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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

1	For calendar year 2010, or tax year beginning					, and ending				
(G C	heck	all that apply	Initial return		Initial return of a fe	•	harity	Final return	1
r	Amended return					X Address chan	ge		Name change	
	Name of foundation							A Employer identification	number	
	REYES FAMILY FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite							77-0533938		
	Num	ber a	•		treet addres	is)		Room/suite	B Telephone number	0.0
			P.O. BOX	1707					650-845-81	
	City	or to	own, state, and ZIP code	. CA 9402	2				C If exemption application is p	
į	- L	baak	LOS ALTOS	X Section 501(c)(3		navata foundation			D 1. Foreign organization 2. Foreign organizations mechanical check here and attach co	s, check here peting the 85% test,
,		_	type of organization ction 4947(a)(1) nonexer			taxable private foundation	ntion		Į.	
-	Fa		irket value of all assets at				Accri	ual	E If private foundation sta under section 507(b)(1	tus was terminated
•			Part II, col (c), line 16)	Cind or year	Other (s	· · · ———		uui	1	
	>			6,348. (Part I, c			basis.)		F If the foundation is in a under section 507(b)(1	
	Pa	rt I	Analysis of Revenue a	nd Expenses umns (b), (c), and (d) may no	. ((a) Revenue and xpenses per books	(b) Net investment income		(c) Adjusted net	(d) Disbursements for chantable purposes
-			necessarily equal the amou			10,100.	11100		N/A	(cash basis only)
_		1	Check free foundations	NTS, eTC, received ion is not required to attach Sch. B		10,100.			N/A	
2011		2 3	Interest on savings and temp	•		30.		30.		STATEMENT 1
		3 4	cash investments Dividends and interest fr	rom cocurities		350.		350.		STATEMENT 2
2	- 1		Gross rents	om secundes		330.				P. 4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
			Net rental income or (loss)							
0	_	_	Net gain or (loss) from sale of	f assets not on line 10		-17,036.		***************************************		
SCANNED NOV	힐	b	Gross sales price for all assets on line 6a	51,605		·				
	Revenue	7	Capital gain net income (from		_			0.		
Z	œ	8	Net short-term capital ga	ain					DECENTED	
Z		9	Income modifications						KECEIVED	
3		10a	Gross sales less returns and allowances							Q S
0.0		þ	Less Cost of goods sold						NOV 1 a zon	[0]
		C	Gross profit or (loss)							(X)
		11	Other income	•		2,575.		2,575	DGDEN, UT	STATEMENT 3
		12	Total. Add lines 1 through		-	-3,981. 0.		2,9 <u>55.</u> 0.	AARTH' AT	
		13	Compensation of officers, di			0.		0.		0.
		14 15	Other employee salaries Pension plans, employee	•						
	nses		Legal fees	e nellellit?						
	ens		Accounting fees	STMT 4		10,100.		0.		0.
	X		Other professional fees						<u></u>	
	Ve.	17	Interest					,		
	Operating and Administrative Expe	18	Taxes							
	nist	19	Depreciation and depleti	on						
	Ē	20	Occupancy							
	Α̈́	21	Travel, conferences, and	I meetings -						
	au	22	Printing and publications	S			·-·			
	ing	23	Other expenses		ļ					ļ
	rat	24	Total operating and adn			10 100		^		
	ö		expenses. Add lines 13			10,100.		0.		0.
	1		Contributions, gifts, gran	-	-	234,500.				234,500.
		26	Total expenses and disl	bursements.		244,600.		0.		224 500
		27	Add lines 24 and 25 Subtract line 26 from line	0.12		244,000.		υ.		234,500.
						-248,581.				
			Excess of revenue over expe Net investment income			210,501.		2,955.		
			Adjusted net income (if					_,,	N/A	
-	2005			· · · · · · · · · · · · · · · · · · ·						

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

D.	~~+	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	31 X	balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Çash - non-interest-bearing	801,963.	622,023.	622,023.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
1		Less allowance for doubtful accounts ▶			
	5	Grants receivable .			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable		1	
		Less allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۱ ۲	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock			
-	C	Investments - corporate bonds			
-	11	Investments - land, buildings, and equipment basis			
1		Less accumulated depreciation			n
	12	Investments - mortgage loans			
	13	Investments - other			·····
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe STATEMENT 5)	891,245.	822,604.	1,514,325.
			1 600 000	1 444 605	0 106 040
_	16	Total assets (to be completed by all filers)	1,693,208.	1,444,627.	2,136,348.
	17	Accounts payable and accrued expenses			
ł	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
-iat	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
				_	
\dashv	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
nce.		Unrestricted			
ala	25	Temporarily restricted			
9	26	Permanently restricted			
ا ج.		Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.	0.	0.	
ş	27	Capital stock, trust principal, or current funds	0.	0.	
Ö	28	Paid-in or capital surplus, or land, bldg, and equipment fund	1,693,208.	1,444,627.	
<u>چ</u> ا	29	Retained earnings, accumulated income, endowment, or other funds	1,693,208.	1,444,627.	
ž	30	Total net assets or fund balances	1,093,200.	1,444,02/.	
	21	Total liabilities and not accets/fund halanees	1,693,208.	1,444,627.	
		Total liabilities and net assets/fund balances		1/334/02/0	
P	art	Analysis of Changes in Net Assets or Fund Ba	aiances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
•	(must agree with end-of-year figure reported on prior year's return)	1	1,693,208.
2	Enter amount from Part I, line 27a	2	-248,581.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,444,627.
5	Decreases not included in line 2 (Itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,444,627.

Part IV Capital Gains a	nd Lo	osses for Tax on In	vestment	t Income						
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) (b) How acq P - Purcha D - Donati						urchase		acquired day, yr)	(d) Date sold (mo , day, yr)	
1a 47,914 SHS COAS	ТА	CCESS				P	VARI	ous	VARIOUS	
<u>b</u>		,			<u> </u>					
C d										
d e				-	 				<u> </u>	
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss is (f) minus		
a 51,605.				68,64	1.				-17,036.	
b							-			
c d							-			
e										
Complete only for assets showing	gaın ın	column (h) and owned by th	ne foundation	on 12/31/69		(l) Gains (Col (h) gain	minus	
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (I) col (J), If any			l (k), but	not less tha (from col	n -0-) or	
a								-17,036.		
b										
C										
d										
<u>e</u>		C If ways also sufare	m Dark Livra	·-···	7					
2 Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2 Capital gain net income or (net capital loss)								-17,036.		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c)										
If (loss), enter -0- in Part I, line 8 Part V Qualification Un		•			<u>}</u> 3	3		N/A		
(For optional use by domestic private f If section 4940(d)(2) applies, leave this			940(a) tax on	net investment in	icome)					
Was the foundation liable for the section if "Yes," the foundation does not qualify 1. Enter the appropriate amount in each of the section in the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in the section in the section in the section in the section is the section in	under	section 4940(e) Do not con	nplete this pa	rt .					Yes X No	
(a)	011 0010	(b)	1	making any ones.	(c)				(d)	
Base periód years Calendar year (or tax year beginning	ın)	Adjusted qualifying distr	I	Net value of no	nchárital			Distribution ratio (col (b) divided by col (c))		
2009			1,103.		2,3	315,111	•		.155977	
2008			3,800.			91,958			.186454	
2007			3,531. 0,084.			373,604 18,999			.065451	
2006			,475.	· · · · · · · · · · · · · · · · · · ·		68,675			.229749	
2000			,			,	1		1223713	
2 Total of line 1, column (d)							2		.968042	
3 Average distribution ratio for the 5- the foundation has been in existence		-	ı line 2 by 5,	or by the number	of years		3		.193608	
4 Enter the net value of noncharitable	-use as	sets for 2010 from Part X, III	ne 5				4		2,116,967.	
5 Multiply line 4 by line 3							5		409,862.	
6 Enter 1% of net investment income	(1% of	Part I, line 27b)					6		30.	
7 Add lines 5 and 6							7		409,892.	
. , ,	8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate					8		234,500.		
See the Part VI instructions				that part using					000 DE (0040)	

Form	990-PF	(2010) REYES	S FAMILY	FOUNDATIO	ИС				<u>77-</u>	0533	938		Page 4
Pa	rt VI	Excise Tax Base	ed on Investr	ment Income	(Section 4940)(a), 4940(l	b), 4940(e), or 4	948	- see iı	nstru	ıctio	ns)
1a	Exempt	operating foundations des	scribed in section 4	1940(d)(2), check he	ere 🕨 🔲 and en	iter "N/A" on lin	e 1)				_	
	Date of r	ruling or determination let	ter	(attach d	copy of letter if nec	essary-see ins	tructions)						
b	Domesti	c foundations that meet th	ne section 4940(e)	requirements in Par	t V, check here 🕨	and ent	er 1%	•	1				59.
	of Part I	, line 27b		••								*	
		domestic foundations en)					
2	Tax und	er section 511 (domestic :	section 4947(a)(1)	trusts and taxable f	oundations only Otl	hers enter -0-)			2				<u>0.</u>
3	Add line	s 1 and 2	-						3				59.
4	Subtitle	A (income) tax (domestic	section 4947(a)(1) trusts and taxable t	foundations only Of	hers enter -0-)			4				0.
		ed on investment income	3. Subtract line 4 fr	rom line 3 If zero or	less, enter -0-				5				59.
6	Credits/	Payments					_						
a	2010 es	timated tax payments and	2009 overpaymen	nt credited to 2010		6a	2,4	464.					
		foreign organizations - tax				6b							
C	Tax paid	with application for exten	ision of time to file	(Form 8868)		6c							
		withholding erroneously v				6d							
		edits and payments. Add li							7_			2,4	64.
		y penalty for underpayme				ched			8_				
		. If the total of lines 5 and							9	ļ			
		ment. If line 7 is more tha			mount overpaid	2.4	0 E		10			2,4	05.
		amount of line 10 to be				2,4	05 - Refund	led ►	11	<u> </u>			0.
		A Statements R			····				····				
	-	he tax year, did the founda	ation attempt to inf	fluence any national,	state, or local legisl	ation or did it p	participate or ii	ntervene	ın			Yes	No
		tical campaign?				,					1a		X
		end more than \$100 durir				-		-		ŀ	1b		
		nswer is "Yes" to 1a or		•	tne activities and	copies of an	y matenais p	ublishe	d or				
		ted by the foundation i											v
		oundation file Form 1120	-								10		X
		e amount (if any) of tax or						0.					
_	(I) On I	the foundation. > \$		(2) 011 101	undation managers	3							
		e reimbursement (if any) p		tion during the year i	or political expelluit	ure tax impose	ed on toutidati	UII					
	-	rs. ► \$ foundation engaged in an		o not proviously bos	on ronastad to the ID	000					2		Х
		" attach a detailed desc			iii iepoiteu to tile in	131							
		foundation made any cha	=		C in its advarning in	etrument artv	clac of moorno	ration o					
		or other similar instrumen	-	-			nes of illeotpo	nation, c	,,		3		x
		foundation have unrelated								}	4a		X
		has it filed a tax return on	_		note during the year	•			N	/A	4b		<u> </u>
		re a liquidation, termination		-	on during the year?					,	5		X
		" attach the statement			on during the year								
		requirements of section 50			h 4945) satisfied eit	her							
		guage in the governing in			,								
		te legislation that effective		verning instrument s	o that no mandatory	directions that	t conflict with	the state	law				
		n in the governing instrun	-	3						İ	6	Х	ĺ
7		foundation have at least \$		any time during the y	ear?						7	X	·
		" complete Part II, col.								ľ			
		e states to which the foun		vith which it is registe	ered (see instruction	ns) 🕨				ļ			
	CA				· 								
b	If the an	swer is "Yes" to line 7, has	the foundation fu	rnished a copy of Fo	rm 990-PF to the At	torney General	(or designate)					
		state as required by Gene					Ŧ '			İ	8b	X	
9		undation claiming status a				tion 4942(j)(3	or 4942(j)(5)	for cale	ndar	Ī			
	year 201	O or the taxable year begi	ınnıng ın 2010 (sea	e instructions for Par	t XIV)? <i>If</i> "Yes," co	omplete Part	XIV			- {	9		<u>X</u>
10	Did any	persons become substant	t <u>ıal contributo</u> rs du	iring the tax year? if	'Yes, attach a schedul	e listing their nam	nes and addresse	es		ſ	10		X

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

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

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

Form 4720, to determine if the foundation had excess business holdings in 2010.)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

Form **990-PF** (2010)

X

3b

4a

N/A

during the year?

a _i					
orm 990-PF (2010) REYES FAMILY FOUNDATION Part VII-B Statements Regarding Activities for Which I	Form 4720 May Ro I	Poguirod (contin	77-05339	38	Page 6
5a During the year did the foundation pay or incur any amount to	Offit 4720 May be r	tequirea (contir	luea)		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)\\2		es X No		
(2) Influence the outcome of any specific public election (see section 4955), o			23 (22) (10)		
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		<u> </u>			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		Ye	es X No		
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?	. N	[/A 🔲 Yı	es No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5 <i>(d)</i>				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ	6b	<u> X</u>
If "Yes" to 6b, file Form 8870.			Test		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	Ye	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu		7b			
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Higni	/		
List all officers, directors, trustees, foundation managers and their	compensation.				
A New and add are	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) F	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
	PRESIDENT				
P.O. BOX 1707					
LOS ALTOS, CA 94023	1.00	0.	0.		0.
	VICE PRESIDEN	\mathbf{r}			
P.O. BOX 1707	1 00				_
LOS ALTOS, CA 94023	1.00	0.	0.		0.
			u.		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) F	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation		ınt, other wances
NONE			остронация		
		L			
Total number of other employees paid over \$50,000			<u> </u>		0

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	(c) Compensation
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 statistica number of organizations and other beneficiaries served, conferences convened, research papers production.		Expenses
1 N/A		
2		0.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2	Amount
1 N/A		
2		0.
All other program-related investments. See instructions 3 N/A		
		0.
Total. Add lines 1 through 3	>	0.
		5 000 DE (0040)

P	Minimum Investment Return (All domestic foundations	must complete th	is part. Foreign foui	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble, etc , purposes			
а	Average monthly fair market value of securities			1a	656,173.
b	Average of monthly cash balances			1b	
C	Fair market value of all other assets			1c	1,493,032.
d	Total (add lines 1a, b, and c)		_	1d	1,493,032. 2,149,205.
е	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d		3	2,149,205.	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amour		4	32,238.	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o		5	2,116,967.	
6	Minimum investment return. Enter 5% of line 5	•		6	105,848.
P	Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here		erating foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	105,848.
2a	Tax on investment income for 2010 from Part VI, line 5	59.			
b	Income tax for 2010 (This does not include the tax from Part VI)				
C	Add lines 2a and 2b			2c	59.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	105,789.		
4	Recoveries of amounts treated as qualifying distributions		-	4	0.
5	Add lines 3 and 4			5	105,789.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Pa	rt XIII, line 1		7	105,789.
_	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	irposes			224 500
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	234,500.
b	Program-related investments – total from Part IX-B			1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charits	able, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
_	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	224 500
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8,			4	234,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	restment		_	^
_	income Enter 1% of Part I, line 27b		•	5	234,500.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years	wnen calculating wh	ietner the foundation (jualities for	the section

Part XIII Undistributed Income (see instructions)

			·····	
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	30,520	,		
line 7				105,789.
2 Undistributed income, if any, as of the end of 2010			_	
a Enter amount for 2009 only	``		0.	·····
b Total for prior years				
,,		0.		······
3 Excess distributions carryover, if any, to 2010				
a From 2005 985, 278.				
b From 2006 1,243,370.				
c From 2007 255,979.		[
d From 2008 449,635. e From 2009 245,434.				
	3,179,696.	į.	,	
f Total of lines 3a through e	3,177,070.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶\$ 234,500.		1		
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior			`	······································
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				······································
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				105,789.
e Remaining amount distributed out of corpus	128,711.			-
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as	The state of the s			
indicated below:	3,308,407.			
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,300,407.	······································		
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	,	0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 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)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7 '	985,278.			
9 Excess distributions carryover to 2011.	0 000 111			
Subtract lines 7 and 8 from line 6a	2,323,129.			
10 Analysis of line 9				
a Excess from 2006 1,243,370.				
b Excess from 2007 255, 979.				
c Excess from 2008 449,635.				
d Excess from 2009 245, 434.				
<u>e Excess from 2010</u> 128,711.				Form 000 DE (2010)

77-0533938

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution **Amount** Name and address (home or business) recipient a Paid during the year SEE STATEMENT 7 **▶** 3a 234,500. Total b Approved for future payment NONE 0. **▶** 3b Total

Part XVI-A	Analysis of Income-Producing	Activities
	, uncly one or into onite it reducting	

Enter gross amounts unless otherwise indicated	Unrelated	business income		by section 512, 513, or 514	(e)
• • • • • • • • • • • • • • • • • • • •	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion code	Amount	function income
a					
b					
C	- 1				
d		·			
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	30.	
4 Dividends and interest from securities			14	350.	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property _					
7 Other investment income					2,575.
8 Gain or (loss) from sales of assets other					
than inventory			18	-17,036.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	_				·
b	_				
c	_				
d	_				
e	_				
12 Subtotal Add columns (b), (d), and (e)		0	<u>.l</u>	-16,656.	2,575. -14,081.
13 Total. Add line 12, columns (b), (d), and (e)				13	-14,081.
(See worksheet in line 13 instructions to verify calculations)	·····		·-··	
Part XVI-B Relationship of Activities	s to the Acco	mplishment of E	xempt P	urposes	
Line No. Explain below how each activity for which in			·A contribute	d importantly to the accomp	olishment of
the foundation's exempt purposes (other th	an by providing tun	us for such purposes)			
NOT APPLICABLE					
		·. <u> </u>	_		
					
					·
1					

023621 12-07-10

Part XV	Information Re Exempt Organ	-	sfers To a	and Transactions	and Relation	ships With No	ncharitable	е	
1 Did the	organization directly or indi		of the followin	o with any other organizati	on described in se	ction 501(c) of		Yes	No
	de (other than section 501(c)								111
	ers from the reporting founda								
(1) Ca	, •			5-			1a(1)	i '	X
• •	her assets					• •	1a(2)	1	X
• •	ransactions						·		
	les of assets to a noncharital	ble exempt organizat	ion				1b(1)	f i	Х
(2) Purchases of assets from a noncharitable exempt organization									X
(3) Rental of facilities, equipment, or other assets								_	X
(4) Reimbursement arrangements								_	X
	ans or loan guarantees			•			1 <u>b(4)</u> 1b(5)		X
	rformance of services or me	mbership or fundrais	sing solicitatio	ons			1b(6)		X
	g of facilities, equipment, ma		-				10		X
	nswer to any of the above is			**	wavs show the fau	market value of the		sets	
	ices given by the reporting fo		-				-	, ,	
	(d) the value of the goods,				, , , , , , , , , , , , , , , , , , , ,				
(a) Line no	(b) Amount involved			e exempt organization	(d) Descripti	on of transfers, transaction	ons, and sharing ar	 rangeme	ents
	····		N/A	······································					-
			-				-		
						••			
			•						
									
ın secti	oundation directly or indirect on 501(c) of the Code (other complete the following sche	r than section 501(c)		· -	izations described		Yes	X] No
	(a) Name of org	anization		(b) Type of organization		(c) Description of re	elationship		
	N/A				ļ				
									···-
1				<u>-</u>	<u> </u>				
	nder penalties of penjury, I declare nd complete Declaration of prepa	ref(other)than taxpayer of					e and belief, it is th	ие, сопе	
	Print/Type preparer's na	ıme	ignature	Date	Check If	PTIN			
Paid	K. Ac Arliff	_	204	Uff	11/8/11	self- employed			
Prepare Use Onl		NK, RIMER	MAN &	CO, LLP		Firm's EIN ▶			
		EMBARCADE	RO CEN	TER STE 2410)	<u> </u>			
		N FRANCIS				Phone no (415) 43	9-1	144
			-,			11 110110 110	Form 990		

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2010

Employer identification number

77-0533938 REYES FAMILY FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF).

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

REYES FAMILY FOUNDATION

77-0533938

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREG AND PENNY REYES P.O. BOX 1707 LOS ALTOS, CA 94023	ss	Person X Payroll
(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
772462 12 2		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

of Part 9

Name of organization

Employer identification number

REYES FAMILY FOUNDATION

77-0533938

art II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
-, ;			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.	(1-)	(c)	(60
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received

of Part III

Name of organization

Employer identification number

xclusively religious, charitable, etc., ir	ndividual contributions to section	77-0533938 n 501(c)(7), (8), or (10) organizations aggregating		
art III, enter the total of exclusively religion	ous, charitable, etc., contributions	following line entry. For organizations completing of \$		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
(e) Trans Transferee's name, address, and ZIP + 4		efer of gift Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift			
		Relationship of transferor to transferee		
2	art III, enter the total of exclusively religion 1,000 or less for the year. (Enter this info (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	at III, enter the total of exclusively religious, charitable, etc., contributions 1,000 or less for the year. (Enter this information once. See instructions.) (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4		

FORM 990-PF INTEREST ON SA	AVINGS AN	ND TEM	PORARY C	ASH	INVESTMENTS	STATEMENT	1
SOURCE	•					AMOUNT	
MERRILL LYNCH ACCT#07622					•		30.
TOTAL TO FORM 990-PF, PART	I, LINE	3, CO	LUMN A		:		30.
FORM 990-PF DIVIDI	ENDS AND	INTER	EST FROM	SEC	URITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
MERRILL LYNCH ACCT#07622	-		350.		0.	3	50.
TOTAL TO FM 990-PF, PART I	, LN 4 =		350.		0.	3	50.
FORM 990-PF	O	THER I	NCOME	<u> </u>		STATEMENT	3
DESCRIPTION			(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME		
OTHER INCOME			2,	575.	2,575	•	
TOTAL TO FORM 990-PF, PART	I, LINE	11 <u> </u>	2,!	575.	2,575	•	
FORM 990-PF	ACC	COUNTI	NG FEES			STATEMENT	4
DESCRIPTION	(<i>I</i> EXPEN PER E		(B) NET INVI MENT INC				
ACCOUNTING FEES	10	0,100.	-	0	•		0.
TO FORM 990-PF, PG 1, LN 10	6B 10),100.		0	•		0.

FORM 990-PF	OTHER ASSETS		STATEMENT	5
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
COAST ACCESS III LTD PAULSON ADVANTAGES ACCESS YORK TOTAL ACCESS	141,245. 250,000. 500,000.	72,604. 250,000. 500,000.	55,55 771,07 687,70	75.
TO FORM 990-PF, PART II, LINE 15	891,245.	822,604.	1,514,32	25.
	Y XV - LINE 1A COUNDATION MANAGE	RS	STATEMENT	6

NAME OF MANAGER

GREG REYES PENNY REYES

- · · · · · · · · · · · · · · · · · · ·	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT			
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT		
BOYS & GIRLS CLUB OF SILICON VALLEY 518 VALLEY WAY MILPITAS, CA 95035	NONE CHARITABLE USE	PUBLIC CHARITY	50,000.		
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE., STE 200 MANHATTAN BEACH, CA 90266	NONE CHARITABLE USE	PUBLIC CHARITY	25,000.		
VALLEY CHRISTIAN SCHOOLS 100 SKYWAY DRIVE SAN JOSE, CA 95111	NONE CHARITABLE USE	SCHOOL	40,000.		
	NONE CHARITABLE USE	PUBLIC CHARITY	22,000.		
ST. JUDE RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		PUBLIC CHARITY	5,000.		
HOSPICE OF THE VALLEY 1510 E. FLOWER STREET PHOENIX, AZ 85014	NONE CHARITABLE USE	PUBLIC CHARITY	25,000.		
BIG MIND INC. 1274 E. SOUTH TEMPLE SALT LAKE CITY, UT 84102	NONE CHARITABLE USE	PUBLIC CHARITY	50,000.		
TUG MCGRAW FOUNDATION 100 CALIFORNIA DRIVE YOUNTVILLE, CA 94599	NONE CHARITABLE USE	PUBLIC CHARITY	15,000.		

REYE'S FAMILY FOUNDATION

77-0533938

MENLO CHARITY HORSE SHOW 190 PARK LANE ATHERTON, CA CHARITABLE USE 94027

NONE

PUBLIC CHARITY 2,500.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

234,500.

76790-L1

Form 8868 (Rev. 1-2011)					Page	
If you are filing for an Additional (Not Automatic) 3-Mont				2000	► X	
Note. Only complete Part II if you have already been granted If you are filing for an Automatic 3-Month Extension, con			romi	5000.		
Part II Additional (Not Automatic) 3-Mont			ples r	eedec	d).	
Name of exempt organization		, , , , , , , , , , , , , , , , , , , ,			dentification number	
or Table 5, 5,5,5,1,1,2,1,1,1,1,1,1,1,1,1,1,1,1,1,1,						
Print REYES FAMILY FOUNDATION			7	7-0	533938	
Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1707						
city, town or post office, state, and ZIP code. For an anticons LOS ALTOS, CA 94023	r a foreign add	lress, see instructions.				
For the second s						
Enter the Return code for the return that this application is fo	or (file a separa	te application for each return)			0 4	
Application	Return	Application			Return	
s For	Code	Is For			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) trust)	05	Form 6069			11	
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already gra	06	Form 8870		 -	12	
The books are in the care of ▶ P.O. BOX 170 Telephone No. ▶ 650-845-8100 If the organization does not have an office or place of bus If this is for a Group Return, enter the organization's four office.	 iness in the Ur	FAX No. ▶	s is fo	the w	▶ □	
oox ► . If it is for part of the group, check this box ►						
4 I request an additional 3-month extension of time until		BER 15, 2011.				
5 For calendar year 2010, or other tax year beginning		, and ending				
6 If the tax year entered in line 5 is for less than 12 mont			Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension						
THE TAYPAYER RESPECTFULLY R						
FILE IN ORDER TO GATHER INF	ORMATIO	N NECESSARY TO PREPA	RE	A C	OMPLETE AND	
ACCURATE TAX RETURN.						
8a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions.	720, or 6069, e	enter the tentative tax, less any	8a	\$	59	
b If this application is for Form 990-PF, 990-T, 4720, or 6	069, enter any	refundable credits and estimated				
tax payments made. Include any prior year overpayme	nt allowed as	a credit and any amount paid				
previously with Form 8868.			8b	\$	2,464	
c Balance due. Subtract line 8b from line 8a Include yo	ur payment wi	th this form, if required, by using			_	
EFTPS (Electronic Federal Tax Payment System). See			8c	\$	0	
	_	nd Verification		_		
Under penalties of perjury, I declare that I have examined this form, I it is true, correct, and complete, and that I am authorized to prepare	this form	panying schedules and statements, and to the			owledge and belief,	
Signature Title	► CPA		_ Date	> 2	8/4/11	
					Form 9969 (Pov. 1-201	

L. tr