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Form 990-PF

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

OMB No 1545-0052

2010

Department of the Treasury Internal Revenue Service

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

For cale	endar year 2010, or tax year beginning	, 2010,	and ending	<u> </u>	
		al Return of a former po	ublic charity	Fina	al return
	Amended return	Address c	hange Name o		
			A	Employer identification nun	ber
	BREESE FAMILY FOUNDATION			26-3913583	
	MAIN ST. SUITE 1A		В	Telephone number (see the	instructions)
SEAL	BEACH, CA 90740			562-470-5300	
			C	If exemption application is	
				1 Foreign organizations, chec	
H 안		(c)(3) exempt private for		2 Foreign organizations meets here and attach computatio	
	Section 4947(a)(1) nonexempt charitable t	rust Other taxable p	rivate foundation E	If private foundation status	
I Fai	0 44 4 4 4 4 10 1	ounting method X Ca	ash Accrual	under section 507(b)(1)(A)	
•	· ''' · '	Other (specify)	F	If the foundation is in a 60-	
Post I		column (d) must be on	casn basis)	under section 507(b)(1)(B)	, check here
Part I	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
	columns (b), (c), and (d) may not neces-	expenses per books	income	ıncome	purposes
	sarily equal the amounts in column (a) (see the instructions))				(cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	10,000.			
1	2 Ck If the founds is not req to att Sch B	10,000.			
1	3 Interest on savings and temporary			0.650	
	cash investments	2,658.	<u>2,658.</u>	2,658.	
	4 Dividends and interest from securities		*		
1	5a Gross rents b Net rental income or (loss)		····		
	or (loss) 6a Net gain/(loss) from sale of assets not on line 10				
R E V	b Gross sales price for all			RECE	IVED
Ž	assets on line 6a 7 Capital gain net income (from Part IV, line 2)				
Ė N	8 Net short-term capital gain			<u> </u>	(8)
	9 Income modifications			₩ MAY 0) 2011 9
7104 DE	10 a Gross sales less returns and				
•	allowances b Less Cost of			OGDE	N. UT
4	goods sold		***************************************		
-	c Gross profit/(loss) (att sch) 11 Other income (attach schedule).				
	11 Other income (attach schedule).				
	12 Total. Add lines 1 through 11	12,658.	2,658.	2,658.	
}	13 Compensation of officers, directors, trustees, etc	11,467.	573.	573.	10,321.
-	14 Other employee salaries and wages				
;	15 Pension plans, employee benefits		<u> </u>		
A	16a Legal fees (attach schedule) SEE ST 1	318.	16.	16.	286.
M	b Accounting fees (attach sch) SEE ST 2	675.	34.	34.	607.
Ņ	c Other prof fees (attach sch)				
OPERAT	17 Interest	370.	18.	18.	334.
P S T R A	18 Taxes (attach schedule)(see instr.) SEE STM 3 19 Depreciation (attach	370.	10,	10.	334.
7 7	sch) and depletion				
->E	20 Occupancy				
	21 Travel, conferences, and meetings				
A E N X D P	22 Printing and publications			<u> </u>	
D P	23 Other expenses (attach schedule) SEE STATEMENT 4	64.	3.	3.	58.
N S		04.	 	 	
Ĕ	24 Total operating and administrative expenses. Add lines 13 through 23	12,894.	644.	644.	11,606.
•	25 Contributions, gifts, grants paid PART XV	14,478.			14,478.
	26 Total expenses and disbursements.	07.050	<u></u>		26 004
	Add lines 24 and 25	27,372.	644.	644.	26,084.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses	}			
	and disbursements.	-14,714.			
	b Net investment income (if negative, enter 0-).		2,014.		
	C Adjusted net income (if negative, enter -0-)			2,014.	

Less accumulated depreciation (attach schedule) Other assets (describe Total assets (to be completed by all filers see instructions. Also, see page 1, item I) Accounts payable and accrued expenses Grants payable

12 Investments - mortgage loans

13 Investments - other (attach schedule)

14 Land, buildings, and equipment basis.

20 Loans from officers, directors, trustees, & other disqualified persons Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

N E T F Unrestricted Temporarily restricted N Permanently restricted ASSETS В

(see the instructions)

19 Deferred revenue

Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.

Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see the instructions) Total liabilities and net assets/fund balances

299,781.	285,067.
299.781	285.067

299,781

299,781

0

10,006

285,067.

0.

285,067

10,006

285,067.

Part III Analysis of Changes in Net Assets or Fund Balances

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)		299,781.
2	Enter amount from Part I, line 27a	2	-14,714.
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3.	4	285,067.
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	285,067.

Ā

N

O R

(a) List and de	escribe the kind(s) of property sold (e.g., rehouse, or common stock, 200 shares M	real estate,	(b) How acquire P — Purchase D — Donation	d (C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A	· · · · · · · · · · · · · · · · · · ·		D — Donation		
b		 .	 		
- · · · · · · · · · · · · · · · · · · ·					
d			 	 	
e	(A Depression allowed	(a) Cost or other ha	icis	(h) Coup or	(locs)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bat plus expense of sa		(h) Gain or (e) plus (f) m	
		, , , , , , , , , , , , , , , , , , , ,			
a					
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and owned b	y the foundation on 12/31/6	9	(I) Gains (Col	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	n (i) any	gain minus column (than -0-) or Losses (f	
a					
b					
C					
d					
e			1		
2 Capital gain net income	or (net capital loss)	o enter in Part I, line 7 hter -0- in Part I, line 7			* .
	L	_	4	-	
3 Net short-term capital ga	ain or (loss) as defined in sections 1222(5) and (6)			
	t I, line 8, column (c) (see the instructions	s) If (loss), enter -0-	- 1,		
in Part I, line 8				<u> </u>	
	1 1 0 1' 4040(.\ C-\ B1	. 1 7 NI - A I A			
L	<u> Jnder Section 4940(e) for Reduce</u>				
L	Jnder Section 4940(e) for Reduce private foundations subject to the section			N/A	
(For optional use by domestic	private foundations subject to the section				•
(For optional use by domestic If section 4940(d)(2) applies, le	private foundations subject to the section eave this part blank	4940(a) tax on net investm	ent income)	N/A	
(For optional use by domestic If section 4940(d)(2) applies, le Was the foundation liable for the	private foundations subject to the section eave this part blank he section 4942 tax on the distributable a	4940(a) tax on net investm	ent income)		☐ No
(For optional use by domestic If section 4940(d)(2) applies, le Was the foundation liable for the If 'Yes,' the foundation does no	private foundations subject to the section eave this part blank he section 4942 tax on the distributable a of qualify under section 4940(e) Do not c	4940(a) tax on net investm mount of any year in the ba omplete this part	ent income) se period?	N/A	□No
(For optional use by domestic If section 4940(d)(2) applies, li Was the foundation liable for the If 'Yes,' the foundation does no	private foundations subject to the section eave this part blank he section 4942 tax on the distributable a of qualify under section 4940(e). Do not conount in each column for each year, see the section 4940 in the section 4940	4940(a) tax on net investment of any year in the batter this part he instructions before making	ent income) se period?	N/A Yes	☐ No
(For optional use by domestic If section 4940(d)(2) applies, le Was the foundation liable for the If 'Yes,' the foundation does no	private foundations subject to the section eave this part blank he section 4942 tax on the distributable a of qualify under section 4940(e). Do not conduct in each column for each year, see to (b). Adjusted qualifying distributions	4940(a) tax on net investm mount of any year in the ba omplete this part	se period?	N/A	n ratio
(For optional use by domestic If section 4940(d)(2) applies, In Was the foundation liable for the section of	private foundations subject to the section eave this part blank he section 4942 tax on the distributable a of qualify under section 4940(e). Do not conduct in each column for each year, see to (b). Adjusted qualifying distributions	mount of any year in the backing the instructions before making the control of th	se period?	N/A Yes (d) Distribution	n ratio
(For optional use by domestic If section 4940(d)(2) applies, In Was the foundation liable for the section of	private foundations subject to the section eave this part blank he section 4942 tax on the distributable a of qualify under section 4940(e). Do not conduct in each column for each year, see to (b). Adjusted qualifying distributions	mount of any year in the backing the instructions before making the control of th	se period?	N/A Yes (d) Distribution	n ratio
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(For optional use by domestic If section 4940(d)(2) applies, le Was the foundation liable for the section does not section. 1 Enter the appropriate am (a) Base period years Calendar year (or tax year beginning in) 2009 2008 2007 2006	private foundations subject to the section eave this part blank he section 4942 tax on the distributable a of qualify under section 4940(e). Do not conduct in each column for each year, see to (b). Adjusted qualifying distributions	mount of any year in the backing the instructions before making the control of th	se period?	N/A Yes (d) Distribution	n ratio
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	A990-PF (2010) THE BREESE FAMILY FOUNDATION 26-391358			Page 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instru-	ictions		
1 8	Learning operating realizations described in contrast to re(1)/2//			
	Date of ruling or determination letter (attach copy of letter if necessary – see instr.) Domestic foundations that meet the section 4940(e) requirements in Part V,			40.
	_			40.
	check here and enter 1% of Part I, line 27b			
•	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
,	Add lines 1 and 2			40.
3	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
4 5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			40.
6	Credits/Payments			
	2010 estimated tax pmts and 2009 overpayment credited to 2010			
	Exempt foreign organizations — tax withheld at source 6b			
	: Tax paid with application for extension of time to file (Form 8868).			
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d	-	-	0.
8	Enter any penalty for underpayment of estimated tax. Check here		-	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	-		40.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.			
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax			
	t VII-A Statements Regarding Activities			
•			Yes	No
1;	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 8	1	X
i	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	11	<u> </u>	x
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published			
	or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	10	_ -	x
9	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		+	<u> </u>
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$	١.		'
(Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	+	X
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		Х
4:	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4:	а	X
	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	4	D N	I/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If 'Yes,' attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict]	
	with the state law remain in the governing instrument?	6	V	X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
8	Enter the states to which the foundation reports or with which it is registered (see the instructions).			
	b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G ² If 'No,' attach explanation	8	<u>ь х</u>	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(6) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	5) 'V 9	X	
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	10		x
	and addresses			

Form **990-PF** (2010)

charitable purposes?

the tax year beginning in 2010?

Form 990-PF (2010)

3 b

4a

N/A

Х

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of

Form 1990-PF (2010) THE BREESE FAMILY			26-393	L3583	Page 6
Part VII-B Statements Regarding Activit	ies for Which Forn	n 4720 May Be Requ	uired (continued)		
5a During the year did the foundation pay or incu	-				-
(1) Carry on propaganda, or otherwise attemption	ot to influence legislation	on (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		Yes X	F 1	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes /	Yes X	NO	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o i 4940(d)(2)? (see instr	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the except ding disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	irding disaster assistan	ce check here	▶ 🗍		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			
6a Did the foundation, during the year, receive at on a personal benefit contract?			∐Yes X	No	
b Did the foundation, during the year, pay prem	iums, directly or indired	tly, on a personal bene	fit contract?	6ь	X
If 'Yes' to 6b, file Form 8870 7a At any time during the tax year, was the found	dat.aa a aast. ta a arab	whited toy shalter transc	ction? Yes X	No	
b If yes, did the foundation receive any proceed				7b	
Part VIII Information About Officers, D					l i,
and Contractors	,,	•	, , .	,	,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
SEE STATEMENT 5		- -	compensation		· -
255 21111111111	1				
		9,500.	0.	_	1,967.
		_			
	-				
	-				
2 Compensation of five highest-paid employed	es (other than those in	cluded on line 1— see ir	structions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
NONE			- componication		
	1				
		· -			
	<u> </u>			 	
]			i I	
Total number of other employees paid over \$50,00		<u> </u>		 	
BAA	TEEA0306L	07/23/10		Form 99 0)-PF (2010)

Form 990-PF (2010) THE BREESE FAMILY FOUNDATION 26-391	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	imployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none,	
enter 'NONE.' (a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE (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	
Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DONATION TO TERRA NOVA CHURCH	
2 DONATION TO FIRST ASSEMBLY OF GOD CHURCH	3,000.
2 DONATION TO COURT COUNTY OUTDEACH	2,000.
3 DONATION TO SOUTH COUNTY OUTREACH	
	1,000.
4 DONATION TO ORANGE COUNTY RESCUE MISSION	
	1,000.
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0.
BAA	Form 990-PF (2010)

TEEA0307L 02/16/11

Form 1990-PF (2010) THE BREESE FAMILY FOUNDATION	26-3913583	Page
Part X Minimum Investment Return (All domestic foundations must complete this part see instructions.)	. Foreign found	lations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities	1 a	
b Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0
Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d .	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6 Minimum investment return. Enter 5% of line 5.	6	0
Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private of	perating found:	ations

	and certain foreign organizations check here x and do not complete this pa	rt.)
1	Minimum investment return from Part X, line 6 N/A.	1
2	2a Tax on investment income for 2010 from Part VI, line 5	
	b Income tax for 2010 (This does not include the tax from Part VI)	
	c Add lines 2a and 2b	2c
3	B Distributable amount before adjustments Subtract line 2c from line 1	3
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5
6	Deduction from distributable amount (see instructions)	6
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7

Part XII Qualifying Distributions (see instructions)

٠	Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	26,084.
ŀ	Program-related investments – total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
ı	Cash distribution test (attach the required schedule).	3 b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	26,084.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,084.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

BAA Form **990-PF** (2010)

Part XIII Undistributed Income (see Instru	ctions)	N/A		
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years 20, 20, 20				
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				:
e From 2009.				
f Total of lines 3a through e				
4 Qualifying distributions for 2010 from Part				
XII, line 4 ► \$				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)		:		
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2010 distributable amount	· · · · · · · · · · · · · · · · · · ·			
e Remaining amount distributed out of corpus				
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				
b Prior years' undistributed income Subtract line 4b from line 2b	7000-7000			
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount — see instructions.				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2011. 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				

SEE STATEMENT FOR LINE 2A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	contribution	
a Paid during the year				
SEE STATEMENT 7				
		1		
		İ		
		ļ		
				İ
				t.
			<u> </u>	14 470
Total			<u>► 3a</u>	14,478
b Approved for future payment				•
		İ		
			1	
		-		
	1			
			1	
Total			▶ 31	

nter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (see the instructions
a					
b					
c					
d					
e	<u> </u>				
1	<u> </u>				<u></u>
g Fees and contracts from government agencies					
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash investments			14	<u>2,658.</u>	
4 Dividends and interest from securities					
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	<u> </u>				
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events			 		
Gross profit or (loss) from sales of inventory			 		
11 Other revenue.					
ab			+		
			+ +		<u> </u>
c d			1 1		
e					
Subtotal Add columns (b), (d), and (e)				2,658.	
Total. Add line 12, columns (b), (d), and (e)				13	2,658
See worksheet in line 13 instructions to verify calculati	ons)				
Part XVI-B Relationship of Activities to the	e Accomplisi	nment of Exem	pt Purpose	es	
Line No. Explain below how each activity for which is accomplishment of the foundation's exemp	ncome is reporte	ed in column (e) of	Part XVI-A c	ontributed important	ly to the

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) (See the instructions)
N/A	

• Form 990-PF (2010) THE BREESE FAMILY FOUNDATION 26-3913583 • Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

										ŀ		Yes	No
de	scribed	rganization direct I in section 501(c) o political organiz	of the Code (o	engage i ther tha	in any of the in section 50	following with 1 (c)(3) organ	th any oth nizations)	ner organizatio or in section 5	n 527,			162	
	•	from the reportir		a nonc	haritable exe	empt organiz	ation of						
	Cash	•	· • · · · · · · · · · · · · · · · · · ·							1	a (1)		Х
		assets									la (2)		X
• • •		nsactions											
		of assets to a no	oncharitable exe	empt or	nanization					1	l b (1)		Х
٠.		nases of assets fr			="	ation					b (2)	_	X
\ - <i>\</i>		al of facilities, equ			, ,						l b (3)		X
		bursement arrand		65561	•						l b (4)		X
٠.	·	s or loan guarante									l b (5)	-	X
		rmance of service		un or fu	ndraising sol	licitations					l b (6)		X
٠.		of facilities, equip		•	_		200				l c		X
CSI	iailing (n iaciiities, equipi	ment, maning is	sis, Uliik	er assets, or	paid employ	CC3						
the	e aood:	swer to any of the s, other assets, or action or sharing	r services aiven	by the	reportina fou	indation If th	ne founda	tion received l	ess than fair	market va	ket val due in	ue of	
a) Line		(b) Amount involved			ritable exempt o		1	Description of tran			ing arrar	ngemen!	is
I/A													
				-									
							Ī						
-										<u> </u>			
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	-	<u>.</u>	- -				<u> </u>						
	\dashv												
de	escribe	undation directly of in section 501(c) of the Códe (o	iated wi other tha	th, or related an section 50	i to, one or r 11(c)(3)) or ir	nore tax-	exempt organia 527?	zations		Yes	X	No
b If		complete the follo		1	(b) Tunn of	orgonization	, τ) Description	of rolatio	nehin		
T / 7\	(a)	Name of organiza	allon		(b) Type of	organization	<u>' </u>	(c	Description	i oi reiatio	ilsilip	-	
I/A	<u> </u>		 										
				-									
-				+									
									-				
								I statements, and to	the best of my l	naviladas an	d bolief	1 15 15115	
	correct,	enalties of perjury, I dec and complete Declarati	clare that I have exami on of preparer (other	nined this than taxp	return, including ayer or fiduciary)	accompanying so is based on all i	information of	of which preparer ha	ine best of my instance and the second control of the second contr	chowledge and	a bellei,	it is true	•
ign		<i>-</i> £	ρ					,					
lere	1	- ames t	Diese	-			4	-30-11	► EXECU	TIVE D	IREC	TOR	
	\$igi	nature of officer or trust	ee				Date		Title				
	-	Print/Type preparer's			Preparer's signa	ature	-	Date	Check if	X of PT	IN		
ام: ط	`	GARY W KAU	FMAN, CPA		GARY W	KAUFMAN,	CPA	4/29/11	self-emplo		/A		
aid		Firm's name	KAUFMAN B	USTNF	·				Firm's EIN				
repa		i iiii s naide	27285 LAS			TE 180			3	-:/			
Jse O	nıy	Firm's address	MISSION V						Phone no	(949)	770-	2125	5
			MIDDION V.	1100,	CB 9203	· <u>·</u>			I HOUSE NO				
AA										Γ'	UIIII 3 3	,U-L-L	(2010)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number
THE BREESE FAMILY FOUNDATION		26-3913583
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 priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge Note . Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule. Anization can check boxes for both the General Rule and a S	special Rule See instructions
General Rule X For an organization filing Form 990, 990-EZ contributor. (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ, that met the 33-1/3% support test of the I from any one contributor, during the year, a contribution of VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I an	f the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organiz aggregate contributions of more than \$1,00 the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ, that received from any one 0 for use <i>exclusively</i> for religious, charitable, scientific, literanals Complete Parts I, II, and III	contributor, during the year, ary, or educational purposes, or
contributions for use exclusively for religiou	ation filing Form 990 or 990-EZ, that received from any one s, charitable, etc. purposes, but these contributions did not a contributions that were received during the year for an exclusionless the General Rule applies to this organization because	aggregate to more than \$1,000 sively religious, charitable, etc.
religious, charitable, etc, contributions of \$5	5,000 or more during the year	▶ \$
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file Sche 2 of their Form 990, or check the box on line H of its Form grequirements of Schedule B (Form 990, 990-EZ, or 990-PF	990-EZ, or on line 2 of its Form
DAA For Denominal Deduction Act Matice on	a the treatmentions for Form 000	B (Form 000, 000 F7, or 000 DE) (2010

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org		' '	r identification number 913583
	REESE FAMILY FOUNDATION	[20-3]	913303
Part I	Contributors (see instructions)		,
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	JAMES L. BREESE		Person X Payroll
	20962 PARKRIDGE LAKE FOREST, CA 92630	\$10,000.	(Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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) Number	(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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

•					
Schedule E Name of organ	3 (Form 990, 990-EZ, or 990-PF) (2010)	F	'age		1 of Part II
_	EESE FAMILY FOUNDATION			26-3913	
Part II	Noncash Property (see instructions)			150 50-0	
(a) No. from Part I	(b) Description of noncash property given	F (t	MV (or see ins	c) estimate) tructions)	(d) Date received
	N/A				
		\$_			
(a) No. from Part I	(b) Description of noncash property given	F (:	MV (or see ins	c) estimate) tructions)	(d) Date received
				1	
		 			
		\ ^	-		
(a) No. from Part I	(b) Description of noncash property given	F (MV (or see ins	c) estimate) tructions)	(d) Date received
					-
		\$			
		 			
(a) No. from Part I	(b) Description of noncash property given	F (MV (or see ins	(c) estimate) tructions)	(d) Date received
		\$			
		<u> </u>			
(a) No. from Part I	(b) Description of noncash property given	F (MV (or see ins	(c) estimate) tructions)	(d) Date received
		}			
]]\$			
		1			
(a) No. from Part I	(b) Description of noncash property given	F	MV (or see ins	(c) estimate) tructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(a) (b) (c) (d)
No. from Part | Use of gift Description of how gift is held

(b) (c) (d)
Description of how gift is held

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

BAA

2010	FEDE	RAL STATI	EMENTS		PAGE 1
	THE BR	EESE FAMILY F	OUNDATION		26-3913583
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES					
CUMMINS AND WHITE	TOTAL	(A) EXPENSES PER BOOKS \$ 318. \$ 318.	\$ 16.	(C) ADJUSTED NET INCOME \$ 16. \$ 16.	\$ 286.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES					
ACCOUNTING FEES	TOTAL	(A) EXPENSES PER BOOKS \$ 675. \$ 675.	(B) NET INVESTMENT INCOME \$ 34.	(C) ADJUSTED NET INCOME \$ 34. \$ 34.	\$ 607.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES					
CA ATORNEY GENERAL REGISTR CA FRANCHISE TAX BD STATUS CA FRANCHISE TAX BOARD OK SECT'Y OF STATE CERTIFIC	LETTER	(A) EXPENSES PER BOOKS \$ 25. 20. 25. 300. \$ 370.	1. 1. 15.	1. 1. 15.	\$ 23. 18. 23. 270.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES					
BANK CHARGES	TOTAL	(A) EXPENSES PER BOOKS \$ 64. \$ 64.	(B) NET INVESTMENT INCOME \$ 3. \$ 3.	(C) ADJUSTED NET INCOME \$ 3. \$ 3.	(D) CHARITABLE PURPOSES \$ 58. \$ 58.

2010

FEDERAL STATEMENTS

PAGE 2

THE BREESE FAMILY FOUNDATION

26-3913583

STATEMENT 5 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
JAMES L. BREESE 212 MAIN ST SUITE 1A SEAL BEACH, CA 90740	PRESIDENT 0	\$ 2,500.	\$ 0.	\$ 1,967.
CATHY M. BREESE 212 MAIN ST SUITE A IRVINE, CA 90740	SECRETARY 0	2,500.	0.	0.
JAMES D. BREESE 12085 N. 152ND EAST AVE COLLINSVILLE, OK 74021-5270	DIRECTOR 0	1,500.	0.	0.
MELANIE COOK 24514 COPPERCLIFF LAKE FOREST, CA 92630	ASSOCIATE DIREC	1,500.	0.	0.
KELLY L. BREESE 212 MAIN ST. SUITE 1A SEAL BEACH, CA 90740	ASSOCIATE DIR 0	1,500.	0.	0.
	TOTAL	\$ 9,500.	\$ 0.	\$ 1,967.

STATEMENT 6 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

BREESE FAMILY FOUNDATION

NAME:

BREESE FAMILY FOUNDATION

CARE OF:

JAMES BREESE

STREET ADDRESS:

212 MAIN ST. SUITE 1A

CITY, STATE, ZIP CODE: TELEPHONE:

SEAL BEACH, CA 90740

LETTER

FORM AND CONTENT: SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

20	10
ZU	IU

FEDERAL STATEMENTS

PAGE 3

THE BREESE FAMILY FOUNDATION

26-3913583

STATEMENT 7 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE C GRANT	DF AMOUNT
ORANGE COUNTY RESCUE MISSION ONE HOPE DRIVE TUSTIN, CA 92782	NONE	PUBLIC	DONATION	\$ 1,000
FIRST ASSEMBLY OF GOD 1440 EAST SANTA CLARA AVE SANTA ANA, CA 92705	NONE	PUBLIC	DONATION	2,000
AMERICAN RED CROSS P.O. BOX 4002018 DES MOINES , IA 50340	NONE	PUBLIC	DONATION	500
TERRA NOVA CHURCH 7 WHATNEY #A IRVINE, CA 92618	NONE	PUBLIC	DONATION	3,000
HOPE PREGNANCY CENTER 13012 E. 21ST ST. TULSA, OK 74134	NONE	PUBLIC	DONATION	500
ST JUDE'S HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	NONE	PUBLIC	DONATION	500
USO P.O. BOX 96322 WASHINGTON, DC 20090	NONE	PUBLIC	DONATION	250
SADDLEBACK HOSPITAL 24451 HEALTH CENTER DR. LAGUNA HILLS, CA 92653	NONE	PUBLIC	DONATION	500
FOOTHILL FAMILY CHURCH 19432 BAKE PARKWAY LAKE FOREST, CA 92610	NONE	PUBLIC	DONATION	500
COMPASSION INTERNATIONAL COLORADO SPRINGS COLORADO SPRINGS, CO 80997	NONE	PUBLIC	DONATION	228
SOUTH COUNTY OUTREACH 26776 VISTA TERRACE LAKE FOREST, CA 92630	NONE	PUBLIC	DONATION	3,000
CHOC HOSPITAL 455 S. MAIN STREET ORANGE, CA 92868	NONE	PUBLIC	DONATION	2,500
				TOTAL \$ 14,475