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# Form **990-PF**

# EXTENSION GRANTED TO 05/15/12

# **Return of Private Foundation**

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

Department of the Treasury

OMB No 1545-0052

			<u> </u>		Tetarii to satisiy state repor		
For c	<u>alen</u>	dar year 2010, or tax year beginning J	<u>UL</u>			<u>JUN 30, 2011</u>	
<b>G</b> CI	neck	all that apply: Initial return			rmer public charity	Final return	n
		Amended return		Address chang	ge	Name change	
Nam	e of	foundation				A Employer identification	n number
		THE REEVES FOUNDATI	ON,	INC.		58-1792933	3
Num	ber ar	nd street (or P O box number if mail is not delivered to s	treet ac	idress)	Room/suite	B Telephone number	
İ		115 SUMMIT AVENUE				908-273-23	312
City	or to	own, state, and ZIP code				C If exemption application is	
0,	0, 10	SUMMIT, NJ 07901				D 1 Foreign organization	_
H C	ack		3) avei	mpt private foundation		Foreign organizations m check here and attach c	eeting the 85% test,
" -		ction 4947(a)(1) nonexempt charitable trust		ther taxable private founda	ation		
L For				method: Cash	X Accrual	E If private foundation sta	
		· · · · · · · · · · · · · · · · · · ·	_ `	· ——	Accidat	under section 507(b)(1	
		Part II, col. (c), line 16)	Utne	er (specify)	2000	F If the foundation is in a	
		26,319,833. (Part I, C	COIUITI			under section 507(b)(1	T
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may n	ot	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a) )	$\dashv$	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	L	55,224.		N/A	<del> </del>
	2	Check Inf the foundation is not required to attach Sch.	³				
	3	Interest on savings and temporary cash investments	L	53.	53.		STATEMENT 1
	4	Dividends and interest from securities	L	419,915.	419,915.		STATEMENT 2
	5a	Gross rents	L				
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10		462,109.		DEAL	
ا <u>چ</u>	b	Gross sales price for all assets on line 6a 2, 498, 287	. [			KEUE	VED
Revenue	7	Capital gain net income (from Part IV, line 2)	_ [		462,109.		181
8	8	Net short-term capital gain				I M ΔV 1	2012 0
1	۵	Income modifications	-			144 144 T 9	2012 6
ł	10a	Gross sales less returns	<u> </u>				
			-+			OGDFI	V 117
		Less Cost of goods sold Cross profit or (loss)	<u> </u>		_		
		Gross profit or (loss)	-	20,428.	20,428.		STATEMENT 3
	11	Other income	-	957,729.	902,505.		DIRIEMENI J
	12	Total. Add lines 1 through 11			47,250.		87,750.
	13	Compensation of officers, directors, trustees, etc	-	135,000.	29,311.		<del></del>
	14	Other employee salaries and wages	_	83,747.			54,436.
S		Pension plans, employee benefits	F	29,309.	10,258.		19,051.
rses		Legal fees	L	6 707			
Expens		Accounting fees STMT 4		9,500.	3,325.		6,175.
Δ̈́	C	Other professional fees STMT 5	L	38,185.	38,185.		0.
ě.	17	Interest	L	3,355.	3,355.		0.
and Administrative	18	Taxes STMT 6	L	43,611.	11,412.		20,875.
Jist	19	Depreciation and depletion		9,089.	7,575.		
ᇐ	20	Occupancy		64,108.	22,438.		41,670.
A	21	Travel, conferences, and meetings	Γ	42,325.	14,814.		27,511.
밑	22	Printing and publications	Γ	727.	254.		473.
g	23	Other expenses STMT 7		167,223.	148,139.		18,847.
		Total operating and administrative	Γ				
ě		expenses Add lines 13 through 23		626,179.	336,316.		276,788.
Ö	25	Contributions, gifts, grants paid	t	899,806.	550/5201		899,806.
		Total expenses and disbursements.	F	_0,5,000.			333,000.
	20			1,525,985.	336,316.	1	1,176,594.
-		Add lines 24 and 25		1,545,305.	330,310.		1,170,334.
		Subtract line 26 from line 12:	]	ECO 256			
		Excess of revenue over expenses and disbursements		-568,256.	F.C. 100	<del></del>	<del></del>
1		Net investment income (if negative, enter -0-)	-		566,189.		<del> </del>
02350		Adjusted net income (if negative, enter -0-)			<u> </u>	N/A	5 OOO DE (0040)
						1	

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

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101	111 33	THE REEVES FOUNDATION,	INC.		1/9/2933 Faye 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	<del></del>
느		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	300.	300.	300.
		Savings and temporary cash investments	54,154.	183,515.	183,515.
		Accounts receivable ►			
	٦				
		Less; allowance for doubtful accounts ▶		<del></del>	
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		-	
	ľ	disqualified persons			
	_				
	<b>'</b>	Other notes and loans receivable	ľ		
	!	Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	17,174.	5,834.	5,834.
Ä		Investments - U.S. and state government obligations		•	
		Investments - corporate stock			
		·			<del></del>
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	21,963,151.	21,226,402.	26, 107, 893.
	1	Land, buildings, and equipment: basis ► 67, 208.			
	17		21,161.	10 256	10 256
				19,256.	19,256.
	15	Other assets (describe ► STATEMENT 10)	2,778.	3,035.	3,035.
_	16	Total assets (to be completed by all filers)	22,058,718.	21,438,342.	26,319,833.
	17	Accounts payable and accrued expenses	2,465.	3,019.	
	18	Grants payable	-	_	
<b>'</b> ^	19	Deferred revenue			
ĕ	i				
Ē		Loans from officers, directors, trustees, and other disqualified persons		-	
Liabilities	21	Mortgages and other notes payable			
_	22	Other liabilities (describe   STATEMENT 11)	148.	135.	
	23	Total liabilities (add lines 17 through 22)	2,613.	3,154.	-
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
S			22,056,105.	21,435,188.	
or Fund Balances	24	Unrestricted	42,036,103.	21,433,100.	
<u>a</u>	25	Temporarily restricted			
Ä	26	Permanently restricted			
<u>=</u>		Foundations that do not follow SFAS 117, check here			
Ţ		and complete lines 27 through 31.	İ		
	27	Capital stock, trust principal, or current funds	i		
ets	1	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	28				
4	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	<u>22,056,</u> 105.	21,435,188.	
	ļ				
	31	Total liabilities and net assets/fund balances	22,058,718.	21,438,342.	
		Analysis of Changes in Not Assets or Fund B			
LP	art	Analysis of Changes in Net Assets or Fund Ba	aidiiCeS		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
			••		22 056 105
		st agree with end-of-year figure reported on prior year's return)		1	22,056,105.
		r amount from Part I, line 27a		2	<u>-568,256.</u>
		r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	21,487,849.
5	Decr	eases not included in line 2 (itemize) <b>EXCESS OF FMV</b>	OVER DONOR'S		52,661.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	21,435,188.
Ť	. 5.0	accord of total administration of or four time of the of the or	(0),		Eorm <b>990-PF</b> (2010)

Form **990-PF** (2010)

See the Part VI instructions

orm 99	O-PF (2010) THE REEVES FOUNDATION, INC.  VI Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 4940(e	5), or 49	8-179: <b>48 - see</b>	2933 instru	ction	age 4
1a Exe	mpt operating foundations described in section 4940(d)(2), check here  and e						
Dat	e of ruling or determination letter: (attach copy of letter if nec	cessary-see instructions)					
<b>b</b> Do	mestic foundations that meet the section 4940(e) requirements in Part V, check here 🌗	▶ L and enter 1%	<b>}</b>	1	1:	1,3	<u>24.</u>
of l	Part I, line 27b						
c All	other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	% of Part I, line 12, col. (b).	丿				
2 Tax	under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	Others enter -0-)	<u> </u>	2	_		<u>0.</u>
-	1 lines 1 and 2		<u> </u> _	3	1:	1,3	<u>24.</u>
	otitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. $0$	Others enter -0-)	ļ	4			0.
5 Ta	c based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		ļ	5	1	1,3	<u> 24.</u>
6 Cre	dits/Payments:	1 1 44					
<b>a</b> 20	IO estimated tax payments and 2009 overpayment credited to 2010		352.				
	empt foreign organizations - tax withheld at source	6b					
	paid with application for extension of time to file (Form 8868)	6c					
	ckup withholding erroneously withheld	6d		_	4	4 2	<b>-</b> 2
	al credits and payments. Add lines 6a through 6d		-	7	<u> </u>	4,3	<u>54.</u>
	er any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ached		8			
	due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9			20
	erpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	2 000 1-		10		3,0	
11 En	er the amount of line 10 to be: Credited to 2011 estimated tax	3,028. Refun	ded 🚩 📗	11			0.
	VII-A Statements Regarding Activities	-1-1			T	Yes	No
	ring the tax year, did the foundation attempt to influence any national, state, or local legis	siation or did it participate or	mervene m			163	
	/ political campaign?	one (and instructions for date	nition\2		1a 1b		X
	it spend more than \$100 during the year (either directly or indirectly) for political purpo				ID		
	he answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	u copies of any materials [	Jubiisrieu	OI			
	tributed by the foundation in connection with the activities.				,,	•	х
	the foundation file Form 1120-POL for this year?	a vear!			1c		
	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the On the foundation.   \$		0.				
	ter the reimbursement (if any) paid by the foundation during the year for political expend						
	_	inuie tax imposed on founda-	1011				
	nagers. ► \$	IRS2			2		х
	Yes, " attach a detailed description of the activities				<del>  </del>		
	s the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorp	oration, or			1	
	aws, or other similar instruments? If "Yes," attach a conformed copy of the chang				3		<u>X</u> _
-	I 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 <b>Form 990-T</b> for this year?			N/A	4b		
	is there a liquidation, termination, dissolution, or substantial contraction during the year	?		•	5		X
_	Yes," attach the statement required by General Instruction T						
	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:					
•	By language in the governing instrument, or						
•	By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with	the state la	ıw '			
	remain in the governing instrument?				6	X	
<b>7</b> Di	the foundation have at least \$5,000 in assets at any time during the year?				7	X	
lf	Yes," complete Part II, col. (c), and Part XV.						
8a En	ter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨					İ
	SC, NJ						
<b>b</b> If t	he answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designat	e)				
	each state as required by General Instruction G? If "No," attach explanation				8b	X	<u> </u>
	the foundation claiming status as a private operating foundation within the meaning of se		i) for calend	tar			
	ar 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," o				9		<u>X</u>
10 Di	d any persons become substantial contributors during the tax year? If "Yes," attach a sched	dule listing their names and addres	ses		10	<b></b>	X
				Fo	rm <b>990</b>	-PF (	2010)

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Form 990-PF (2010) THE REEVES FOUNDATION,	INC.		<u>58-17929</u>	<u>}33</u>	Page 6
Part VII-B Statements Regarding Activities for Whi	ch Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			_		
(1) Carry on propaganda, or otherwise attempt to influence legislation (s	ection 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 49)	55); or to carry on, directly or indir	ectly,	_		
any voter registration drive?		Ye	es 🗓 No		
(3) Provide a grant to an individual for travel, study, or other similar purp	ooses?	Ye	es 🗓 No		
(4) Provide a grant to an organization other than a charitable, etc., organ					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es 🗓 No		
(5) Provide for any purpose other than religious, charitable, scientific, litter	erary, or educational purposes, or	for	į		
the prevention of cruelty to children or animals?	, , ,		es 🗶 No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to quality	fy under the exceptions described				,
section 53.4945 or in a current notice regarding disaster assistance (see			N/A	5b	
Organizations relying on a current notice regarding disaster assistance ch			<b>▶</b>		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemp		uned	, <u> </u>		
expenditure responsibility for the grant?		√A	es No		
If "Yes," attach the statement required by Regulations section 53		1/21			
6a Did the foundation, during the year, receive any funds, directly or indirectly	- ·		1	1	1
	ly, to pay premiums on		es X No	1	
a personal benefit contract?	an a narrannal banafit agatrant?	16	ן טא בבו פּּ	6b	x
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, o	on a personal benefit contract?		ŀ	-00	<u> </u>
If "Yes" to 6b, file Form 8870			es X No		
7a At any time during the tax year, was the foundation a party to a prohibited		Y6		7.	<del></del>
b If "Yes," did the foundation receive any proceeds or have any net income a		anaga High	N/A	7b	
Part VIII Information About Officers, Directors, Treat VIII Paid Employees, and Contractors	rustees, Foundation Ma	anagers, migni	y		
List all officers, directors, trustees, foundation managers and t	heir compensation				
1 List all officers, directors, trustees, roundation managers and t		(c) Compensation	(d) Contributions to	T (e)	Expense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acci	bunt, other
	to position	enter -0-)	compensation	+ an	owances
		125 222	2 252		•
SEE STATEMENT 12		135,000.	2,959	<del>- </del>	0.
				┿	
			İ		
				<del>- </del>	
			İ		
		Į.			
2 Compensation of five highest-paid employees (other than thos		, enter "NONE."	1 (al) 0		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	, (e)	Expense ount, other
(a) Name and address of each employee paid more than \$60,000	hours per week devoted to position	(C) Compondation	compensation	all	lowances
NONE					
				1	
			ļ		
				1	-
Total number of other employees paid over \$50,000		<del>-</del>			0
Total inclined of early employees bails ever monitore			Forn	990-	PF (2010)
			1 0111		- (2010)

12-07-10

Form 990-PF (2010) THE REEVES FOUNDATION, INC.	58-	1792933 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		<u></u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the oduced, etc.	Expenses
1 NONE - NOT A PRIVATE OPERATING FOUNDATION		
		0.
2		
3		
4		<del> </del>
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	n lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
		Form <b>990-PF</b> (2010)

Part )	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations	s, see instructions.)
1 Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Aver	age monthly fair market value of securities	1a	25,394,304.
<b>b</b> Aver	age of monthly cash balances	1b	252,602.
c Fair	market value of all other assets	1c	* 28,125.
d Tota	I (add lines 1a, b, and c)	1d	25,675,031.
e Redu	iction claimed for blockage or other factors reported on lines 1a and		
1c (a	ttach detailed explanation) 1e 0 •		
2 Acqu	usition indebtedness applicable to line 1 assets	2	0.
3 Subt	ract line 2 from line 1d	3	25,675,031.
4 Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	385,125.
5 Net	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	25,289,906.
6 Mini	mum investment return. Enter 5% of line 5	6	1,264,495.
Part.)	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	
1 Mini	num investment return from Part X, line 6	1	1,264,495.
2a Tax	on investment income for 2010 from Part VI, line 5		
<b>b</b> Inco	me tax for 2010. (This does not include the tax from Part VI.)	] ]	
c Add	lines 2a and 2b	2c	11,324.
3 Distr	ibutable amount before adjustments. Subtract line 2c from line 1	3	1,253,171.
4 Reco	veries of amounts treated as qualifying distributions	4	0.
5 Add	lines 3 and 4	5_	1,253,171.
6 Dedu	iction from distributable amount (see instructions)	6	0.
7 Dist	ibutable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,253,171.
Part >	Qualifying Distributions (see instructions)		
1 Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ГТ	
	nses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,176,594.
-	ram-related investments - total from Part IX-B	1b	0.
-	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amo	unts set aside for specific charitable projects that satisfy the:		
a Suita	ibility test (prior IRS approval required)	3a	
<b>b</b> Cash	distribution test (attach the required schedule)	3b	
4 Qual	ifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,176,594.
5 Foun	dations that qualify under section 4940(e) for the reduced rate of tax on net investment		
incol	ne. Enter 1% of Part I, line 27b	5	0.
6 Adju	sted qualifying distributions. Subtract line 5 from line 4	6	1,176,594.
Note	. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies fo	or the section
			Form <b>990-PF</b> (2010)
	*Fixed Assets \$19	,256	
	Prepaids 5	,834	
	•	,035	
	<del></del>	,125	•
	10141 525		

Part XIII Undistributed Income (see instructions)

		<del></del>		
	(a) Corpus	(b) Years prior to 2009	(c) 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI,		reard prior to 2000	2000	2010
line 7				1,253,171.
2 Undistributed income, if any, as of the end of 2010				<u> </u>
a Enter amount for 2009 only			1,172,403.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2010:				
<b>a</b> From 2005				
<b>b</b> From 2006				
c From 2007				
<b>d</b> From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$ 1,176,594.				
a Applied to 2009, but not more than line 2a			1,172,403.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	•			
(Election required - see instructions)	0.		·	4 101
d Applied to 2010 distributable amount				4,191.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.		=:::	
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 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				1,248,980.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011	0.			
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9: a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
<u></u>		L		<del> </del>

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CHARITABLE CONTRIBUTIONS 4. THRU WILSHIRE U.S. PRIVATE MARKETS FUND IV, LP 2. CHARITABLE CONTRIBUTIONS THRU CHISHOLM FUND PARTNERS, LP 5. CHARITABLE CONTRIBUTIONS THRU TIFF REALTY AND RESOURCES 2008, LLC 61. CHARITABLE CONTRIBUTIONS THRU TIFF REALTY AND RESOURCES II, LLC CHARITABLE CONTRIBUTIONS 7. THRU WILSHIRE U.S. PRIVATE MARKETS FUND VI, LP 899,727. SEE ATTACHED STATEMENT A N/A PUBLIC SEE ATTACHED CHARITY 899,806. ▶ 3a Total b Approved for future payment 414,583. SEE ATTACHED STATEMENT B N/A PUBLIC SEE ATTACHED CHARITY 0. Total

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y 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	_		<u> </u>		
d					·
e	_				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			14	53. 419,915.	
4 Dividends and interest from securities			14	419,915	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			1 -		<del></del>
<b>b</b> Not debt-financed property		<u>.</u>	<del></del>		
6 Net rental income or (loss) from personal			1		
property			1 4	20 420	
7 Other investment income			14	20,428.	
8 Gain or (loss) from sales of assets other			18	462 100	
than inventory			10	462,109.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			<del></del>		
1 Other revenue:					
a			+		
D	_				
d					
d	<del></del>				
2 Subtotal. Add columns (b), (d), and (e)		0		902,505.	0
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	<u>~</u>	<del>71</del>	13	
See worksheet in line 13 instructions to verify calculations	s.)				2027000
		nlichment of 5	vomat D	Imacoc	
Part XVI-B Relationship of Activitie	s to the Accon	ipiisninent of E	xempt P	nihosea	
Line No Explain below how each activity for which	income is reported in o	olumn (e) of Part XVI-	A contributed	importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other to the foundation)  ■ The foundation of the foundation				•	
NT / 3					

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
	N/A
-	
-	

(973) 605-1040 Form 990-PF (2010)

PTIN

Paid

**Preparer** 

**Use Only** 

Date

Check

self- employed

Firm's EIN

Phone no.

Print/Type preparer's name

CHRISTINE KRENTZ

Firm's name ► MCCABE HEIDRICH & WONG,

PARSIPPANY, NJ 07054-4518

Firm's address ▶ 4 GATEHALL DRIVE

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No 1545-0047

2010

**Employer identification number** Name of the organization 58-1792933 THE REEVES FOUNDATION, INC. Organization type (check one) Section: Filers of: 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

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribution, 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

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

religious, charitable, etc., contributions of \$5,000 or more during the year.

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)

	115 SUMMIT AVE.	\$ 55,224.	Payroll Noncash X (Complete Part II if there
(a) No.	SUMMIT, NJ 07901  (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
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution )

023452 12-23-10

Employer identification number

# THE REEVES FOUNDATION, INC.

58-1792933

(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	bescription of noncastr property given	(see instructions)	Date received
	1,170 SHARES OF ILLINOIS TOOL WORKS,		
1	INC.	-	
		-	
		\$55,224.	11/22/10
			_
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(see man actions)	
		-	
		-	
		_   \$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
		-	
		-	
	· · · · · · · · · · · · · · · · · · ·	-   _	
		_   \$	<del></del>
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(000 1100 200010)	
		.	
		-	
		\$	
(a) No.	(1-1)	(c)	(4)
from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
		_	
		-	
	·	_   \$	
(a)		(-)	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
-aiti		1	
Faiti		-	
		-	

Name of organization

Employer identification number

	EVES FOUNDATION, INC.		58-1792933
art III	Exclusively religious, charitable, etc., ir more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions \$1,000 or less for the year (Enter this info	e columns (a) through (e) and the ous, charitable, etc , contributions	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
) No.			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No.	(h) Diverges of sift	(a) Hop of sift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is netu
-		(e) Transfer of gif	it
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u>Part I                                   </u>	(-) · · · · · · · · · · · · · · · · · · ·		
-		(e) Transfer of gif	t
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			

# THE REEVES FOUNDATION, INC. FORM 990-PF FYE 6/30/11 E.I.N. 58-1792933 STATEMENT A

ORGANIZATION	PURPOSE	ADDRESS	AMOUNT
Alleghany Wellness Center, Inc.	Capital	P.O. Box 1735, Sparta, NC 28675	18,750
Asphalt Green, Inc.	Capital	555 East 90th Street, New York, NY 10128	25,000
Centenary College	Capital	400 Jefferson Street, Hackettstown, NJ 07840	83,333
Columbia College	Endowment	1301 Columbia College Drive, Columbia, SC 29203	125,000
The Connection for Children and Families	Capital	79 Maple Street, Summit, NJ 07901	83,333
Gtr New York Council, Boy Scouts of America	Capital/End	350 Fifth Avenue, New York, NY 10118	30,000
National Jewish Medical and Research Center	Capital	1400 Jackson Street, Denver, CO 80206	41,666
Overlook Hospital Foundation	Endowment	36 Upper Overlook Road, Summit, NJ 07902	135,312
Ronald McDonald House	Capital	405 East 73rd Street, New York, NY 10021	2,500
UMDNJ School of Dentistry	Capital	65 Bergan Street, Suite 1551, Newark, NJ 07107	20,833
United Methodist Church	Capital/End	17 Kent Place Boulevard, Summit, NJ 07901	54,000
Wofford College	Endowment	429 North Church Street, Spartanburg, SC 29303	255,000
YMCA of Eastern Union County	Capital	144 Madıson Ave, Elizabeth, NJ 07201	25,000
TOTAL			899,727

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THE REEVES FOUNDATION, INC. FORM 990-PF FYE 6/30/11 E.I.N. 58-1792933 STATEMENT B

ORGANIZATION	PURPOSE	ADDRESS	AMOUNT
Alleghany Wellness Center, Inc.	Capital	P.O. Box 1735, Sparta, NC 28675	56,250
Columbia College The Connection for Women and Families	Endowment Capital	1301 Columbia College Drive, Columbia, SC 29203 79 Maple Street, Summit, NJ 07901	250,000 83,333
YMCA of Eastern Union County	Capital	144 Madison Ave, Elizabeth, NJ 07201	25,000
TOTAL			414,583

	sses to lax on investment income	d a constant	(h) How acquired	(-) D-1	(4) 5 : ::
2-story br	describe the kind(s) of property sol ick warehouse; or common stock, 2		(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a 1,170 SHS ILLI		D	11/22/10	12/01/10	
b CAPITAL GAINS	DIVIDENDS				
_c		<del></del>			<del></del>
_d	. <u> </u>				<u>_</u>
<u>e</u>					
<u>f</u>					
<u>g</u>			_		<del></del>
h			<del>  </del>		
<u> </u>					
1.		· · · ·			
<u>k</u>			<u>.</u>		
n n	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
0		<del></del>			-
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h	) Gain or (loss) Dlus (f) minus (g)	
a 56,732.	(or anomasio)	2,563.	(0) F	(9)	54,169.
b 16,300.		2,363.			16,300.
C 10,500.					10,500.
d				•	
e				•	·
f					
g					
h					
1					
J					
k					
1					
m					
n					
0		h. f dah			
Complete only for assets showin	ng gain in column (h) and owned by	i -	(I) Los	sses (from col. (h)) of col. (h) gaın over	col (k)
(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	but n	ot less than "-0-")	
a					54,169.
<u>b</u>					16,300.
<u>c</u>					
d					
<u>e</u>		-			
f					<del></del>
<u>g</u> h					
					<del></del>
k					
<u> </u>					
m					
n					
0					
Capital gain net income or (net ca	apital loss) { If gain, also ente	r in Part I, line 7 )-" in Part I, line 7	2		462,109.
3 Net short-term capital gain or (los			_		
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).	}	3	N/A	

•	I			KM 330-FF PAG			990-Pr
Asset				Description of	property		
Number	Date placed IRC	hod/ sec. Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	OFFICE EQU		1				
	081588SL	5.00	16	10,500.		10,500.	0.
2	COMPUTER PI			2 005		2 005	
2		5.00	16	2,805.		2,805.	0,
	COMPUTER PI 021593SL COMPUTER	5.00	16	228.		228.	0.
	12 <sub>1</sub> 15 <sub>1</sub> 92 <sub>SL</sub>	5.00	16	1,690.		1,690.	0
О	PRINTER 061593SL	5.00	16	648.		648.	0
7	OFFICE FURI		110	040.		040.	
,	06 30 88 SL	7.00	16	2,184.		2,184.	0
8	PHONE SYSTI		110	2,1040		2,1030	
Ŭ	091589SL	7.00	16	2,550.		2,549.	0
9	CABINETS AN						
	061590SL MICROWAVE	7.00	16	1,630.		1,630.	0
- •	11/15/91SL	7.00	16	101.		101.	0
11	RUGS			1			
	121590SL	31.50	16	5,933.		3,684.	188
12	COMPUTER &	PRINTER	₹				
	05 31 96 SL	5.00	16	2,658.		2,658.	0
13	COPIER						
	08 <sub>1</sub> 15 <sub>1</sub> 96 <u>SL</u>	5.00	16	1,200.		1,200.	0.
	FAX MACHINE 01/30/98SL	5.00	16	300.		300.	0
15	COMPUTER &					· · · · · · · · · · · · · · · · · · ·	
	03 <sub>1</sub> 31 <sub>1</sub> 98 <sub>SL</sub>	5.00	16	1,783.		1,783.	0.
16	SIDEWALK IN						
	08 <sub>1</sub> 15 <sub>1</sub> 97 <sub>SL</sub>	39.00		500.		169.	13
17	COMPUTER CA						
1.0	101598SL	5.00	16	220.		220.	0
18	COMPUTER CA	5.00		250.		250.	
1 0	ROOF IMPROV		11.0	250.1		250.	0
13	10,15,98SL	39.00	116	200.		59.	5
20	ROOF	33.00	711.0	200.1	·····		
20	031699SL	39.00	116	18,350.		5,318.	471
21	TYPEWRITER	33101	<u> </u>	10/3301		373101	
	01 <sub>2</sub> 3 <sub>0</sub> 1 <sub>SL</sub>	5.00	16	149.		149.	0
22	BLINDS	<u> </u>					
	05 15 01SL	39.00	16	410.		101.	11.
23	COPIER			•			
	090401SL	5.00	16	695.		695.	0
24	COMPUTER						
	111501SL	5.00	16	850.	<del> </del>	850.	0
25	COMPUTER			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	03 <sub>1</sub> 14 <sub>0</sub> 3 <sub>SL</sub>	5.00	16	900.		900.	0 .
26	BOILER		·				
	110106SL	7.00	16	7,816.		4,095.	1,117
27	COMPUTER	F 55	100				
	081507SL	5.00	16	885.		516.	177.
28	PRINTER 063008SL	5.00	16	599.		240.	120.

FORM 990-PF INTEREST ON SAVINGS	AND TEMPORARY C	ASH INVESTMENTS	STATEMENT 1
SOURCE			AMOUNT
HILLTOP COMMUNITY BANK			53.
TOTAL TO FORM 990-PF, PART I, LIN	E 3, COLUMN A		53.
FORM 990-PF DIVIDENDS AN	D INTEREST FROM	SECURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
ADVISORY RESEARCH SMALL/MID CAP VALUE EQUITY FUND II, L.P			
DIVIDENDS ARTIO INTERNATIONAL EQUITY II	9,820.	0.	9,820.
FUND - DIVIDENDS CHISHOLM FUND PARTNERS, L.P	27,453.	0.	27,453.
DIVIDENDS	5,718.	0.	5,718.
CHISHOLM FUND PARTNERS, L.P INTEREST	1,065.	0.	1,065.
DODGE & COX INTERNATIONAL STOCK FUND - DIVIDENDS	27,783.	0.	27,783.
FARALLON CAPITAL - DIVIDENDS ING INTERNATIONAL SMALLCAP	38,539.	0.	38,539.
MULTI-MGR I FUND - DIVIDENDS PIMCO TOTAL RETURN FUND -	11,536.	0.	11,536.
CAPITAL GAIN DIVIDENDS PIMCO TOTAL RETURN FUND -	16,300.	16,300.	0.
DIVIDENDS THORNBURG INTERNATIONAL VALUE	72,496.	0.	72,496.
FUND - DIVIDENDS TIFF REALTY AND RESOURCES 2008,	6,170.	0.	6,170.
LLC - DIVIDENDS TIFF REALTY AND RESOURCES 2008,	155.	0.	155.
LLC - INTEREST	690.	0.	690.
TIFF REALTY AND RESOURCES II, LLC - DIVIDENDS	4,342.	0.	4,342.
TIFF REALTY AND RESOURCES II, LLC - INTEREST	27,688.	0.	27,688.
UNITED STATES TREASURY - OID VANGUARD - DIVIDENDS	15,564. 20.	0. 0.	15,564. 20.
VANGUARD 500 INDEX FUND SIGNAL - DIVIDENDS VANGUARD BROKERAGE - INTEREST	71,697. 34,822.	0.	71,697. 34,822.
VANGUARD EMERGING MARKETS STOCK INDEX FUND - DIVIDENDS	7,923.	0.	7,923.
WILSHIRE ASSOCIATES PRIVATE MARKET FUND II - DIVIDENDS	908.	0.	908.

THE REEVES FOUNDATION, INC.			58-1792933
WILSHIRE ASSOCIATES PRIVATE MARKET FUND II - INTEREST WILSHIRE EUROPEAN PRIVATE	1,179.	0.	1,179.
MARKETS FUND VI, L.P DIVIDENDS	1,534.	0.	1,534.
WILSHIRE EUROPEAN PRIVATE MARKETS FUND VI, L.P INTEREST WILSHIRE NON-US PRIVATE MARKETS	2,803.	0.	2,803.
FUND IV, L.P DIVIDENDS	764.	0.	764.
WILSHIRE NON-US PRIVATE MARKETS FUND IV, L.P INTEREST	441.	0.	441.
WILSHIRE US PRIVATE MARKETS FUND IV, L.P DIVIDENDS	28,624.	0.	28,624.
WILSHIRE US PRIVATE MARKETS FUND IV, L.P INTEREST	5,137.	0.	5,137.
WILSHIRE US PRIVATE MARKETS FUND VI, L.P DIVIDENDS	7,030.	0.	7,030.
WILSHIRE US PRIVATE MARKETS FUND VI, L.P INTEREST	8,014.	0.	8,014.
TOTAL TO FM 990-PF, PART I, LN 4	436,215.	16,300.	419,915.
FORM 990-PF OTH	ER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
WILSHIRE NON-US PRIVATE MARKETS FUND IV, L.P ORDINARY INCOME	73.	73.	
WILSHIRE US PRIVATE MARKETS FUND IV, L.P ORDINARY INCOME	2,680.	2,680.	
WILSHIRE ASSOCIATES PRIVATE MARKET FUND II - ORDINARY LOSS	-85.	-85.	

TIFF REALTY AND RESOURCES 2008, LLC

TIFF REALTY AND RESOURCES II, LLC -

WILSHIRE US PRIVATE MARKETS FUND

WILSHIRE EUROPEAN PRIVATE MARKETS

TOTAL TO FORM 990-PF, PART I, LINE 11

FUND VI, L.P. - ORDINARY LOSS

CHISHOLM FUND PARTNERS, LP -

VI, L.P. - ORDINARY INCOME

- ORDINARY INCOME

ORDINARY INCOME

ORDINARY INCOME

4,682.

2,669.

9,776.

837.

-204.

20,428.

4,682.

2,669.

9,776.

837.

-204.

20,428.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	9,500.	3,325.		6,175.		
TO FORM 990-PF, PG 1, LN 16B	9,500.	3,325.		6,175.		
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	ratement 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT CONSULTING FEES	38,185.	38,185.		0.		
TO FORM 990-PF, PG 1, LN 16C =	38,185.	38,185.		0.		
FORM 990-PF	TAX	ES	S'	FATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
REAL ESTATE TAXES PAYROLL TAXES EXCISE TAXES FOREIGN TAXES	15,886. 16,230. 11,324. 171.	5,560. 5,681. 0. 171.		10,326. 10,549. 0.		
TO FORM 990-PF, PG 1, LN 18	43,611.	11,412.		20,875.		

FORM 990-PF	OTHER E	XPENSES	S'.	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
UTILITIES	9,008.	3,153.		5,855.		
TELEPHONE	2,153.			1,399.		
SERVICE CONTRACTS	841.			547.		
BANK & CUSTODY FEES	3,775.			0.		
	641.	•		417.		
OFFICE SUPPLIES						
MAINTENANCE	4,612.			2,998.		
COMMERCIAL INSURANCE	10,005.			6,503.		
MISCELLANEOUS	730.			474.		
POSTAGE	546.	191.		355.		
DEDUCTIONS RELATED TO						
PORTFOLIO INCOME - CHISHOLM						
FUND PARTNERS, LP	11,670.	11,670.		0.		
DEDUCTIONS RELATED TO						
PORTFOLIO INCOME - WILSHIRE						
ASSOC PRIVATE MKTS FUND II	7,567.	7,567.		0.		
DEDUCTIONS RELATED TO						
PORTFOLIO INCOME - WILSHIRE						
US PRIVATE MARKETS FUND IV	20,941.	20,941.		0.		
DEDUCTIONS RELATED TO						
PORTFOLIO INCOME - WILSHIRE						
NON-US PRIVATE MKTS FD IV	3,041.	3,041.		0.		
DEDUCTIONS RELATED TO						
PORTFOLIO INCOME - TIFF						
REALTY AND RESOURCES 2008,	8,174.	8,174.		0.		
NONDEDUCTIBLE EXPENSES	237.			0.		
DEDUCTIONS RELATED TO						
PORTFOLIO INCOME - WILSHIRE						
US PRIVATE MARKETS FUND VI	14,614.	14,614.		0.		
DEDUCTIONS RELATED TO	,	,				
PORTFOLIO INCOME - WILSHIRE						
EUR. PVT MARKETS FUND VI	2,894.	2,894.		0.		
DEDUCTIONS RELATED TO	_,	_,		• •		
PORTFOLIO INCOME - TIFF						
REALTY AND RESOURCES II, LLC	38,390.	38,390.		0.		
SECTION 59 (E)(2) EXP	18,272.			0.		
DEDUCTIONS RELATED TO	20,2,20	20,2,20		•		
PORTFOLIO INCOME - ADVISORY						
RESEARCH SMALL/MID CAP	8,652.	8,652.		0.		
COMPUTER CONSULTING FEES	435.			283.		
FILING FEES	25.			16.		
LIDING LEED				10.		
TO FORM 990-PF, PG 1, LN 23	167,223.	148,139.		18,847.		

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
PIMCO TOTAL RETURN DOM. FIXED		COST	1,074,056.	1,111,606.
CHISHOLM FUND PARTNERS, LP		COST	263,470.	335,378.
WILSHIRE ASSC PRIVATE MRKT FUND	II	COST	235,728.	381,997.
VANGUARD 500 INDEX SIGNAL		COST	3,483,517.	3,518,573.
FARALLON CAPITAL OFFSHORE CL A		COST	414,272.	2,797,258.
WILSHIRE US PRIVATE MRKT FUND I	V	COST	749,748.	1,121,327.
WILSHIRE NON-US PRIVATE MRKT FU	ND	COST		
IV			37,644.	87,450.
WINSTON HEDGED EQUITY FUND		COST	1,132,343.	1,760,595.
ARTISAN FUNDS		COST	552,324.	849,526.
WINSTON GLOBAL FUND, LTD		COST	1,131,604.	1,745,007.
WILSHIRE US PRIVATE MRKT FUND V	I	COST	553,184.	668,068.
WILSHIRE EUROPEAN PRIVATE MRKT		COST	136,435.	164,184.
TIFF REALTY AND RESOURCES II		COST	1,651,117.	1,710,777.
DODGE & COX FUNDS		COST	2,147,871.	1,992,017.
ARTIO INT'L EQUITY FUND		COST	0.	0.
ARCHSTONE MARKET NEUTRAL STRATE	GIES	COST	1,800,000.	1,934,048.
ING INTERNATIONAL SMALL CAP		COST	1,803,377.	1,423,669.
TIFF REALTY AND RESOURCES 2008		COST	222,545.	228,527.
ADVISORY RESEARCH SMALL/MID CAP		COST	622,039.	928,770.
US TIPS; 2.000%; DUE 07/15/14		COST	102,956.	117,074.
US TIPS; 2.375%; DUE 01/15/17		COST	101,440.	118,190.
US TIPS; 1.375%; DUE 07/15/18		COST	101,856.	119,909.
US TIPS; 2.000%; DUE 01/15/26		COST	102,317.	123,700.
US TIPS; 1.750%; DUE 01/15/28		COST	102,593.	123,435.
US TIPS; 3.375%; DUE 04/15/32		COST	103,032.	117,199.
US TREASURY NOTE; 1.500%; DUE		COST		,
12/31/13		000-	99,317.	102,117.
US TREASURY NOTE; 3.750%; DUE		COST	33,02,0	102/11/0
11/15/18			99,679.	98,528.
US TREASURY BOND; 6.250%; DUE		COST	22,0.20	30,0201
08/15/23		000-	97,757.	96,354.
US TREASURY BOND; 5.250%; DUE		COST	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50,0010
02/15/29			98,723.	93,441.
US TREASURY BOND; 5.375%; DUE		COST	50,,200	30,111
02/15/31		005-	97,721.	91,382.
US TREASURY BOND; 4.375%; DUE		COST	31,121.	31,302.
02/15/38		CODI	98,644.	83,493.
VANGUARD EMERGING MARKETS STOCK		COST	20,044.	UJ, <del>I</del> JJ.
INDEX FUND		0051	1,002,923.	1,068,766.
THORNBURG INTERNATIONAL VALUE F	מאדו	COST	1,002,323.	
THOUSE THE PROPERTY OF THE PRO		- COD1	<u> </u>	
TOTAL TO FORM 990-PF, PART II,	LINE 1	13	21,226,402.	26,107,893.
		- <del>-</del>		

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HE	LD FOR	INVESTMENT	STATEMENT	9
DESCRIPTION	COST O		ACCUMULATED DEPRECIATION	BOOK VALU	E
OFFICE EQUIPMENT	10	,500.	10,500.		0.
COMPUTER PERIPHERAL	2	,805.	2,805.		0.
COMPUTER PERIPHERAL		228.	228.		0.
COMPUTER	1	,690.	1,690.		0.
PRINTER		648.	648.		0.
OFFICE FURNITURE	2	,184.	2,184.		0.
PHONE SYSTEMS		,550.	2,549.		1.
CABINETS AND LOCKS	1	,630.	1,630.		0.
MICROWAVE		101.	101.		0.
RUGS	5	,933.	3,872.	2,0	61.
COMPUTER & PRINTER	2	,658.	2,658.		0.
COPIER	1	,200.	1,200.		0.
FAX MACHINE		300.	300.		0.
COMPUTER & PRINTER	1	,783.	1,783.		0.
SIDEWALK IMPROVEMENTS		500.	182.	3	18.
COMPUTER CABLE AND EQUIPMENT		220.	220.		0.
COMPUTER CABLE AND EQUIPMENT		250.	250.		0.
ROOF IMPROVEMENTS		200.	64.	1	36.
ROOF	18	,350.	5,789.	12,5	61.
TYPEWRITER		149.	149.		0.
BLINDS		410.	112.	2	98.
COPIER		695.	695.		0.
COMPUTER	•	850.	850.		0.
COMPUTER		900.	900.		0.
BOILER	7	,816.	5,212.	2,6	04.
COMPUTER		885.	693.	1	92.
PRINTER		599.	360.	2	39.
COMPUTER EQUIPMENT		749.	250.	4	99.
OFFICE EQUIPMENT		425.	78.	3	47.
TOTAL TO FM 990-PF, PART II, LN 14	67	,208.	47,952.	19,2	56.
FORM 990-PF	OTHER ASS	ETS		STATEMENT	10
DESCRIPTION	BEGINNIN YR BOOK V		END OF YEAR BOOK VALUE	FAIR MARKE VALUE	T
DIVIDENDS RECEIVABLE	2	,778.	3,035.	3,0	35.
TO FORM 990-PF, PART II, LINE 15	2	,778.	3,035.	3,0	35.

FORM 990-PF	OTHER LIABILITIES		STAT	EMENT 11
DESCRIPTION		BOY AMOUN	T EOY	AMOUNT
PAYROLL TAX WITHHELD		1.	48.	135.
TOTAL TO FORM 990-PF, PART II,	LINE 22	1	48.	135.
	IST OF OFFICERS, I		STAT	EMENT 12
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	<b>EXPENSE</b>
J.E. REEVES, JR. 115 SUMMIT AVE., SUMMIT, NJ	PRES./TREAS. 40.00	135,000.	* 2,959.	0.
CAROLYN STRONG 115 SUMMIT AVE., SUMMIT, NJ	V. PRES./SEC 1.00	0.	0.	0.
JANE R. MAHELIS 115 SUMMIT AVE., SUMMIT, NJ	DIRECTOR 1.00	0.	0.	0.
JOHN E. REEVES, III 115 SUMMIT AVE., SUMMIT, NJ	DIRECTOR 1.00	0.	0.	0.
KATHERINE MERCER REEVES 115 SUMMIT AVE., SUMMIT, NJ	DIRECTOR 1.00	0.	0.	0.
* MEDICAL INS. PREMIUMS AND DEN	TAL			
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	135,000.	2,959.	0.

Form **8868** 

(Rev. January 2011) Department of the Treasury

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

OMB No. 1545-1709

Internal Hev	anue Sarvice	File a sep	arate app	lication for each return.		1			
• If you a	are filing for an Automat	tic 3-Month Extension, comple	te only Pa	art I and check this box				<b>▶</b> X	
				complete only Part II (on page 2 of this	· form	٠			
				atic 3-month extension on a previously f			1868.		
				a 3-month automatic extension of time t				corporation	,
				sion of time. You can electronically file F					
				Form 8870, Information Return for Trans					н
				(see instructions). For more details on t					
		n e-file for Charities & Nonprofits		,=== ,:== ,:= ,: ,: ,: ,: ,: ,: ,: ,: ,: ,: ,: ,: ,:		01.0.		tana ionit,	
Part I				ibmit original (no copies needed).					
A corpora				onth extension - check this box and con	nolete				
Part I only					٠.٠٠٠				
	corporations (including 1 ome tax returns.	120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	exter	nsion	of time		
Type or	Name of exempt orga	anization			Emp	loye	r identifica	ation numb	er
print		ECHIDAMICH THE			_		1 7 0 0 0		
File by the		FOUNDATION, INC			7 2	8-	<u> 17929:</u>	33	
due date for filing your	115 SUMMIT	room or suite no. If a P O. box, s	ee instruc	tions.					
return See instructions		ice, state, and ZIP code. For a fo						<del></del>	—
mad dedons	SUMMIT, NJ	07901	лыдп ада	ress, see instructions.					
Enter the	Return code for the retu	irn that this application is for (file	a separa	te application for each return)				0	4
Application	on		Return	Application				Retu	
ls For			Code	ls For				Cod	
Form 990			01	Form 990-T (corporation)				07	
Form 990	·BL		02	Form 1041-A				08	
Form 990	·EZ		03	Form 4720				09	
Form 990	PF		04	Form 5227				10	
Form 990	T (sec. 401(a) or 408(a)	trust)	05	Form 6069				11	
	T (trust other than abov		06	Form 8870				12	
		J.E. REEVES, JE	₹.					<u> </u>	_
• The bo	oks are in the care of			SUMMIT, NJ 07901					
	one No ▶ 908-27			FAX No. ▶			-		
			in the Un	ited States, check this box				▶ □	
• If this is	s for a Group Return, en	ter the organization's four digit (	Group Exe	mption Number (GEN) If thi	s is fo	r the	whole gro	up. check th	1is
box 🕨	. If it is for part of th	e group, check this box	and atta	ch a list with the names and EiNs of all	memb	ers ti	he extension	on is for.	
1 I rec	quest an automatic 3-mo	onth (6 months for a corporation	required t	o file Form 990-T) extension of time untition return for the organization named a	 .l				
is fo	r the organization's retu		. Organizai	and rotal in the organization harried a	DUV <del>U</del> .	1110	37(0)(9)(1)		
	calendar year								
i	X tax year beginning		200	d ending <u>JUN 30, 2011</u>					
	tax your beginning	UOD 1, 2010	, and	deriding 0014 30, 2011		→ .			
2 If th	e tay year entered in line	e 1 is for less than 12 months, cl	nack rance	on: Initial return Fina	l retur	_			
	Change in accounting		ioch ioasc	rina retum rina	ı ıetun	11			
3a If th	is application is for Form	1 990-BL, 990-PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any					
non	refundable credits. See	instructions.			3a	\$		14,352	2.
b If th	is application is for Form	1 990-PF, 990-T, 4720, or 6069,	enter any i	refundable credits and					
		de Include any prior year overp	-	· · · · · · · · · · · · · · · · · · ·	3ь	\$		14,352	2.
		3b from line 3a. Include your par				<del></del>			<del></del>
		Federal Tax Payment System), S			3c	\$		(	<u>).</u>
				rm 8868, see Form 8453-EO and Form		O fo	r payment		
		n Act Notice see Instructions				_ · · · · ·		9 (Pay 1.20	

Form 8868 (Hev. 1-2011)					Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month</li> </ul>	Extension,	complete only Part II and check this b	ox .		▶ X
Note. Only complete Part il if you have already been granted a	an automatic	3-month extension on a previously file	d Form	886 <b>8</b> .	
<ul> <li>If you are filing for an Automatic 3-Month Extension, com</li> </ul>	plete only Pa	art I (on page 1)			
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no	copies	needed).	
Pe or Name of exempt organization			Employer identification number		
THE REEVES FOUNDATION, INC.			58-1792933		
Number, street, and room or suite no. If a P.O. box due date for filing your 115 SUMMIT AVENUE		itions.			
City, town or post office, state, and ZIP code. For SUMMIT, NJ 07901	a foreign add	iress, see instructions.			
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			04
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)	06	Form 8870			12
STOPI Do not complete Part II if you were not already grant	ed an auton	natic 3-month extension on a previou	ısiy file	d Form 86	368.
<ul> <li>The books are in the care of ► 115 SUMMIT AV</li> <li>Telephone No. ► 908-273-2312</li> <li>If the organization does not have an office or place of business</li> </ul>	ess in the Ur	FAX No.		<del></del>	▶□
If this is for a Group Return, enter the organization's four dig					
ox . If it is for part of the group, check this box			memb	ers the ext	ension is for
4 I request an additional 3-month extension of time until		<u>15, 2012</u> .			
5 For calendar year, or other tax year beginning			JUN	<u>   30 ,                                </u>	<u> 2011                                   </u>
6 If the tax year entered in line 5 is for less than 12 months  Change in accounting period	, check reas	on: Initial return	Final	eturn	
7 State in detail why you need the extension					
ADDITIONAL TIME IS REQUIRED			NEC	ESSAR'	Y TO
PREPARE A COMPLETE AND ACCUR	ATE RE	rurn.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	O, or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	<u>14,352.</u>
b If this application is for Form 990-PF, 990-T, 4720, or 606	-			ı	
tax payments made. Include any prior year overpayment	allowed as a	credit and any amount paid		ı	44 4-4
previously with Form 8868.			_8b_	\$	14,352.
c Balance due, Subtract line 8b from line 8a. Include your EFTPS (Electronic Federal Fax Payment System). See ins		h this form, if required, by using		٠	0
		d Verification	_8c	_ <del></del>	0.
Inder penalties of perfory, declare that I have examined this form, incl is true, correct, and complete, and that I am authorized to becare this			e best o	my knowle	dge and belief,
ignature Mula Maria Maria	C.P.A	<b></b>	Date	<b>_</b>	
				Form	8868 (Rev. 1-2011)
, , , , , , , , , , , , , , , , , , , ,					