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## Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0052

2010

For cale	endar y	year 2010, or t	ax year beginni	ng		, 2010,	and ending	g		<u>, , , , , , , , , , , , , , , , , , , </u>		
G Che	ck all t	that apply	Initial return	Init	ial Return of a fo	ormer p	ublic charity	٧		Fina	al return	
		,,,,	Amended ret			ddress c	· ·		e ch	nange		
			Amended ret	uiii		JG1 C 33 C	munge			Employer identification nur	har	
מינות ד	`		ADVI MENDE						٠	• •	iber	
			ARYL MENDE	4				L		26-1532246		
		OUNDATION						6	3	Telephone number (see the	instructions)	
543		UGIA WAY								213 595 9595		
LOS F	ANGE	LES, CA 9	0077-3708					7	<u> </u>	If exemption application is	oending, check here	ightharpoonup
										1 Foreign organizations, chec	·	►H
H Ch			V C	FO:	1(-)(2)					2 Foreign organizations, enec		لساي
<b>n</b>		pe of organiza	\		1(c)(3) exempt p				4	here and attach computation		<b>*</b> □
			nonexempt cha				orivate foun		E	If private foundation status		ш
		et value of all asse		J Acc	counting method	. [X]C	ash 🔲 A	.ccrual	_	under section 507(b)(1)(A)		<b>►</b> □
(tr	om Part	'II, column (c), line	e 16)		Other (specify)				F	If the foundation is in a 60		ш
▶\$		4	,383.	(Part I	, column (d) mus	st be or	cash basis			under section 507(b)(1)(B)		▶ □
Part I	Δn	alysis of Re		(* 5	1				. T			
<u> </u>			total of amount	c in	(a) Revenue			rvestment	t	(c) Adjusted net	(d) Disburseme	
	coli	imas (b) (c)	and (d) may not	s III Theces.	expenses per	books	inco	ome	- 1	ıncome	for charitable	9
	sarı	ilv equal the ai	mounts in colum	n (a)							purposes (cash basis on	dvl
		e the instruction		(-)							(Cash basis on	, , , , , , , , , , , , , , , , , , ,
	1 (	Contributions, gifts,	grants, etc, received	(att sch)				h.	3	4		)
			oundn is <b>not</b> req to a						$\neg$		- 3.5.	
!	3	Interest on sav	ings and tempo								· · · · · · · · · · · · · · · · · · ·	1
	. (	cash investme	nts	·	[	2.		2	2.	2.		
			rest from securities								·	1.
	5a (	Gross rents						·····			· %:%, .	<u> </u>
	b١	Net rental income or (loss).				* 43,	i.)	-7	ر,	* /		ă I
R			sale of assets not or	- 1 10					-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<del>~</del>
È		Gross sales price for		Time to	4 , 4.			<del></del>	-	. i siti		<u>"  </u>
V	_ 8	assets on line 6a			, 4:	× .			٠.			
E	_		ome (from Part IV, III	ne 2).	*					Mary 1.	·	<u> </u>
N U		Net short-term	, ,		,		3	A	_		4. 4. 4.	
Ē		Income modific	cations		- 2		.*				<u>:</u>	
_		Gross sales less returns and			*						•	· .
		allowances. Less Cost of					.3		-	——————————————————————————————————————		
	D G	goods sold			A.		\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>	2000	\ ; \ \ \ \ .	,	!
	c (	c Gross profit/(loss) (att sch)					Y	2				. !
	11 Other income (attach schedule)									48 1 1 T		
											Pari	Ì
	12	Total. Add line	s 1 through 11			2.		2	2.	2.	, ,	<b>(</b> 2)
	<b>13</b> (	Compensation of of	ficers, directors, trust	ees, etc		0.						
	14 (	Other employee sa	laries and wages									
	15 F	Pension plans.	, employee bene	efits							•	
		Legal fees (attach								RECEIVED	7	
A		Accounting fees (a	•						7			
M		Other prof fees (at	•		-			1,0			10	
o N			Lucii Julij		<del></del>			335	₩	NOV 1 5 2011	00	
O Î P S E T		Interest			-	-		— <del>  (*)</del>	+	140 A T 9 COIL	8	
E T R R A A T T		Taxes (attach schedule)							L.		15	
A A	19 [	Depreciation (a sch) and deple	attacn					1_	_	OGDEN UT	· <del>-</del>	1
1 il		Occupancy	511011					,		The state of the s		
N ST.	20 (		annes and mass	unac					$\dashv$		-	
\ ~~	21 22	Printing and p	ences, and meet	ıııyə					$\dashv$			
A E N Ø	22			دمای					$\dashv$			
υ ∽ <del>p</del>	23 (		es (attach sched See Statem			240.		240	۱ ۱			
, N						240.		240	<del>'</del>			
ĈĎ	24	i otal operatin	g and administed lines 13 through	ative		240.		240	ا ر			
25	25	<b>expenses.</b> Add Contributions, gifts		jii 23		240.			**************************************	· · · · · · · · · · · · · · · · · · ·		
	25			_				-3	-+			
SCANNED MOUSE & 2016	26	Total expense	s and disburse and 25	ments.		240.		240	۱ ۱	0.		0.
	27	Subtract line 2	6 from line 12:	-		240.	χ,,	<u>∠4∪</u>	<del>-  </del>	<b>U.</b>	**************************************	<del>- 0.</del>
	4/		enue over exper	1565			``	,	- 1	4		Ì
Ö	a !	and disbursen			-	-238.				**		*
Ō	ь		ome (if negative, ent	er -0-)				0	5.		, <u>,</u>	ř
			ne (if negative, enter	-	"				$\neg \uparrow$	2.		
					<u> </u>							

Parl	t II 📗	Balance Sheets	column should be for end-of-year amounts only	Degining of year			1 year
		<del> </del>	(See instructions )	(a) Book Value	(b) Book Value		(c) Fair Market Value
	l	Cash – non-interest	<u> </u>	4,621.	4,38	13.	
	2 Savings and temporary cash investme				·	$\dashv$	
	3	Accounts receivable					
	١.	Less allowance for	doubtful accounts				
	4	Pledges receivable			* ;	·	
	_	Less allowance for	doubtful accounts ►			$\longrightarrow$	
	5	Grants receivable		-		$\longrightarrow$	
	6	Receivables due from offi	cers, directors, trustees, and other ch schedule) (see the instructions)				
	7			<u></u>	*/* / /*		<del></del> _
A	′	Less allowance for				<u> </u>	
A S E T	8	Inventories for sale				$\dashv$	<del>_</del>
Ĕ	9	Prepaid expenses a				$\dashv$	
T S			and state government			$\dashv$	<del>.</del>
•		obligations (attach s	schedule)			_	<del></del>
		b Investments — corporate	,				
		Investments — corporate	, ,		· 5,,,***.		***** *
	11	Investments – land, equipment basis	, buildings, and	X a.c			
		Less. accumulated depred (attach schedule)	eration				
		Investments - mort	5 5				
	13	Investments - other	r (attach schedule)				
	14	Land, buildings, and e			X		s = 3 3
		Less accumulated depred (attach schedule).	elation				
		Other assets (descri	be ►) completed by all filers —			$\blacksquare$	
		see instructions Als	so, see page 1, item l)	4,621.	4,38	}3.	4,383.
Ļ	17	Accounts payable a	nd accrued expenses				
Å	18	Grants payable					
B	19	Deferred revenue					
Ľ	20	Loans from officers, direc	ctors, trustees, & other disqualified persons.				
I T	21	Mortgages and other note	s payable (attach schedule)				
Ė	22	Other liabilities (descri	ribe •)			$\dashv$	
<u>s</u>	23		l lines 17 through 22)	0.		0.	
		Foundations that fo and complete lines	illow SFAS 117, check here 24 through 26 and lines 30 and 31.			ŀ	
N F E U	24	Unrestricted					
T N	25	Temporarily restricted					
D	26	,					
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here X 27 through 31.				
ĒL	27		orincipal, or current funds				
S N C	28	•	, or land, building, and equipment fund				
O E R S	29		ulated income, endowment, or other funds	4,621.	4,38		
RS	30 31	Total liabilities and	fund balances (see the instructions) net assets/fund balances	4,621.	4,38 4,38		
Dor	  -	(see the instructions	<u> </u>	4,621.	4,30	,3.	<u> </u>
			iges in Net Assets or Fund Balanc			<u>_</u>	
			alances at beginning of year – Part II, colu d on prior year's return)	ımn (a), line 30 (must a	gree with	1	4,621.
2	Ente	r amount from Part I,	line 27a		<u></u>	2	-238.
3	Other	increases not included in li	ne 2 (itemize)			3	
4		lines 1, 2, and 3			L	4	4,383.
		ases not included in line 2	· ·			5	
6	Tota	I net assets or fund b	alances at end of year (line 4 minus line 5)	- Part II, column (b), I	ine 30	6	4,383.

(a) List and desc 2-story brick wareh	ribe the kind(s) of property sold (e g , reouse; or common stock, 200 shares ML	al estate, C Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			D · Donation		
b					
С					
d					
е	<del></del>			_	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa	sis le	(h) Gain or (e) plus (f) m	
a					
b					
<u> </u>			-		
<u>d</u>		·· <u> </u>			
Complete only for accets sh	 owing gain in column (h) and owned by	the foundation on 12/21/66			
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	1 (1)	<b>(I)</b> Gains (Coli jain minus column (k an -0-) <b>or</b> Losses (fr	(), but not less
a					
<u> </u>					
d		<del></del>	<del></del>		
e				<del></del> ·	
2 Capital gain net income or (	(net capital loss) If gain, also	enter in Part I, line 7 er -0- in Part I, line 7	. 2		
3 Net short-term capital gain of	or (loss) as defined in sections 1222(5)	_			
If gain, also enter in Part I, in Part I, line 8	line 8, column (c) (see the instructions)	If (loss), enter -0-	. 3		
Part V Qualification Und	der Section 4940(e) for Reduced	Tax on Net Investme	ent Income		
If 'Yes,' the foundation does not q	section 4942 tax on the distributable am ualify under section 4940(e) Do not cor nt in each column for each year, see the	nplete this part		Yes	No No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:		<b>(d)</b> Distribution umn (b) divided	
2009					
2008		·			
2007					
2006					
2005					
2 Total of line 1, column (d)			2		
3 Average distribution ratio fo	r the 5-year base period – divide the tot tion has been in existence if less than 5				
•		•	3		
4 Enter the net value of nonch	naritable-use assets for 2010 from Part 2	K, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7	71-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
8 Enter qualifying distributions	s from Part XII, line 4		8		
If line 8 is equal to or greate Part VI instructions	er than line 7, check the box in Part VI, I	ine 1b, and complete that	part using a 1%	tax rate See th	ne

			.5322			F	Page <b>4</b>	
Part \	/I Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see	the ins	tructi	ons)			
<b>1 a</b> Ex	empt operating foundations described in section 4940(d)(2), check here					_		
Da	ate of ruling or determination letter (attach copy of letter if necessary – see instr.)		İ					
<b>b</b> Do	b Domestic foundations that meet the section 4940(e) requirements in Part V,							
ch	neck here ► and enter 1% of Part I, line 27b		- 1					
c All	other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)		ļ			,		
<b>2</b> Ta	ax under section 511 (domestic section 4947(a)(1) trusts and taxable			4.		- 1		
fo	and that section 511 (domestic section 4547 (d)(1) that's and taxable bundations only Others enter -0-)		2				0.	
<b>3</b> A	dd lines 1 and 2		3				0.	
4 S	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)							
5 Ta	ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5				0.	
<b>6</b> Ci	redits/Payments							
<b>a</b> 20	110 estimated tax pmts and 2009 overpayment credited to 2010 6a					"()		
b E	xempt foreign organizations — tax withheld at source 6b		ľ		`	Į,		
<b>c</b> Ta	ax paid with application for extension of time to file (Form 8868)		1		3	,		
<b>d</b> Ba	ackup withholding erroneously withheld 6d		]		<b>***</b>			
<b>7</b> To	otal credits and payments Add lines 6a through 6d	ļ	7				0.	
8 E	nter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	Į	8					
9 Ta	ax due If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9				0.	
1 <b>0</b> 0	verpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10					
	nter the amount of line 10 to be: Credited to 2011 estimated tax.	<b>•</b>	11					
Part \	/II-A Statements Regarding Activities							
<b>1 a</b> D	uring the tax year, did the foundation attempt to influence any national, state, or local legislation or did	ıt				Yes	No	
	articipate or intervene in any political campaign?			_	1 a		X	
<b>b</b> Di	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?							
•	the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materia	de nui	hlichad	,		. 63	X	
OI	or distributed by the foundation in connection with the activities							
	id the foundation file <b>Form 1120-POL</b> for this year?  nter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			7	1 c	* 4 %	Х	
	) On the foundation $\Rightarrow$ \$ 0. (2) On foundation managers $\Rightarrow$ \$			0.			^ !	
	nter the reimbursement (if any) paid by the foundation during the year for political expenditure tax important	sed o	n	*	·			
fo	oundation managers ►\$ 0.			).  -	<u>.</u>			
	as the foundation engaged in any activities that have not previously been reported to the IRS?			-	2	- Str	<u>X</u>	
lf	'Yes,' attach a detailed description of the activities				` \	, company		
<b>3</b> H	as the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles		-	<u> </u>	I		
	f incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	łS.		-	3		X	
	id the foundation have unrelated business gross income of \$1,000 or more during the year?			-	4a		X	
	'Yes,' has it filed a tax return on Form 990-T for this year?			-	4b	N	/A	
	as there a liquidation, termination, dissolution, or substantial contraction during the year?			-	5		Х	
	'Yes,' attach the statement required by General Instruction T					\ \}		
	re the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.					43		
•	By language in the governing instrument, or					,		
•	By state legislation that effectively amends the governing instrument so that no mandatory directions t	nat co	nflict	-	_	<u></u>	i	
	with the state law remain in the governing instrument?			-	7		X	
	d 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 inter the states to which the foundation reports or with which it is registered (see the instructions)	•		-	-		^	
6a E	CA			-	, ,	·	• ,	
<b>b</b> If (0	the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General in designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation			_	8b	N,	/A	
<b>9</b> Is	the foundation claiming status as a private operating foundation within the meaning of section 4942(i)	(3) or	4942(1	)(5) -		matter at a di to		
fo	the foundation claiming status as a private operating foundation within the meaning of section 4942(j) or calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' con	nplete	Part	XÌÝ	9		X	
	id any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing to	heir n	ames		10		X	
BAA	nd addresses				_	0-PF (	(2010)	

	990-PF (2010) THE RAFAEL AND SHARYL MENDEZ	26-	16	F	age <b>5</b>	
Par	t VII-A   Statements Regarding Activities (Continued)			<del></del>		<del>-</del>
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 acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address  N/A	applica	ition?	13	X	
14	The books are in care of ► RAFAEL MENDEZ  Telephone	 no ▶				
	Located at ► 543 PERUGIA WAY LOS ANGELES CA ZIP + 4 ►		77-370	08		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here			N/A	<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	►	15			N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other aubank, securities, or other financial account in a foreign country?	thority	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 national foreign country.	me of th	he	×.	77 74004	
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	a During the year did the foundation (either directly or indirectly)	¬.,	<b>₩</b>		1.	4 .
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		* *	4
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	1 2.00	1 8	<b>*</b> 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	\$' .	. \$	. 3
	(5) Transfer any income or assets to a disqualified person (or make any of either available			400	, , , ,	,
	for the benefit or use of a disqualified person)?	Yes	X No	15 . 1	. 1	
	(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		******	****
ŀ	of 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 the instruction	\2		1 b	N	/7
	Organizations relying on a current notice regarding disaster assistance (see the instruction	ns)/ ▶	. 🗆	ID	IN.	/A
			Ш		, , ,	,
	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 2010?			1 c	*	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))				` \	,
ā	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes	X No	,		!
	If 'Yes,' list the years 20, 20, 20, 20		21 110			,
		-1/21		₹.		***
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 49420 (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 the instructions )			2b	N	/A
•	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h	ere		, c	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, )
	► 20, 20, 20			. "	. w. 's	`
3 a	a 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	٠	14	
	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation			. '}	, , ,	۶
	or disqualified persons after May 26, 1969. (2) the lapse of the 5-year period (or longer period approved					
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to					_    -
	determine if the foundation had excess business holdings in 2010)			3b	N.	<u>/A</u>
4 8	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could				3	
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?			4b		
BAA			F	orm <b>99</b>	0-PF (	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	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	
	<del></del>
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	
· · · · · · · · · · · · · · · · · · ·	-
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 N/A	
	-
2	
	- -
All other program-related investments See instructions	
3	_
	-
Total. Add lines 1 through 3	0.
BAA	Form <b>990-PF</b> (2010)

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Form 990-PF (2010) THE RAFAEL	AND SHARYL MENDEZ		26-1532246	Page 8
Part X Minimum Investmen see instructions.)	t Return (All domestic foundate	tions must complete this part	. Foreign foundat	ions,
<ol> <li>Fair market value of assets not a Average monthly fair market val</li> </ol>	used (or held for use) directly in carry lue of securities	ring out charitable, etc, purposes	1a	
<b>b</b> Average of monthly cash balance	:es		1 b	
c Fair market value of all other as	sets (see instructions)		1 c	
d Total (add lines 1a, b, and c)			_1 d	0.
e Reduction claimed for blockage	or other factors reported on lines 1a a	and 1c		
(attach detailed explanation)		1 e		
2 Acquisition indebtedness applica	able to line 1 assets		2	
3 Subtract line 2 from line 1d			3	
4 Cash deemed held for charitable (for greater amount, see instruc	e activities Enter 1-1/2% of line 3 tions)		4	
5 Net value of noncharitable-use	assets. Subtract line 4 from line 3 En	iter here and on Part V, line 4	5	0.
6 Minimum investment return. Er			6	0.
Part XI Distributable Amour	nt (see instructions) (Section 4	1942(j)(3) and (j)(5) private o	perating foundati	ons
and certain foreign or	rganizations check here ►	and do not complete this	s part.)	
1 Minimum investment return from	n Part X, line 6		1	
2a Tax on investment income for 2	010 from Part VI, line 5	2a		
<b>b</b> Income tax for 2010 (This does	not include the tax from Part VI)	2 b		
c Add lines 2a and 2b			2c	
3 Distributable amount before adji	ustments Subtract line 2c from line 1		3	
4 Recoveries of amounts treated a	as qualifying distributions		4	
5 Add lines 3 and 4			5	
6 Deduction from distributable am	ount (see instructions)		6	
7 Distributable amount as adjuste	ed Subtract line 6 from line 5 Enter h	ere and on Part XIII, line 1	7	0.
Part XII Qualifying Distributi	ons (see instructions)			
<ol> <li>Amounts paid (including admini a Expenses, contributions, gifts, et</li> </ol>	strative expenses) to accomplish charetc – total from Part I, column (d), line	itable, etc, purposes e 26.	1 a	
<b>b</b> Program-related investments —	total from Part IX-B		1 b	
2 Amounts paid to acquire assets	used (or held for use) directly in carry	ying out charitable, etc, purposes	2	
3 Amounts set aside for specific of a Suitability test (prior IRS approx			<b>3</b> 3a	
<b>b</b> Cash distribution test (attach the	e required schedule)		3ь	
4 Qualifying distributions Add lin	nes 1a through 3b Enter here and on	Part V, line 8, and Part XIII, line 4	4	0.
5 Foundations that qualify under s Enter 1% of Part I, line 27b (see	section 4940(e) for the reduced rate of e instructions)	tax on net investment income	5	
6 Adjusted qualifying distribution			6	0.

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

Form **990-PF** (2010)

## Part XIII Undistributed Income (see instructions)

1. Distributable amount for 2010 from Part XI, line? 2. Indistributed incore, if any, so of the end of 2010 a Einter amount for 2009 only b Total for prior years 20_20_0. 3. Excess deshibitions carryows, if any, to 2010 a From 2006 b From 2006 c From 2006 c From 2006 c From 2006 c From 2007 d From 2008 c From 2009 d		<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2009	<b>(c)</b> 200 <del>9</del>	<b>(d)</b> 2010
2. Undistributed mome, if any, so of the earl of 2010 a Enter amount for 2009 only b Total for prior years 20 20 20 30 3. Excess distributions carryone, if any, to 2010 a From 2006 b From 2006 c From 2006 d From 2008 d From 2009 1 Total of lines 3a through e  4. Qualifying distributions for 2010 from Part XII, line 4 = S a Applied to 2009, but not more than line 2a b Applied to 2009, but not more than line 2a b Applied to 2009 but not more than line 2a c (Election required - see instructions) d Applied to 2010 distributed amount e Remaining amount distributed out of corpus (Election required - see instructions) d Applied to 2010 distributed amount e Remaining amount distributed out of corpus (Election required - see instructions) d (If an amount applians in 2010 (If the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Capus Add lines 3f, 4s, and 4e. Subtract line 5 b Pror years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed distributed with a notice of distinctive has been previously assessed d Subtract line 6c from line 6 Taxable amount - see instructions  1 Undistributed income for 2010 Subtract lines 4a and 5 from line 6 Taxable amount - see instructions d and 5 from line 1. This amount must be distributed income for 2010 Subtract lines 4a and 5 from line 1. This amount must be distributed income for 2010 Subtract lines 4b great because of as distributions out of your sears' undistributions out of your sears' undist					0
a Enter amount for 2009 only b 16tel for pror years 20					,
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c Excess from 2008 d Excess from 2009 e Excess from 2010	a Excess from 2006		,		
d Excess from 2009 e Excess from 2010 ♣	<b>b</b> Excess from 2007		,	, A.	
e Excess from 2010	c Excess from 2008				
C Excess from 2010	d Excess from 2009				
	e Excess from 2010			•××	

b 1	The form in which applications should be Any submission deadlines  Any restrictions or limitations on awards, s					factors
b 1		submitted and info	rmation and materi	als they should inclu	de·	
c a l	The form in which applications should be	submitted and info	rmation and materi	als they should inclu	de <sup>.</sup>	
	The Harrie, address, and telephone number	er or the person to	wnom applications	anound be addressed	u	
	complete items 2a, b, c, and d  The name, address, and telephone number			· <del>-</del>		
	Check here •		•	-		•
2 1	nformation Regarding Contribution, Gra	nt, Gift, Loan, Scho	olarship, etc, Progr	ams:	<del>-</del>	· <del>=</del>
a	a partnership or other entity) of which the	foundation has a 1	0% or greater inter	rest	any large portion of	and dwilersing of
C	close of any tax year (but only if they have	e contributed more	than \$5,000) (See	e section 507(d)(2) )	·	
	assets at any time during the nformation Regarding Foundation Managers of the foundation who leads to the foundati	gers:	·	total contributions r	eceived by the foun	N/A
Part	XV Supplementary Information	(Complete this	part only if the	organization ha	d \$5,000 or mo	
	an exempt organization  4) Gross investment income					
(	more exempt organizations as provided in section 4942(j)(3)(B)(iii)  3) Largest amount of support from					
(	512(a)(5)), or royalties)  2) Support from general public and 5 or					
(	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), are repulsed.					
c '	Support' alternative test — enter		-			
n	Endowment' alternative test — enter 2/3 of ninimum investment return shown in Part X, ine 6 for each year listed					
(	2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
	1) Value of all assets					
а	alternative test relied upon. Assets' alternative test – enter					
f	or active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the					
<b>e</b> (	or active conduct of exempt activities  Qualifying distributions made directly					
	ne 4 for each year listed Amounts included in line 2c not used directly					
	35% of line 2a Qualifying distributions from Part XII.			<del>                                     </del>		
	nvestment return from Part X for each year listed	(a) 2010	(5) 2003	(6) 2000	(4) 2007	(6) 10101
	Enter the lesser of the adjusted net ncome from Part I or the minimum	Tax year (a) 2010	<b>(b)</b> 2009	Prior 3 years (c) 2008	(d) 2007	(e) Total
11 11	Check box to indicate whether the foundate	ion is a private ope	erating foundation	described in section	4942(j)(3) or	4942(j)(5)
2a E	s enective for 2010, enter the date of the	ruling	that it is a private	operating foundation	in, and the runing	
<b>b</b> C <b>2a</b> E	f the foundation has received a ruling or on s effective for 2010, enter the date of the	determination letter			n and the ruline	
1 a li ls b 0 2 a E	XIV Private Operating Foundation for the foundation has received a ruling or to seffective for 2010, enter the date of the					N/A

Page 11

3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	t	N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
Name and address (home or business)  a Paid during the year	substantial contributor	recipient	CONTINUENT	
			•	
Total			► 3a	
b Approved for future payment  Total			► 3b	

Form **990-PF** (2010)

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated t	ousiness income	Exclude	d by section 512, 513, or 514	(e)	
1	Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (see the instructions)	
а					****		
b							
C			·				
d							
e f							
	Fees and contracts from government agencies	<del>-   -   -   -   -   -   -   -   -   -  </del>		-			
	Membership dues and assessments						
3	Interest on savings and temporary cash investments		2.		-		
4	Dividends and interest from securities						
5	Net rental income or (loss) from real estate	Min a	* ** × × , 4	1			
	Debt-financed property						
_	Not debt-financed property						
6	Net rental income or (loss) from personal property						
7 8	Other investment income Gain or (loss) from sales of assets other than inventory		<del></del>				
9	Net income or (loss) from special events						
10	Gross profit or (loss) from sales of inventory		<del></del>				
11	Other revenue		4				
а			·		***************************************	4 W 43 V 3	
b					-		
С							
d							
е							
	Subtotal Add columns (b), (d), and (e)		2.				
	Total. Add line 12, columns (b), (d), and (e)				13 .	2.	
	worksheet in line 13 instructions to verify calculate				·	<del></del>	
Par	t XVI-B Relationship of Activities to th	e Accomplish	ment of Exempt	t Purpe	oses		
Line	e No. Explain below how each activity for which	income is reporte	d in column (e) of P	art XVI	A contributed important		
	e No. Explain below how each activity for which accomplishment of the foundation's exemption.	ot purposes (other	than by providing for	unds for	such purposes) (See the	ne instructions)	
N	/A						
			··-		<del></del>		
		<del></del>	<del></del>			<u></u>	
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				_			
BAA	- <del></del>	TEEA050	2L 02/17/11			Form <b>990-PF</b> (2010)	

# Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	<u>-</u>						33000-0002 A	
described	ganization directly o in section 501(c) of political organization	f the Code (othe	page in any of the folk er than section 501(c)	owing with any ot (3) organizations	her organization or in section 5	n 527,		Yes No
a Transfers f	from the reporting t	foundation to a	noncharitable exempt	t organization of				
<b>(1)</b> Cash							1 a (1)	X
(2) Other a	assets						1 a (2)	X
<b>b</b> Other trans	sactions						المستفعدة	4 4 4
(1) Sales	of assets to a nonc	charitable exem	pt organization				1 b (1)	X
(2) Purcha	ases of assets from	n a noncharitabl	e exempt organizatior	า			1 b (2)	X
(3) Rental	of facilities, equipi	ment, or other a	assets				1 b (3)	X_
(4) Reimb	ursement arrangen	nents					1 b (4)	X
(5) Loans	or loan guarantees	5					1 b (5)	X
(6) Perform	mance of services	or membership	or fundraising solicita	itions			1 b (6)	X
<b>c</b> Sharing of	facilities, equipme	ent, mailing lists	, other assets, or paid	d employees			1c	X
the goods.	other assets, or se	ervices aiven bi	omplete the following:  the reporting founda  w in column <b>(d)</b> the vi	tion If the founda	ation received k	ess than faır marke	t value in	ue of
(a) Line no (b	Amount involved	(c) Name of r	noncharitable exempt organi	zation (d)	Description of trans	sfers, transactions, and	sharing arran	igements
N/A								
								,
							<del>,</del>	
					<u> </u>			
					<del></del>			
					<del></del>			
					<del></del>			
described	in section 501(c) o	of the Code (oth	ed with, or related to, er than section 501(c)	one or more tax- (3)) or in section	exempt organiz 527?	zations	Yes	s X No
	mplete the following		(h) Tuno of ora		10	) Description of rela	tionchin	
(a) N N/A	Name of organization	on	(b) Type of org	anization	(C	) Description of rea	ationship	
N/ A								
		· · · · · · · · · · · · · · · · · · ·			-			
Sign Here	alties of perjury, I declared decomplete Declaration of the declaration of the declared decla	6 11.	ed this return, including accordant taxpayer or fiduciary) is ba	mpanying schedules ar ased on all information	of statements, and to	to the best of my knowledge as any knowledge  Pres.  Ittle	e and belief,	it is true,
	Print/Type reparer's nam	ne	eparer's signature	V <sub>A</sub>	Date	Check if	PTIN	
	MICHAEL D. K	ASTNER	MICHAEL D.	KASTNER	12/9/11	self-employed	N/A	
			stner CPA, Pro		111	Firm's EIN ► N/A	, <del>-</del>	
Teparer			verly Dr., Sui					
Jse Only	-irm's address 🗩 💳	everly Hil				Phone no (310	) 552-3	3422
BAA		<i>j</i>		<del></del>		,		<b>0-PF</b> (2010)
•							_	( /

2010

## **Federal Statements**

Page 1

Client 2000

THE RAFAEL AND SHARYL MENDEZ FAMILY FOUNDATION

26-1532246

11/08/11

03·49PM

Statement 1 Form 990-PF, Part I, Line 23 Other Expenses

•					
		(a) Expenses per Books	(b) Net Investment <u>Income</u>	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>
BANK CHARGES	Total	\$ 240. \$ 240.	\$ 240. \$ 240.	\$ 0.	\$ 0.

# Form **8868**(Rev January 2011) Department of the Treasur

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

OMB No 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868  Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits  Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only	Internal Revenu		► File a sepa	arate applic	cation for each return.		<u> </u>	
• If you are fiting for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  Do not complete Part II unless you have already been granted an automatic 3-month automatic extension of time to fit (is from 8868 If you need a 3-month automatic extension of time to fit (is from 8868 It or equest an extension of time to fit (is months for a corporation required to fite Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically fite Form 8868 It or equest an extension of time to fit (is any of the forms listed in Part I or Part II with the exception of Form 8870, Information 8868 to request an extension of time to fit (is any of the forms listed in Part I or Part II with the exception of Form 8870, Information 8868 to request an extension of time or transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS name from 1 (see a contract) and the corporation required to fit for form 980-T and requesting an automatic 9-month extension—check this box and complete Part I only .  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  ### Automatic 3-Month Extension of Time. Only s	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
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a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically life Form 8886 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.ins.gov/effeit and cick on e-file for Chantes & Nonprofits  Part II Automatic 3-Month Extension of Time. Only submit original [no copies needed].  A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file incorne tax returns.  Type or Name of exempt organization  Print Transfer ARA EAL AND SHARYL MENDEZ FAMILY FOUNDATION    Second Part I only								
8888 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8970. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.rs.gov/lefile and click on e-file for Chantes & Nonprofilis Part I only.  A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.  A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.  A corporation (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or print file by the disc date for the return the file income tax returns.  The RAFAEL AND SHARYL MENDEZ FAMILY FOUNDATION  THE RAFAEL AND SHARYL MENDEZ FAM	a corporati	a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form						
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Part I Automatic 3-Month Extension of Time. Only submit orginal (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.  I offer corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or part organization  The RarAEL AND SHARYL MENDEZ FAMILY FOUNDATION  Employer identification number return files by the due date to fire groof return See  City town or post office, state, and ZIP code. For a foreign address, see instructions.  Application  Form 990-E  Form 990-B  Form 990-B  Form 990-B  Form 990-E  Form 990-T (corporation)  Telephone No. ▶  (310) 552-34  FAX No. ▶  (310) 552-34  FAX No. ▶  (310) 552-34  Felaphone No. ▶  (310) 552-34  Form 990-T (trust other than above)  I request an automatic 3-month (6 months for a corporation return for the organization is four the organization return for the organization is four dipid Group Exemption No. ▶  (310) 552-34  Telephone No. ▶  (3	Return for	Transfers	Associated With Certain Personal	Benefit C	Contracts, which must be sent to	the IRS	ın paper	format (see
A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete part 1 only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Name of exempt organization THE RAFAEL AND SHARYL MENDEZ FAMILY FOUNDATION THE RAFAEL AND SHARYL MENDEZ FAMIL	instructions	s). For moi	e details on the electronic filing of th	ıs form, vis	sit www.irs.gov/efile and click on e-	-file for Chi	anties & N	Ionprofits
Part I only .		Automa	ntic 3-Month Extension of Time	. Only sub	omit original (no copies needed	)		
to file income tax returns.  Type or Name of exempt organization Print File by the Agricultural States, and room or suite no. If a P O box, see instructions.  The RAFAEL AND SHARYL MENDEZ FAMILY FOUNDATION  Application Say SPERUGIA WAY  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  LOS ANGELES, CA 90077-3708  Enter the Return code for the return that this application is for (file a separate application for each return)  Application SFOr Code Form 990  D1 Form 990-T (corporation)  Form 990-EZ  Form 1041-A  B8  Form 1041-A  B9  Form 990-EZ  O3 Form 990-F  Form 990-F  Form 990-T (sec 401(a) or 408(a) trust)  The books are in the care of ► MICHAEL KASTNER, CPA  Telephone No. ► (310) 552-34  Telephone No. ► (310) 552-34  Form 990-T (sec 401(a) or 408(a) trust)  To fit his is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return enter the organization is four digit Group Exemption Number (GEN)  If this is for a Group Return enter the organization named above The extension is for the organization is for Form 90-PF, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonnerfundable credits. See instructions.  Balance due, Subtract line 3b from line 3a, Include your payment with this Form, if required, by using EFTPS  Ciectronic F	Part I only							▶ □
THE RAFAEL AND SHARYL MENDEZ FAMILY FOUNDATION  THE RAFAEL AND SHARYL MENDEZ				ips, REMIC	Ss, and trusts must use Form 7004	to reques	t an exter	nsion of time
Number, street, and room or suite no. If a P O box, see instructions.    Sta PERUGIA WAY	Type or	Name of	exempt organization	····		Employer	identificat	ion number
clue date for filting your return Sap  Enter the Return code for the return that this application is for (file a separate application for each return)  DEFINITION ANGELES, CA 90077-3708  Enter the Return code for the return that this application is for (file a separate application for each return)  DEFINITION ANGELES, CA 90077-3708  Enter the Return code for the return that this application is for (file a separate application for each return)  DEFINITION ANGELES, CA 90077-3708  Enter the Return code for the return that this application is for (file a separate application for each return)  DEFINITION ANGELES, CA 90077-3708  Enter the Return code for the return that this application is for (file a separate application for each return)  DEFINITION ANGELES, CA 90077-3708  Enter the Return code for the return that this application is for Code  Form 990-T (corporation)  OF OF OF	print	THE RAI	AEL AND SHARYL MENDEZ FAMILY I	FOUNDATIO	ON		26-153224	16
There your post office, state, and ZIP code. For a foreign address, see instructions.    City, town or post office, state, and ZIP code. For a foreign address, see instructions.   Code	File by the	Number	street, and room or suite no If a PO bo	x, see instru	uctions.			
Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For  Return Code Form 990  01 Form 990-T (corporation) 07 Form 990-BL Form 990-EZ 03 Form 1041-A 098 Form 990-PF 04 Form 5227 099 Form 990-PF 0699-T (trust other than above) 06 Form 8870  11 Form 990-T (trust other than above) 11 Form 990-T (trust other than above) 12 Form 8870  13 Form 8870  14 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 11 I request an automatic 3-month (6 months for a corporation return for the organization of time until 2/13 Calendar year 20 10 or  11 If this is return of the organization of the exempt organization return for the organization is return for:  20 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting penod  3a If this application is for Form 990-FP, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for		543 PER	UGIA WAY					
Enter the Return code for the return that this application is for (file a separate application for each return)		City, tov	on or post office, state, and ZIP code. For	a foreign ad	ddress, see instructions.			
Application   Return   S For   Code   Is For   Code   Form 990   S Fo				J	·			
S For   Code   Is For   Code   Is For   Code   Form 990-T (corporation)   O7	Enter the F	Return cod	e for the return that this application is	s for (file a	separate application for each retui	rn)		. 0 4
Form 990		on						i
Form 990-BL 02 Form 1041-A 08 Form 990-EZ 03 Form 4720 09 Form 990-F 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 111 Form 990-T (trust other than above) 06 Form 8870 12  • The books are in the care of ▶ MICHAEL KASTNER, CPA  Telephone No. ▶ (310) 552-34 FAX No. ▶ (310) 552-08  • If the organization does not have an office or place of business in the United States, check this box . ▶ □ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . ▶ □ If it is for part of the group, check this box . ▶ □ and attach a list with the names and EINs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 , 20 11, to file the exempt organization return for the organization's return for:  ▶ ☑ calendar year 20 10 or  ▶ ☐ tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  ☐ Change in accounting period  2 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.  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.	Form 990		<del></del>					07
Form 990-EZ								
Form 990-PF			<del></del>					
Form 990-T (sec 401(a) or 408(a) trust)  Form 990-T (trust other than above)  6 Form 8870  11  The books are in the care of MICHAEL KASTNER, CPA  Telephone No. (310) 552-34  Telephone No. (310) 552-34  FAX No. (310) 552-08  If the organization does not have an office or place of business in the United States, check this box . If this is for a Group Return, enter the organization's foruge Exemption Number (GEN)  If this is for the whole group, check this box . If this is or the whole group, check this box . If this is the thin the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15								
Telephone No. ► (310) 552-34 FAX No. ► (310) 552-08  If the organization does not have an office or place of business in the United States, check this box ►			11(a) or 409(a) trust)				<del></del>	<del></del>
Telephone No. ► (310) 552-34 FAX No. ► (310) 552-08  • If the organization does not have an office or place of business in the United States, check this box . ► □  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)								
Telephone No. ► (310) 552-34	101111 990	-1 (110510)	ner man above)	00	F0111 8870			12
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for the organization's return for:  ▶					· ·			
				npt organiz	zation return for the organization na	amed abov	e The ex	tension is
tax year beginning , 20 , and ending , 20  If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  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.  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.  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-EO for								
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Change in accounting period  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 \$ 0  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$ 0  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.  3c \$ 0  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	▶ [	_ tax year	beginning	, 20	, and ending		, 20	
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.  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-EO for				nonths, ch	eck reason: 🗌 Initial return 🔲 f	Final return	1	
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(Electronic Federal Tax Payment System). See instructions.    3c   \$ 0					<del></del>		ь  \$	0
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for	(Ele	ectronic Fed	deral Tax Payment System). See instruc	tions.		3		
				withdrawal	with this Form 8868, see Form 8	3453-EO a	nd Form	8879-EO for

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• If you	are filing for an Additional (N	lot Automatic) 3-Me	onth Exten	sion, complete only Part II and c	heck this box	▶□
Note.	Only complete Part II if you ha	ve already been grar	nted an aut	omatic 3-month extension on a pre	eviously filed For	m 8868
• If you	are filing for an Automatic 3-					
Part	Additional (Not Auto	matic) 3-Month E	xtension	of Time. Only file the original (n	io copies need	ed).
Type o		Name of exempt organization  Employer identification not				cation number
File by the extended due date	<b>d</b>	Number, street, and room or suite no. If a P.O. box, see instructions.				
filing you return S instruction	Gity, town or post office, s	itate, and ZIP code. Fo	r a foreign a	ddress, see instructions		
Enter t	he Return code for the return t	that this application i	ıs for (file a	separate application for each return	rn)	
Appli Is Fo	cation		Return Code	Application Is For		Return Code
Form	990		01			
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) tre	ust)	05	Form 6069		11
	990-T (trust other than above)		06	Form 8870		12
				utomatic 3-month extension on a p		orm 8868.
• The I	books are in the care of			No.		
i Cicp	SHORE NO. P		_ I-AA	INU.		
	e organization does not have a	n office or place of b	usiness in	the United States, check this box.		. ▶□
				up Exemption Number (GEN)		
				t of the group, check this box .	▶ 🗍 an	nd attach a
list wit	h the names and EINs of all m					
4	I request an additional 3-mon	th extension of time	until	·,	20	
5	For calendar year , or of	ther tax year beginni	ng	, 20 , and ending	9	, 20
6	If the tax year entered in line to	5 is for less than 12 i	months, ch	eck reason: 🗌 Initial return	Fınal return	
	☐ Change in accounting period					
7	State in detail why you need t	he extension				
		<del> </del>				
	nonrefundable credits. See in	structions.		or 6069, enter the tentative tax, les	8a \$	
b	If this application is for For estimated tax payments manamount paid previously with f	de. Include any pric	4720, or 6 or year ove	6069, enter any refundable credit erpayment allowed as a credit an	s and any 8b \$	
С		rom line 8a. Include y	our paymen	it with this form, if required, by using l	EFTPS 8c \$	
		Sign	ature and	d Verification		
Under p true, cor	enalties of perjury, I declare that I hav rect, and complete, and that I am authorise.	e examined this form, inc.	ludina accomi	panying schedules and statements, and to t	he best of my knowl	ledge and belief, it is
Signatur	· Rulu Co	Sullivar	Title ▶	CPA	Date ▶ 4	-811
	/				Form	<b>8868</b> (Rev 1-2011)

(Rev January 2011)
Department of the Treasury

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

OMB No 1545-1709

internal Revenue	Service File a set	parate applic	cation for each return.			
	iling for an Automatic 3-Month Extension, iling for an Additional (Not Automatic) 3-M				s form).	. ▶ 🖸
Do not com	plete Part II unless you have already been	granted an	automatic 3-month extension on a	previously	filed Forr	n 8868
Electronic f	iling (e-file). You can electronically file Form	n 8868 if yo	u need a 3-month automatic exten	sion of tim	e to file (6	6 months for
a corporatio	n required to file Form 990-T), or an addition	nai (not auto	omatic) 3-month extension of time.	You can e	lectronica	ally file Form
8868 to requ	lest an extension of time to file any of the	forms listed	in Part I or Part II with the excep	otion of Fo	rm 8870,	Information
Return for 7	Fransfers Associated With Certain Persona	al Benefit C	Contracts, which must be sent to	the IRS	n paper	format (see
	. For more details on the electronic filing of t	his form, vis	sit www.irs.gov/efile and click on e-	file for Cha	arities & N	Ionprofits
Part I	Automatic 3-Month Extension of Time	e. Only sut	omit original (no copies needed)	).		
Part I only					•	. ▶ 🗆
	porations (including 1120-C filers), partners	hips, REMIC	Cs, and trusts must use Form 7004	to reques	t an exter	nsion of time
	e tax returns.			<b>-</b>		
Type or print	Name of exempt organization	F011110 4 T14				tion number
•	THE RAFAEL AND SHARYL MENDEZ FAMILY				26-153224	16
File by the due date for	Number, street, and room or suite no If a P.O. b	oox, see instri	uctions.			
filing your	City, town or post office, state, and ZIP code. For	or a foreign a	delega and instructions			
return See instructions	LOS ANGELES, CA 90077-3708	or a loreign a	daress, see instructions			
Enter the Re	turn code for the return that this application	ıs for (file a	separate application for each retur	n)		. 0 4
Application Is For	n	Return Code	Application Is For			Return Code
Form 990		01	Form 990-T (corporation)			07
Form 990-E	3L	02	Form 1041-A			08
Form 990-L	Z	03	Form 4720			09
Form 990-f	PF	04	Form 5227			10
Form 990-	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-1	(trust other than above)	06	Form 8870			12
• The books	are in the care of MICHAEL KASTNER, C	PA				
Telephone	No. ► (310) 552-34	F	AX No. ► (310) 552-08			
• If the orga	nization does not have an office or place of t	business in	the United States, check this box .	· · · ·		. ▶□
<ul> <li>If this is fo</li> </ul>	r a Group Return, enter the organization's fo	ur digit Gro	up Exemption Number (GEN)		. If th	his is
for the whol	e group, check this box 👚 🕨 🔲 . If	fit is for par	t of the group, check this box	▶	and a	ittach
a list with th	e names and EINs of all members the extens	sion is for.				
1 I req	uest an automatic 3-month (6 months for a c	corporation	required to file Form 990-T) extensi	on of time		
	ne organization's return for:	empt organi	zation return for the organization na	amed abov	e The ex	tension is
	calendar year 20 <u>10</u> or					
▶∟	tax year beginning	, 20	, and ending		, 20	
2 If the ☐ C	e tax year entered in line 1 is for less than 12 hange in accounting period	months, ch	eck reason: Initial return	inal return		
	s application is for Form 990-BL, 990-PF, 99	90-T, 4720,	or 6069, enter the tentative tax, les			
	efundable credits. See instructions.				s \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					_	
					\$	0
(Elec	nce due. Subtract line 3b from line 3a. Include y tronic Federal Tax Payment System). See instru	ictions.		30	\$	0
Caution. If	you are going to make an electronic fund	withdrawal	with this Form 8868, see Form 8	453-EO a	nd Form	88/9-EO for

Page	2

• If you	u are f	iling for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II and ch	eck this bo	х.	. ▶ 🗸
		complete Part II if you have already been gran			viously filed	Form 88	68
• If you	u are f	iling for an Automatic 3-Month Extension, c	complete o	only Part I (on page 1).	_		
Part	N	Additional (Not Automatic) 3-Month Ex	xtension	of Time. Only file the original (no	o copies n	eeded).	
Type o	or	Name of exempt organization			Employer id	entification	number
print		THE RAFAEL AND SHARYL MENDEZ FAMILY I	FOUNDATIO	ON .	2	6-1532246	j.
File by ti		Number, street, and room or suite no. If a P.O. box, see instructions.					
extende due date		543 PERUGIA WAY					
filing you return S							
	structions LOS ANGELES, CA 90077-3708						
Enter t	ne Re	turn code for the return that this application is	s for (file a	separate application for each return	n)		0 4
Appli	cation	1	Return	Application			Return
Is Fo	r		Code	Is For			Code
Form	990		01			院にはる代	
Form	990-E	BL	02	Form 1041-A			08
Form	990-E	Z	03	Form 4720			09
Form	990-F	PF	04	Form 5227			10
Form	990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	990-T	(trust other than above)	06	Form 8870			12
STOP!	Do no	ot complete Part II if you were not already gra	inted an au	tomatic 3-month extension on a pr	eviously file	ed Form 8	3868.
Telepoint of the for the	phone e orgai s is foi whole	are in the care of ► MICHAEL KASTNER, CPA  No. ► 310-552-3422  mization does not have an office or place of bit or a Group Return, enter the organization's four errors group, check this box . ► □ . If it names and EINs of all members the extension	FAX lusiness in t ir digit Groat it is for par			 If thr and att	S IS
4		uest an additional 3-month extension of time		11/15	20 11 .		
5	Forc	alendar year 10, or other tax year beginnir	 na	. 20 and ending			, 20
6	If the	tax year entered in line 5 is for less than 12 nange in accounting period	nonths, ch	eck reason:	Final retu		. , =
7		in detail why you need the extension ALL	INEODMATI	ION DECLUDED TO FILE A COMPLETI	F AND COD	DECT TAX	PETHEN
•		NOT BEEN RECEIVED	THE ORIVIA I	ON REQUIRED TO THE A COMPLET	L AILD COIN	CLOT TAX	. KETOKA
				<del></del>		<b></b>	
	~		••		••••••		
8a	If this	application is for Form 990-BL, 990-PF, 990	)-T 4720	or 6069, enter the tentative tax, less	s anv	1	
		efundable credits. See instructions.	, , ,, ,,	or obod, order the territario tax, rec	8a	\$	0
h		s application is for Form 990-PF, 990-T, 4	1720 or 6	069 enter any refundable credits		<u> </u>	<del></del>
		nated tax payments made Include any prio		<del>-</del>	7.)		
		unt paid previously with Form 8868	, your ove	inpaymont anoward as a broat and	8b	s	0
С		nce due. Subtract line 8b from line 8a Include yo	ur navmen	t with this form if required by using E		<del>                                     </del>	
	(Elect	ronic Federal Tax Payment System) See instruc-	tions	t with this form, in required, by doing in	8c	\$	0
	<u></u> -			I Verification	1 00	1*	<del>`</del>
	rrect, an	of perjury, I declare that I have examined this form, included complete, and that I am authorized to prepare this form	uding accomp	panying schedules and statements, and to the	Date <b>▶</b>	8-4-	-1/
					1	orm <b>8868</b>	(Rev 1-2011)