatory directions that X conflict with the state law remain in the governing instrument? X Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . 7 Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) MASSACHUSETTS b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General Х 8b 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 on page Х 9 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their Х names and addresses 10 Form 990-PF (2010)

· By language in the governing instrument, or

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3b

4a

N/A

Х

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

at any time during the year?

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

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

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?

orm 990-PF (2010)		26-145			Page
art VII-B Statements Regarding Activities	for Which Form 472	20 May Be Requir	ed (continued)		
5a During the year did the foundation pay or incur any amo	ount to				
. (1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section 49	945(e))?	Yes X No	İ	
(2) Influence the outcome of any specific public electron	n (see section 4955); or to	carry on,]
directly or indirectly, any voter registration drive?		•	Yes X No		
(3) Provide a grant to an individual for travel, study, or	other similar numoses?		. —		
(4) Provide a grant to an organization other than a cha					
section 509(a)(1), (2), or (3), or section 4940(d)(2)?			Yes X No		
(5) Provide for any purpose other than religious, charita	• • •	,	res		
purposes, or for the prevention of cruelty to children					
b If any answer is "Yes" to 5a(1)-(5), did any of the tr		•			_ , _
Regulations section 53 4945 or in a current notice reg	jarding disaster assistanc	e (see page 22 of the i	nstructions)?	<u>5b</u>	N/A
Organizations relying on a current notice regarding disa	ster assistance check her	e	▶ 🗀		
c If the answer is "Yes" to question 5a(4), does the found	ation claim exemption fror				
because it maintained expenditure responsibility for the	grant?	N/A	. Yes No		
If "Yes," attach the statement required by Regulations s	ection 53 4945-5(d)				
6a Did the foundation, during the year, receive any funds,	directly or indirectly, to pay	/ premiums			
on a personal benefit contract?		•	Yes X No		
b Did the foundation, during the year, pay premiums, dire				6ь	x
If "Yes" to 6b. file Form 8870	ony or manoony, on a porc	onal porioni contract		-	
7a At any time during the tax year, was the foundation a pa	arty to a prohibited tay she	lter transaction?	Yes X No		
b If "Yes," did the foundation receive any proceeds or have	•	•			N/A
Part VIII Information About Officers, Direct				7b	14/11
and Contractors		•		•	
1 List all officers, directors, trustees, foundation r					
(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens	se account,
(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	se account, owances
	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	
	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens	
	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances
ATTACHMENT 6	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	
ATTACHMENT 6	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances
ATTACHMENT 6	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	
ATTACHMENT 6	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances
ATTACHMENT 6	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances
ATTACHMENT 6 Compensation of five highest-paid employees (c	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owances
ATTACHMENT 6	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	
ATTACHMENT 6 Compensation of five highest-paid employees (confidence, enter "NONE."	(b) Title, and average hours per week devoted to position ther than those include (b) Title, and average	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc	(e) Expens other alle	owances
ATTACHMENT 6	(b) Title, and average hours per week devoted to position other than those included the control of the co	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred	(e) Expens other alle	
ATTACHMENT 6 Compensation of five highest-paid employees (clif 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 (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit	(e) Expens other alle	owances seaccount,
ATTACHMENT 6 Compensation of five highest-paid employees (confinence, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position other than those included the control of the co	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other alle	owances seaccount,
ATTACHMENT 6 Compensation of five highest-paid employees (confidence, enter "NONE."	(b) Title, and average hours per week devoted to position other than those included the control of the co	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred	(e) Expens other alle	owances seaccount,
ATTACHMENT 6 Compensation of five highest-paid employees (clif 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 other than those included the control of the co	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other alle	owances se account,
ATTACHMENT 6 Compensation of five highest-paid employees (confinence, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position other than those included the control of the co	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other alle	owances se account,
ATTACHMENT 6 Compensation of five highest-paid employees (clif 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 other than those included the control of the co	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other alle	se account,
ATTACHMENT 6 Compensation of five highest-paid employees (confinence, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position other than those included the control of the co	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other alle	owances
ATTACHMENT 6 Compensation of five highest-paid employees (confinence, enter "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position other than those included the control of the co	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other alle	owances
ATTACHMENT 6 Compensation of five highest-paid employees (clif 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 other than those included the control of the co	(c) Compensation (if not paid, enter -0-) 0.	(d) Contributions to employee benefit plans and deferred compensation 0. age 23 of the instruc (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other alle	se account,

.... NONE

Total number of other employees paid over \$50,000

Part VIII	Information About Officers, Directors, Trustees, Foundation M and Contractors (continued)	anagers, Highly Paid Empl	oyees,
3 Five hig	ghest-paid independent contractors for professional services (see page 1)	ge 23 of the instructions). If n	one, enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
		NONE	0
Total number	r of others receiving over \$50,000 for professional services	. . >	NONE
Part IX-A	Summary of Direct Charitable Activities	-	
	ation's four largest direct chantable activities during the tax year Include relevant statistics and other beneficiaries served, conferences convened, research papers produced, etc	al information such as the number of	Expenses
1 PLEASI	E NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIR	ECT	
CHARI	TABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPO	RT,	
BY CO	NTRIBUTIONS, OTHER CHARITABLE ORGANIZATIONS EXEMP	Т	0
2 UNDER	INTERNAL REVENUE CODE SECTION 501(C)(3).		
3			
4			
Dow IV D	Summer of Brown Boletad Investments (see 204 of the		<u> </u>
Part IX-B	Summary of Program-Related Investments (see page 24 of the		Amount
1 N/A	vo largest program-related investments made by the foundation during the tax year on lines 1 are	Id 2	Amount
- <u>N/A</u>	*** ***		
			0
2			
-			
	~~~~~~		
All other progra	am-related investments. See page 24 of the instructions		_
3 N/A	•		
			0

Ō.

Form	990-PF (201 <u>0</u> ) 26-1458354		Page 8
Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	n foundations	5,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes'		
а	Average monthly fair market value of securities	1a	1,217,525.
ь	Average of monthly cash balances	1b	1,039,093.
С	Fair market value of all other assets (see page 25 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	2,256,618.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,256,618.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of	<del>-</del>	2,200,0201
		4	33,849.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,222,769.
6	Minimum investment return. Enter 5% of line 5	6	111,138.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private		111,150.
	foundations and certain foreign organizations check here  and do not complete this particular to the foundations and certain foreign organizations check here	art)	
1	Minimum investment return from Part X, line 6	1	111,138.
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 533.		
b	Income tax for 2010. (This does not include the tax from Part VI )	1 1	
С	Add lines 2s and 2h	2c	533.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	110,605.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	110,605.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	110,605.
Pa	rt XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1 _a	151,000.
Ь	Declaration of the control of the co	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	-	•
		2	0.
3	purposes Amounts set aside for specific charitable projects that satisfy the.		•
а	Suitability test (pnor IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	151,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	533.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	150,467.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when cal		
	qualifies for the section 4940(e) reduction of tax in those years.	odiating wheth	ici die iounuation

Form **990-PF** (2010)

Pa	rt XIII Undistributed Income (see page	26 of the instruction	าร)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7		· <u>-</u>		110,605.
2	Undistributed income, if any, as of the end of 2010				110/0001
² a	Enter amount for 2009 only			0.	
			0.	0.	-
	Total for prior years 20 08 , 20 07 , 20 06		0.		<del></del>
3	Excess distributions carryover, if any, to 2010				
a	From 2005				
D					
	1101112001				
	From 2008				
_	From 2009 96,894.				
f	Total of lines 3a through e	97,260.	. <u> </u>		
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶ \$151,000.				
а	Applied to 2009, but not more than line 2a			0.	
b	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)	***			
C	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				110,605.
e	Remaining amount distributed out of corpus	40,395.			
5	Excess distributions carryover applied to 2010				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as				
	indicated below:		i		
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	137,655.			
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				
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions		0.		
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions			0.	
	Undistributed income for 2010 Subtract lines				
T	4d and 5 from line 1. This amount must be				
	distributed in 2011				0.
7	Amounts treated as distributions out of corpus	· · · · · · · · · · · · · · · · · · ·			
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the	:			
	instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the instructions)	0.			
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a	137,655.			
10	Analysis of line 9	· · · ·	-		
	Excess from 2006				
	Excess from 2007 0.				
c	Excess from 2008				
d	Excess from 2009 96,894.				
	Excess from 2010 40,395.				
<u> </u>					L_,

Form **990-PF** (2010)

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the i	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	ating	
	foundation, and the ruling		<del>-</del>		. <b>&gt;</b> L	
b	Check box to indicate whe		ivate operating foundation		4942(j)	(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Pnor 3 years	T	(e) Total
	justed net income from Part  I or the minimum investment	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	return from Part X for each					
	year listed					
b	85% of line 2a	<u> </u>	<u>.                                  </u>			
С	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			İ		
_	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
b	4942(j)(3)(B)(i)					
	enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on secunties toans (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)			-		
	port from an exempt organization					
	(4) Gross investment income .					<u> </u>
Pa		ary Information (C during the year - se			ation had \$5,000	or more in assets
1	Information Regarding			<u> </u>	<u></u>	
a	List any managers of			e than 2% of the tota	al contributions receiv	ed by the foundation
	before the close of any	tax year (but only if the	ney have contributed in	more than \$5,000) (S	See section 507(d)(2).)	
	ROBERT L. I	REYNOLDS				
b	List any managers of					large portion of the
	ownership of a partner	ship or other entity) of	r which the foundation	has a 10% or greater	rinterest	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	ip, etc., Programs:		· · · · ·
	Check here ► X if t	the foundation only	makes contributions	to preselected chari	table organizations a	and does not accept
	unsolicited requests t	for funds. If the foun	dation makes gifts, g	grants, etc (see page	e 28 of the instruction	ns) to individuals or
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	d.	<u> </u>	<del></del>
а	The name, address, ar	id telephone number of	the person to whom a	pplications should be	addressed:	
_	The farm in which and					<del></del>
þ	The form in which appl	ications should be subf	nitted and information	and materials they sho	oula include.	
	Any submission deadlii	nes			· · · · · · · · · · · · · · · · · · ·	
•	,					
d	Any restrictions or li	mitations on awards	, such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other
	factors.					

Form 990-PF (2	2010)			26-1458354	Page <b>11</b>
Part XV	Supplementary Information	(continued)			<u>_</u>
3 Gran	ts and Contributions Paid Dur Recipient and address (home or business)	ing the Year or App	roved for F	Future Payment	-
	Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name	and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid o	luring the year	or substantial continuity			<del></del>
a / u/a -	anning and year				İ
ΔͲͲΔC	HMENT 7				
HIII					
					1
				1	
				1	
			1		
			1		1
				1	
				İ	
				İ	
Total		<del></del>		▶ 3a	151,000.
<b>b</b> Appro	ved for future payment				
				i	
			İ		
				1	
		<u> </u>	<u> </u>		<u> </u>
Total				▶ 3b	

Enter aross a	mounts unless otherwise indicated	1 Incols	ated business income	Evaluded by	section 512, 513, or 514	(e)
, ,		(a) Business code	(b)	(c)	(d) Amount	Related or exempt function income (See page 28 of the instructions)
•	service revenue:	Dusiness code	Amount	Exclusion code	Amount	the instructions)
_						
					-	<del></del>
f			-			
	and contracts from government agencies					<del></del>
	ship dues and assessments					
	savings and temporary cash investments					
	s and interest from securities			14	51,115.	
	Il income or (loss) from real estate					
	financed property					
	ebt-financed property		1			
	income or (loss) from personal property					
	restment income					
	ss) from sales of assets other than inventory			18	2,616.	
9 Net incor	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
11 Other rev	venue a					
b						
d						
<u> </u>				l l		
e						
e	Add columns (b), (d), and (e)				53,731.	
e 12 Subtotal 13 Total. Ad	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)					53,731.
e12 Subtotal 13 Total. Ad (See workshe	Add columns (b), (d), and (e)	verify calcula	 ations)		13	53,731.
e 12 Subtotal 13 Total. Ad (See workshot)	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e) eet in line 13 instructions on page 29 to Relationship of Activities	verify calcula	ations)	Exempt Purp	13	
e	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 2 Subtotal 3 Total. Ad See worksho	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 2 Subtotal 3 Total. Ad See workshe Part XVI-	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad (See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 2 Subtotal 3 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 2 Subtotal 3 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 2 Subtotal 3 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 2 Subtotal 3 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 2 Subtotal 3 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 2 Subtotal 3 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to the
e 12 Subtotal 13 Total. Ad (See workshe Part XVI- Line No.	Add columns (b), (d), and (e)	verify calculate to the Ac	ations) complishment of I	Exempt Purp	ooses  e) of Part XVI-A contribu	uted importantly to th

Part X	VII	Information I Exempt Orga		ransfers To and T	ransactions	and Relations	nips With N	oncl	harit	able
in or	sectio ganıza	on 501(c) of the Co	ode (other than	engage in any of the section 501(c)(3) organ	izations) or in	•			Yes	No
		. •		charitable exempt organization				12/1)		Х
								1a(1)		X
		nsactions						(-/		
(1)	) Sale	s of assets to a noncha	intable exempt or	ganization				1b(1)		<u>X</u>
(2	) Purc	hases of assets from a	nonchantable ex	empt organization				1b(2)		_X_
(3	) Ren	tal of facilities, equipme	ent, or other asset	ts				1b(3)		<u>X</u>
(4										<u>X</u>
(5										X
				undraising solicitations						X
			-	er assets, or paid employees		Only 100 100 100 100 100 100 100 100 100 10		1c	<b>.</b>	X
				'Yes," complete the follo	-	` '	-			
		<del>-</del> '		vices given by the repor gement, show in column	-					
(a) Line		(b) Amount involved		noncharitable exempt organization		scription of transfers, trans				
		N/A	`_	<u></u>	N/A				<u> </u>	<del></del>
										<u>-</u>
	$\dashv$									
<u> </u>	+						<u> </u>			
		<del></del>								
					-					-
de	escribe	•	the Code (other t	ffiliated with, or related than section 501(c)(3)) or in	•		·		es 🗌	⊠ No
		(a) Name of organization	1	(b) Type of organiz	zation	(c) Des	cription of relationsh	пр		
		<u>-</u>								
						<del></del>	· · · · · · · · · · · · · · · · · · ·			
		<u>-</u>		- ·						
						-				
 Sign	Under belief,	penalties of perfury, I d	eclare that I bave	examined this return, including of preparer other than taxpaye	accompanying sc er or fiduciary) is bas	hedules and statements, sed on all information of v	and to the best o	f my k	nowledg	ge and
Here		Polarit	I Kish	WHA	1 7/5/0		Jean 121	/	Sik	フトロ
	S	gnature of officer or trustee	<del>4 4/1/1</del>		Date /	Title			<u> </u>	
		Print/Type preparer's	name V	Preparer's signature	(	Date	F	TIN		
Paid				\ \ \ \ \ \	. ~ ~	<u> </u> ,	Check if			
		CHRISTINE V	. DIIONN	VA Llinel	C16210	76/2011	<del></del>			533
Prepa			IE AYCO COM			Firm'	s EIN ▶ 33-11	874	32	
Use C	nly	Firm's address ▶ PC								
			ALBAN	Y, NY	12	2212-5014 Phor	ieno 518-64	10-5	000	

## 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	A TIT ON	Employer identification number
REYNOLDS FAMILY FOUNDA	ATION	26-1458354
Organization type (check one).		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	า
	501(c)(3) taxable private foundation	
<b>Note.</b> Only a section 501(c)(7), (instructions	ered by the <b>General Rule</b> or a <b>Special Rule</b> . 8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or me contributor. Complete Parts I and II.	ore (in money or
Special Rules		
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3 % support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year, a cor (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E	contribution of the
the year, aggregate co	), (8), or (10) organization filing Form 990 or 990-EZ that received from any contributions of more than \$1,000 for use exclusively for religious, charitable or the prevention of cruelty to children or animals. Complete Parts I, II, and	e, scientific, literary, or
the year, contributions aggregate to more tha year for an exclusively applies to this organiza	), (8), or (10) organization filing Form 990 or 990-EZ that received from any of for use exclusively for religious, charitable, etc., purposes, but these contributions \$1,000. If this box is checked, enter here the total contributions that were religious, charitable, etc., purpose. Do not complete any of the parts unless ation because it received nonexclusively religious, charitable, etc., contributions.	butions did not received during the the <b>General Rule</b> ons of \$5,000 or more
990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Sche answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of ify that it does not meet the filing requirements of Schedule B (Form 990, 99	its Form 990-EZ, or on
For Paperwork Reduction Act Notice, s	ee the Instructions for Form 990, 990-EZ, or 990-PF. Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)

JSA

<u>م</u>	of	of Part I

	(Form 990, 990-EZ, or 990-PF) (2010)		Page of of Part
Name of or	ganization REYNOLDS FAMILY FOUNDATION		Employer identification number 26-1458354
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1 _	ROBERT L. REYNOLDS		Person X Payroll
	C/O AYCO COMPANY, LP, PO BOX 15014	\$1,200,000.	Noncash  (Complete Part II if there is
	ALBANY, NY 12212		a noncash contribution.)
(a) No.	(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) No.	(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) No.	(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) No.	(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) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<b></b>		   \$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)

Name of organization REYNOLDS FAMILY FOUNDATION

Employer identification number

26-1458354

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FMR NOTE 4.41% DUE 6/30/2014		
		\$	12/31/2010
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

REYNOLDS FAMILY FOUNDATION	
CAPITAL GAINS AN	FORM 990-PF - PART IV D LOSSES FOR TAX ON INVESTMENT INCOME

` Kind of P		Description			P or Date D acquired		Date sold	
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	빔	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)	
CAPCHICOS S. SS.S.	<u> </u>	Dagis	12/31/03	12(3)/03	1 441 54515	П	(1000)	
		TOTAL CAPIT	ral Gain dis	TRIBUTIONS		$\  \ $	2,616.	
						11		
						П		
	000)					Н		
TOTAL GAIN (L	oss)			• • • • • • • • • • • • • • • • • • • •	• • • • • •	П	2,616.	
						H		
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						1		

# FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

ADJUSTED NET INCOME	0	0
NET INVESTMENT INCOME	18,465. 32,650.	51,115.
REVENUE AND EXPENSES PER BOOKS	18,465. 32,650.	51,115.
		TOTAL
DESCRIPTION	FMR NOTE - INTEREST FIDELITY - DIVIDENDS	

AVFC
E
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ד א עם
990PF
NAOF

REYNOLDS FAMILY FOUNDATION

CHARITABLE <u>PURPOSES</u>		0
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	430.	430.
REVENUE AND EXPENSES PER BOOKS	2,716. 430.	3,146.
		TOTALS
DESCRIPTION	FEDERAL TAX FOREIGN TAX PAID	

# - OTHER EXPENSES PART I FORM 990PF,

CHARITABLE PURPOSES 0.	0.
ADJUSTED NET INCOME 0.	0.
NET INVESTMENT INCOME 0.	0
REVENUE AND EXPENSES PER BOOKS 250.	250.
	TOTALS
고 고 고	
DESCRIPTION MASS FILING FEE	

- CORPORATE STOCK

PART II

FORM 990PF,

DESCRIPTION

FIDELITY

ATTACHMENT 4

2,096,686.

1,784,428.

TOTALS

1,784,428.

2,096,686.

ENDING FMV

ENDING BOOK VALUE

20001366

PART II - CORPORATE BONDS FORM 990PF,

DESCRIPTION

ENDING BOOK VALUE

ENDING FMV

FMR NOTE

1,200,000.

1,200,000.

1,200,000.

TOTALS

1,200,000.

20001366

ATTACHMENT 6	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER COMPENSATION BENEFIT PLANS ALLOWANCES	0 .0	0 .0	0.000
ICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	TRUSTEE - AS NEEDED	TRUSTEE - AS NEEDED	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	NAME AND ADDRESS	ROBERT L. REYNOLDS C/O THE AYCO COMPANY, L.P NTG P.O. BOX 15014 ALBANY, NY 12212-5014	LAURA CARO REYNOLDS C/O THE AYCO COMPANY, L.P NTG P.O. BOX 15014 ALBANY, NY 12212-5014	

REYNOLDS FAMILY FOUNDATION

26-1458354

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

151,000.

AMOUNT

ATTACHMENT 7

SEE ATTACHED LIST

RECIPIENT NAME AND ADDRESS

NONE 501 (C) (3)

GENERAL CHARITABLE PURPOSES

TOTAL CONTRIBUTIONS PAID

151,000

ATTACHMENT 7

20001366

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94038S 3814 7/6/2011

### Reynolds Family Foundation Charitable Contribution List FYE: 12/31/2010

Date	Check Number	Description	 Amount
04/23/10	1009	Camp Harbor View, Boston, MA	\$ 10,000 00
04/16/10	1011	Inner City Scholarship Fund, New York, NY	\$ 25.000 00
05/03/10	1010	Olympic Medals UASA	\$ 21,000.00
07/02/10	1016	Camp Harbor View, Boston, MA	\$ 10,000 00
07/13/10	1018	Boston Med Flight, Boston, MA	\$ 25,000 00
09/01/10	1019	Nantucket Children's Charity, Nantucket, MA	\$ 50,000.00
12/15/10	1020	Hospice fund of Palm Beach, Palm Beach, FL	\$ 10,000.00

**Total Charitable Contributions Paid** 

\$ 151,000.00

All contributions were made to the general purpose fund of public charitable organizations that were classified under section 501(c)(3) of the Internal Revenue Code.

### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

### **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name of estate or trust Employer Identification number REYNOLDS FAMILY FOUNDATION 26-1458354 Note: Form 5227 filers need to complete onlyParts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (f) Gain or (loss) for (a) Description of property
(Example 100 shares 7% preferred of "Z" Co ) (b) Date acquired (e) Cost or other basis the entire year (d) Sales price (mo, day, yr) (mo, day, yr) (see instructions) Subtract (e) from (d) 1a b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b 1b 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back Long-Term Capital Gains and Losses - Assets Held More Than One Year (f) Gain or (loss) for (a) Description of property (Example 100 shares 7% preferred of "Z" Co ) (b) Date acquired (e) Cost or other basis the entire year Subtract (e) from (d) (d) Sales price (mo , day, yr ) (mo , day, yr ) (see instructions) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b 6b Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts R Capital gain distributions . . 2,616. Gain from Form 4797, Part I 10 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back . . . . . . . . . 2,616. Schedule D (Form 1041) 2010 For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

	le D (Form 1041) 2010					Page 2
Part			(1) Beneficiaries'		state's	(3) Total
	Caution: Read the instructions before completing this pa	rt	(see instr.)	or tru	ust's	(5) Total
	* * * * * * * * * * * * * * * * * * * *	13				
	Net long-term gain or (loss):					
a		<u>4a</u>	_	_		2,616.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)					<u> </u>
_ C		4c				2 (16
	Total net gain or (loss). Combine lines 13 and 14a		5-41143.86			2,616.
o Par	If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 9 v, and <b>do not</b> complete Part IV If line 15, column (3), is a net loss, complete Part	90-1 IV a	, Part I, line 4a) If lines nd the Capital Loss C	arryover W	o, column ' <b>orkshee</b>	(2), are net gains, go s necessary
Part			<u>_</u>			
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part	I, lır	ne 4c, if a trust), the <b>s</b>	maller of		
a Noto:	The loss on line 15, column (3) or b \$3,000  If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	: ;	- 22 / F 000 T		16 (	
carry	oveiWorksheeton page 7 of the instructions to figure your capital loss carryover	i, iin	e 22 (or Form 990-1, 1	ine 34), is a	i ioss, co	mplete the Capital Loss
Part						
Form	1041 filers. Complete this part only if both lines 14a and 15 in colum	n (2	) are gains, or an ar	mount is e	ntered ı	n Part I or Part II and
here	is an entry on Form 1041, line $2b(2)$ , and Form 1041, line $22$ , is more the	an :				
	on: Skip this part and complete the worksheet on page 8 of the instruction	is if				
	ner line 14b, col. (2) or line 14c, col. (2) is more than zero, or th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.					
	990-T trusts. Complete this part only if both lines 14a and 15 are	aa	s or qualified divid	anda ara	nalı (dad	Lun incomo un Dort I
of Fo	rm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	yaır and	s, or qualified divid complete the work	enus are i sheet on	nade 8	of the instructions if
either	line 14b, col. (2) or line 14c, col. (2) is more than zero	unu	complete the work	SHOOL OH	page o	or the mandenona n
	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		17			
	Enter the smaller of line 14a or 15 in column (2)	•	· · <del>  ''                                    </del>		-	
	but not less than zero					
	Enter the estate's or trust's qualified dividends					
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T)					
	Add lines 18 and 19		<del>-  </del>			
	If the estate or trust is filing Form 4952, enter the		<del>-</del> -		1	
	amount from line 4g, otherwise, enter -0-					
	Subtract line 21 from line 20. If zero or less, enter -0-					
	Subtract line 22 from line 17. If zero or less, enter -0-	• •	23		<b>⊣</b> }	
		• •			1 1	
24	Enter the smaller of the amount on line 17 or \$2,300		24			
	Is the amount on line 23 equal to or more than the amount on line 24?	• •	• •	_	7	
	Yes. Skip lines 25 and 26; go to line 27 and check the "No" box					
	No. Enter the amount from line 23		25			
26	Subtract line 25 from line 24		1 . 1		1	
27 .	Are the amounts on lines 22 and 26 the same?	•			1	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 23	2	27			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			
					7	
29	Subtract line 28 from line 27		29		J	
30	Multiply line 29 by 15% (.15)				30	
	Figure the tax on the amount on line 23. Use the 2010 Tax Rate					
	(see the Schedule Ginstructions in the instructions for Form 1041)				31	
				· - •		
32	Add lines 30 and 31				32	
	Figure the tax on the amount on line 17. Use the 2010 Tax Rate	Sch	edule for Estates a	nd Trusts		
	(see the Schedule Ginstructions in the instructions for Form 1041)				33	···
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 he	re a	and on Form 1041,	Schedule		
	G, line 1a (or Form 990-T, line 36)				34	

Schedule D (Form 1041) 2010

### Form **8868**

(Rev January 2011)

Department of the Treasury

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

OMB No 1545-1709

Internal Rev	enue Service	► File a	separate ap _l	plication for each return.			
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						<b>▶</b> X	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)</li> </ul>							
Do not complete Part II unlessou have already been granted an automatic 3-month extension on a previously filed Form 8868							
a corpora 8868 to Return fo	ition required request an ex or Transfers	to file Form 990-T), or an addition ktension of time to file any of the Associated With Certain Persona	ial (not aut forms liste il Benefit (	u need a 3-month automatic extensionatic) 3-month extension of time. d in Part I or Part II with the exception of the contracts, which must be sent to sit www.irs gov/efile and click on e-fi	You can electronically otion of Form 8870, I the IRS in paper for	y file Form Information ormat (see	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
Part I only All other o	у	ncluding 1120-C filers), partnerships		6-month extension - check this box a		►	
Type or Name of exempt organization					Employer identification	Employer identification number	
print		DS FAMILY FOUNDATION			26-1458354		
File by the	Number, s	treet, and room or suite no. If a P.O. box	L.P NTG				
due date for	efor P.O. BOX 15014						
filing your return See							
nstructions							
Enter the Return code for the return that this application is for (file a separate application for each return)							
Application			Return	Application		Return	
ls For			Code	Is For		Code	
Form 990			01	Form 990-T (corporation)		07	
Form 990-BL			02	Form 1041-A		08	
Form 990-EZ			03	Form 4720		09	
Form 990-PF			04	Form 5227		10	
Form 990-T (sec. 401(a) or 408(a) trust)			05 06	Form 6069		11	
Form 990-T (trust other than above)				Form 8870			
Teleph If the o If this i	none No. ▶ organization do s for a Group nole group, ch	tare of ► THE AYCO COMPAI  518 640-5000  Does not have an office or place of both Return, enter the organization's founced this box	l usiness in t r digit Grou f it is for pai	FAX No. ► he United States, check this box p Exemption Number (GEN)	. If thi		
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time							
	until 08/15_, 20 $\underline{11}$ _, to file the exempt organization return for the organization named above. The extension is						
_	for the organization's return for						
<b>&gt;</b>	▶ X calendar year 20 10 or         tax year beginning, 20, and ending, 20						
<b>▶</b> L	tax year b	eginning	, 20	, and ending	, 20		
2 If the tax year entered in line 1 is for less than 12 months, check reason.							
3a If th	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.						
	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 3b \$ 2,000.						
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS							
(Electronic Federal Tax Payment System) See instructions.  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EC							
		oing to make an electronic fund v	withdrawal	with this Form 8868, see Form 8	1453-EO and Form 88	379-EO for	
payment instructions							
For Panarwork Reduction Art Notice see Instructions							