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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

			tax year beginning		, and ending		<del></del>
G Ch	eck a	Il that apply:		tial Return of a former p	· · · ·		nal return
			Amended return	Address		e change	<del></del>
Andr	ഹി	i Family F	oundation, Inc		'	Employer Identification no 26-4414121	impet.
		ndini Blvd		•	<u> </u>	3 Telephone number (see the	instructions)
Vernon, CA 90058					714-538-2393	•	
					Ţ.	If exemption application is	
						1 Foreign organizations, che	
H Ö		type of organiza		)1(c)(3) exempt private		2 Foreign organizations me here and attach computat	eting the 85% test, check
				trust Other taxable counting method: X C		E If private foundation state	
		rket value of all asse art II, column (c), line		Other (specify)	asii Maccinai	under section 507(b)(1)(A	i), check here
<b>▶</b> \$				I, column (d) must be o		F If the foundation is in a 6 under section 507(b)(1)(E	
Part	ΊΑ	nalysis of Re		(a) Revenue and	(b) Net investmen		(d) Disbursements
	E	xpenses (The	total of amounts in	expenses per books	income	income	for charitable
	Sá	arily equal the ai	and (d) may not neces mounts ın column (a)	1			purposes (cash basis only)
	(5	ee the instruction	ons).)	155 000	land and the second of the sec		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2		grants, etc, received (att sch), foundn is not req to att Sch B	175,000.	大学·森里、小龙灌门。 1. 金沙、黄、小龙、		1 大學學學學
	3	Interest on sav	vings and temporary	P 42 37 11/4 3 11/4 4	10 - 21 - 20L	7.8	する こがもと こもど だっしれい
	1	cash investme	nts			_	10 音響 可事 ( )
	4	Dividends and inte Gross rents	erest from securities			<del>-  </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Net rental income or (loss)		表 1. 0 · 图 · 0 · 0 · 0	ランボージをおけり/J.B.C.c.	्राष्ट्र १९८५ कर्मा स्टब्स	William William
R			sale of assets not on line 10	777	St. Marshall	The state of the s	1 12 1 2 1 2 1 2 1 2 1
E V	"	Gross sales price for assets on line 6a	or all	· 通信的 "不是一个	亞。如其中心臟滅	自然。 医二甲甲基磺胺	
Ě	7		ome (from Part IV, line 2)	· · · · · · · · · · · · · · · · · · ·		The same of the	الله الله المهارة ال
E N U	8	Net short-term Income modific		(C. 2) (A. 2) (A. 3)	Paragraph of the service of the serv	••	The second of the second
Ē		Gross sales less returns and		The state of the s			15 15 15 15 15 15 15
	ŀ	allowances Less Cost of				1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
		goods sold		The state of the s	Profit in the state	· 製造業等	
		Gross profit/(loss)	) (att sch) (attach schedule)		<u>. 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	'''	Other income (	(attach schedule)				
	12	Total. Add line	s 1 through 11 .	175,000.		0.	1 1 1 4
	13		ficers, directors, trustees, etc	0.			
	14	Other employee sal	•			-	A CIVILIA
_	15	Pension pians, Legal fees (attach :	, employee benefits .			- RE	10
A D M	1	Accounting fees (at				lml	181
N		Other prof fees (at	•			181 MA	1 1 8 SALL INI
0 1	17	Interest				1	正
P S E T R R	18		see instr) . See Stm. 1	85.		1 1 mL	STAT TIT
A A	19	Depreciation (a sch) and deple	attacn Hion .			1 00	自己是 并一个
Z Y	20	Occupancy					
G E	21		ences, and meetings				
A E N X D P	22	Printing and pu	s (attach schedule)				
E 2	-		See Statement 2	42.			
PERSES	24	Total operating	g and administrative	107			
S	25		lines 13 through 23 grants paid Part XV	127. 150,000.	3 pt - 1	3, 25, 5	150,000
	26	Total expenses	s and disbursements.	_	<u> </u>		
		Add lines 24 ar	nd 25	150,127.		. 0.	150,000
	27	Subtract line 20	6 from line 12: enue over expenses				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	a	and disbursem	nents	24,873.			1.7. = 21.5
	ŀ		ome (if negative, enter -0-).	4 - 4	C		
	C	Adjusted net incom	e (if negative, enter -0-)	1.5	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>.</u> ;	

Forr	n <b>990</b> -	PF (2010) Andreoli Family Foundation, Inc.		26-44	14121 Page 2
Da	5311	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End (	of year
T. al	RIT	(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	109,997.	134,870.	134,870.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶	l		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch).	PARTIE WAS A		735 VALUE OF STREET
A	'	Less: allowance for doubtful accounts			British and the State of the St
S	8	Inventories for sale or use	<del></del>		
A S S E T	9	Prepaid expenses and deferred charges	···········		
T S	1 -				
•	ł	Investments – U.S. and state government obligations (attach schedule)			
	1	Investments — corporate stock (attach schedule)			
		: Investments — corporate bonds (attach schedule)	Marine Control to Print the Party of Party of		
	11	Investments – land, buildings, and equipment basis.		A STATE OF THE STA	
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment: basis.		<b>新疆域外建立</b> 第	
		Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe ► )			
	16	Total assets (to be completed by all filers — see instructions. Also, see page 1, item l)	109,997.	134,870.	134,870.
Ļ	17	Accounts payable and accrued expenses			
L	18	Grants payable	,		
A B	19	Deferred revenue			
- Ł	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			的。 经类的 自己经验
ł	22	Other liabilities (describe			
È	22	Total liabilities (add lines 17 through 22)	0	^	
	23	Total liabilities (add lines 17 through 22)  Foundations that follow SFAS 117, check here	0.	<u> </u>	
NF	24	Unrestricted.			
EUTN	25	Temporarily restricted			
A D		Permanently restricted			
A B S A L A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. $\overline{X}$			
E L T A	27	Capital stock, trust principal, or current funds.	109,997.	134,870.	
SŅ	28	Paid-in or capital surplus, or land, building, and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds			
ŔŠ	30	Total net assets or fund balances (see the instructions) .	109,997.	134,870.	
	31	Total liabilities and net assets/fund balances	100 007		
Date	<u> </u>	(see the instructions)  Analysis of Changes in Net Assets or Fund Balance	109,997.	134,870.	
<u>rear</u> 1	Total	net assets or fund balances at beginning of year - Part II. colu		gree with	
2	end-o	f-year figure reported on prior year's return) . amount from Part I, line 27a	Carlo	1 2	109,997. 24,873.
3		ncreases not included in line 2 (itemize)		3	24,013.
4		ines 1, 2, and 3 .			134,870.
5		ses not included in line 2 (itemize)	•• • • • • • • • • • • • • • • • • • • •	5	134,010.
6	-	net assets or fund balances at end of year (line 4 minus line 5)	- Part II. column (b)		134,870.
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	(a) List and describe	LOSSES for Tax on Investment  e the kind(s) of property sold (e.g., r  se; or common stock, 200 shares ML	eal estate.	(b) How acquire P — Purchase D — Donation	d (C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1:	N/A			D — Conacion	+	
			,			<del></del>
	<del></del>					
	<del></del>				<u> </u>	
e	}					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bar plus expense of sa		(h) Gain or (e) plus (f) m	
a	<u> </u>					
t	)					
			<del> </del>			
e	· · · · · · · · · · · · · · · · · ·				<del></del>	
	(i) Fair Market Value as of 12/31/69	ing gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	υÜ	(I) Gains (Coli gain minus column (I than -0-) or Losses (fr	c), but not less
а						
ь	)					
	<b>:</b>					
	<u> </u>					
е	<u> </u>					
2	Capital gain net income or (net	t capital loss).	enter in Part I, line 7 er -0- in Part I, line 7	. 2		
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)	and (6):	•	1	-
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see the instructions)	. If (loss), enter -0-	. а		
Par	t∛V∰ Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investme	ent Income	!	
Was	s,' the foundation does not qual	his part blank tion 4942 tax on the distributable an ify under section 4940(e) Do not co n each column for each year; see th	mplete this part.	•	Yes	☐ No
<u> </u>	(a)	(b)	(c)	g any critics.	(d)	
	Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use ass	sets (c	Distribution Distribution (b) divided	
	2009					
	2008					
	2007		<u></u>			
	2006					
	2005	<u> </u>			<del>,</del>	
2	Total of line 1, column (d)			2		
3		e 5-year base period — divide the to has been in existence if less than 5		3		
4	4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5.					
5	5 Multiply line 4 by line 3					
	Enter 1% of net investment inc	6 Enter 1% of net investment income (1% of Part I, line 27b)				
6						
6 7	Add lines 5 and 6	ome (1% of Part I, line 27b)		7		
-	Add lines 5 and 6  Enter qualifying distributions fro					

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and addresses.

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Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

	990-PF (2010) Andreoli Family Foundation, Inc.	26-4414121	<u> </u>	Pa	age 5
Par	t VII-AT Statements Regarding Activities (Continued)		<del></del>		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address	application?	13	X	
14	The books are in care of Sherrie Spray Telephone	no. ► 714-53 92866	8-23	93	 
15	Located at > 541 E. Chapman Ave., Suite B Orange CA ZIP + 4 > Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year		N/A.	<b>-</b>	∏ N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other au	thority over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the na	me of the			Â
Day	foreign country ► t-VII-BF Statements Regarding Activities for Which Form 4720 May Be Required		(1) A		5/15
Par	<u> </u>		F2459	<i>7</i> T	
	File Form 4720 If any item is checked in the 'Yes' column, unless an exception applies.			res	No
1 a	a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		7	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? [  (5) Transfer any income or assets to a disqualified person (or make any of either available	Yes X No			
	for the benefit or use of a disqualified person)?	Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes X No			
t	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	ns)?	1 b	N	'A
	Organizations relying on a current notice regarding disaster assistance check here				7
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).				
ā	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes X No			
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see the instructions.)	a)(2) )(2) to	2 b	N	A
Ċ	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he 20, 20, 20, 20	ere.			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
t	of 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)		3 b	N	A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	[	4a		x
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?		4b		X
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Part VII-B Statements Regarding Activiti	es for Which Forn	1 4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incu	r any amount to:		_	<b>海</b>
(1) Carry on propaganda, or otherwise attemp	_		Yes X	No Republic
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ition drive?		<b>⊢</b> ⊢	No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	4940(d)(2)? (see instri	uctions)	Yes X	]No
(5) Provide for any purpose other than religio educational purposes, or for the preventio	n of cruelty to children	or animals?		]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 excep ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega			▶ [	
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).		
<ul><li>6a Did the foundation, during the year, receive as on a personal benefit contract?</li><li>b Did the foundation, during the year, pay prem</li></ul>			. Yes X	No 6b X
If 'Yes' to 6b, file Form 8870.	lums, directly of indirec	tily, on a personal belie	in contract: .	
7a At any time during the tax year, was the found				No A
b If yes, did the foundation receive any proceed				7b
Part VIII Information About Officers, D	rectors, i rustees,	Foundation Manag	gers, mignly Pald i	Employees,
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).	
1 List all Officers, directors, trustees, foundation	(b) Title and average		(d) Contributions to	(e) Expense account.
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
See Statement 3				
21221222222		0.	0.	0.
2 Compensation of five highest-paid employee	s (other than those in	luded on line 1- see ir		enter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
None				
				<del> </del>
_				
				<del>                                     </del>
Total number of other employees paid over \$50,000		<u>.                                    </u>	•	- 0
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Form 990-PF (2010) Andreoli Family Foundation, Inc. 26-44  [Part VIII*: Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	
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	
Total number of others receiving over \$50,000 for professional services.	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
4	
Part.IX-B: Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions  3	
Total. Add lines 1 through 3	0 . Form <b>990-PF</b> (2010)
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## Part XII Qualifying Distributions (see instructions)

6 Deduction from distributable amount (see instructions) . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	150,000.
	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 Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	150,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	150,000.

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.

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# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI, line 7				4,372.
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		0.		
			7	
a From 2005				``
<b>b</b> From 2006			٠.	
		· "="	* <b>+</b> ,	
<b>c</b> From 2007 .	-1 31 1- ,		· · · · · · · · · · · · · · · · · · ·	
d From 2008 .	, . '		1,4	
e From 2009 . 148,728.	140 720	' '		
f Total of lines 3a through e	148,728.	* * * * * * * * * * * * * * * * * * * *		
4 Qualifying distributions for 2010 from Part	÷ '	, , ,	•	,
XII, line 4: ► \$ 150,000.				
a Applied to 2009, but not more than line 2a .	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.	
<b>b</b> Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- *	
(Election required - see instructions)	0.	at you are the		
<b>d</b> Applied to 2010 distributable amount	1 - 1 - 2 - 2 - 4 - 5 - 4 - 5			4,372.
e Remaining amount distributed out of corpus	145,628.			
5 Excess distributions carryover applied to 2010	0.	* ' ' '		0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
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.	294,356.		, .	
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		,
c Enter the amount of prior years' undistribut-	7			
ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.	i,	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 instructions		,	0.	
	,	1	•	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of		_ ,		
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			,
·	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	0.		,	,
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	294,356.	. , , ,		7
10 Analysis of line 9			,	
a Excess from 2006.			•	
<b>b</b> Excess from 2007.	, 3		'	,
c Excess from 2008.	٠,	11	,	]
<b>d</b> Excess from 2009 148, 728.	<u>.</u> •	_		
e Excess from 2010 145, 628.		<u> </u>		,
				Form 900 BE (2010)

form 990-PF (2010) Andreoli Family Foundation, Inc. 26-4414121					
PartiXIV Private Operating Foundations (see instructions and Part VII-A, question 9)					N/A
1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling					
<b>b</b> Check box to indicate whether the foundat		rating foundation de	· · · · · · · · · · · · · · · · · · ·	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					<u></u>
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c</li> </ul>	· · · · · · · · · · · · · · · · · · ·				
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					<del></del>
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c 'Support' alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
RarteXVI Supplementary Information ( assets at any time during the	Complete this e year — see in	part only if the ostructions.)	organization ha	id \$5,000 or more	e in
1 Information Regarding Foundation Manag a List any managers of the foundation who h close of any tax year (but only if they have James M. Andreoli	ave contributed me	ore than 2% of the t than \$5,000). (See	total contributions r section 507(d)(2).)	eceived by the found	ation before the
<b>b</b> List any managers of the foundation who o	wn 10% or more o	f the stock of a corp	poration (or an equi	ally large portion of t	he ownership of
a partnership or other entity) of which the finance	oundation has a 1	0% or greater intere	est.		
O Information Proposition Contribution Con-	A Cit Lass Caba	lauskia sta Dusaus			<del></del>
2 Information Regarding Contribution, Gran Check here  if the foundation only m		-		s and does not accor	at uncollected
requests for funds. If the foundation makes complete items 2a, b, c, and d.					
a The name, address, and telephone number	of the person to v	vhom applications s	hould be addressed	d	
See Statement 4		<del> </del>			
b The form in which applications should be s	ubmitted and infor	mation and material	is they should inclu	de:	
See Statement for Line 2a					
c Any submission deadlines:					
See Statement for Line 2a			<del></del>	<del>- , ,</del> -	
d Any restrictions or limitations on awards, s	uch as by geograp	hical areas, charitab	ole fields, kinds of i	nstitutions, or other t	factors:
See Statement for Line 2a					

Part XV : Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution status of Amount recipient Name and address (home or business) a Paid during the year Boy Scouts of America OC Charit Outdoor education 150,000. Council center fund 1211 E. Dyer Road Santa Ana, CA 92705 Total 3a 150,000. **b** Approved for future payment Total. ightharpoons3Ь

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

Enter gross	s amounts unless otherwise indicated.	Unrelate	ed business income	Exclude	by section 512, 513, or 514	(e)
		(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (see the instructions)
1 Progr	ram service revenue:			code		
		<u> </u>	-	<b></b>		
		ļ				
		<del>                                     </del>		<del> </del>		
e		<del> </del>				
!	and contracts from soverament opension	<del> </del>				
	and contracts from government agencies bership dues and assessments	<u> </u>		<del>                                     </del>		
	it on savings and temporary cash investments .					
	ends and interest from securities			<u> </u>		
	ental income or (loss) from real estate:	1260	TO SERVICE THE PARTY OF THE PAR	2.0	<b>新加州公司</b>	PERMIT FOR
	financed property	THE WAY IN	Land and Assessment of the Control o			
	ebt-financed property				· ·	
	ntal income or (loss) from personal property .					
	r investment income					
8 Gain o	r (loss) from sales of assets other than inventory					
9 Net ir	ncome or (loss) from special events			<u> </u>		
10 Gross	s profit or (loss) from sales of inventory.					
11 Other	r revenue.	學性。	<b>经制作的,你可以证明</b>		Mark Constitution	
a		ļ		<b> </b>		
b		<u> </u>		ļ		
d						
e		T CARRY CHRESS		Marian San		
	otal. Add columns (b), (d), and (e)	即開始		Afficia		<u> </u>
13 Total	. Add line 12, columns (b), (d), and (e)			Princia.		0.
13 Total (See works	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ons.)			13	0.
13 Total (See works	. Add line 12, columns (b), (d), and (e)	ons.)			13	0.
13 Total (See works	Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.  Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
13 Total (See works Part:XVI Line No.	. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ons.)	ishment of Exemp	t Purp	oses	
13 Total (See works Part:XVI	Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.  Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	
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13 Total (See works Part:XVI Line No.	Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculations.  Relationship of Activities to the	ons.)	ishment of Exemp	t Purp	oses	

Form 990-PF (2010) Andreoli Family Foundation, Inc. 26-4414121

Part XVII: Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

							1 7 7 1	Yes No
1 Did des	the organization dire	ectly or indirectly e (c) of the Code (o	engage in any of the following than section 501 (continued to the section 501).	ilowing with any c c)(3) organization	other organizations) or in section 5	n 27,	1 2 miles	
rela	iting to political orgai	nizations?					120	
	•	rting foundation to	a noncharitable exemp	pt organization of	<b>f:</b>			411
(1)	Cash	•		•			1a(1)	X
(2)	Other assets				• • • • • • • • • • • • • • • • • • • •		1a (2)	X
<b>b</b> Oth	er transactions:							
(1)	Sales of assets to a	noncharitable exe	empt organization.	•				X
(2)	Purchases of assets	from a noncharita	able exempt organization	on		•	1 b (2)	X
	•		er assets				1 b (3)	X
(4)	Reimbursement arra	ingements			• • • • • • • • • • • • • • • • • • • •	•	1 b (4)	X
• • •	Loans or loan guara						1 b (5)	X
• •			nip or fundraising solicit			• •	1b (6)	X
<b>c</b> Sha	aring of facilities, equ	ipment, mailing li	sts, other assets, or pa	id employees			1c	X
			1.1.15 (.11)		<b>/L</b> X -l   1 -1			,
the	annals other assets	or services given	complete the following by the reporting found how in column (d) the	lation. If the found	dation received le	ess than fair mark	et value in	ne ot
(a) Line n			of noncharitable exempt organ			sfers, transactions, and		gements
N/A	o. (b) ranount involve					,,,,	<u> </u>	
11/ 11	<del></del>							
	-							
			····-					
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	<del></del>							
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	·					-		
		<del></del>						
	<u> </u>						<del></del>	
2a Is the	he foundation directly	y or indirectly affili	ated with, or related to the than section 501 (c	, one or more tax	k-exempt organiz n 527?	ations	☐Yes	XNo
	es,' complete the fo	• •	their than section sorte	,,(3), 01 111 3001101	11 527	• •	□ '63	[25]140
<u> </u>	(a) Name of organ		(b) Type of or	ganization	(c)	Description of re	lationshin	<del></del>
N/A	(a) Name of organ	ization	(b) Type of on	garnzation	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, Beschiption of te	attorisinp.	
и/ п					+			
	<del></del>							
	· <del></del>	<del></del>				· · ·		
					<del>                                     </del>			
Tu.	nder penalties of periury 1	teclare that I have exam	uned this return, including accr	ompanying schedules a	nd statements, and to	the best of my knowledge	e and belief, it	is true.
ă	orrect, and complete Declar	ation of preparer (other	nined this return, including according than taxpayer or fiduciary) is t	pased on all information	n of which preparer has	s any knowledge	,	
Sign	11.6	D1:0<			-1 1	Λ		
Here	<u> www</u>		7		3/16/11	CFO		
	Signature of officer or tru		A	Date		Title		
	Print/Type preparer	's name	Preparationatu	// 1.	Date	Check if if	PTIN	
Paid	John W. S	chroeder	Millusel	COLL	5/10/11	self-employed	P01212	986
Prepare	Firm's name		chroeder Accty.			Firm's EIN ► 95-3	551120	
Use On		_	Chapman Ave. St	ce. B				
	Films address	Orange, CA	N 92866			Phone no (714	1) 538-2	2393
RΔΔ				<del>-</del>			Form 990	)-PF (2010)

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

2010

Name of the organization		Employer Identification number
Andreoli Family Four	dation, Inc.	26-4414121
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) 4947(a)(1) nonexempt charitate 527 political organization	organization ole trust <b>not</b> treated as a private foundation
Form 990-PF	X 501(c)(3) exempt private found 4947(a)(1) nonexempt charitate 501(c)(3) taxable private found	ple trust treated as a private foundation
Check if your organization is connected. Only a section 501(c)(7),	vered by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both	the General Rule and a Special Rule. See instructions.
General Rule  X For an organization filing For contributor. (Complete Parts	rm 990, 990-EZ, or 990-PF that received, during th I and II.)	ne year, \$5,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(v		3-1/3% support test of the regulations under sections he year, a contribution of the greater of (1) \$5,000 or ne 1. Complete Parts I and II.
aggregate contributions of m	or (10) organization filing Form 990 or 990-EZ, than nore than \$1,000 for use <i>exclusively</i> for religious, c children or animals. Complete Parts I, II, and III.	at received from any one contributor, during the year, charitable, scientific, literary, or educational purposes, or
contributions for use <i>exclusi</i>	vely for religious, charitable, etc, purposes, but the here the total contributions that were received duri	at received from any one contributor, during the year, use contributions did not aggregate to more than \$1,000 ing the year for an exclusively religious, charitable, etc, this organization because it received nonexclusively
religious, charitable, etc, cor	ntributions of \$5,000 or more during the year	
990 PF) but it must answer 'No'	not covered by the General Rule and/or the Speci on Part IV, line 2 of their Form 990, or check the of meet the filing requirements of Schedule B (Form	al Rules does not file Schedule B (Form 990, 990-EZ, or box on line H of its Form 990-EZ, or on line 2 of its Form n 990, 990-EZ, or 990-PF).
BAA For Paperwork Reduction 990EZ, or 990-PF.	Act Notice, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Andred	414121		
	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	James M. Andreoli		Person X Payroll
	Vernon CA 90058	\$25,000.	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
	Baker Commodities, Inc. 4020 Bandini Blvd. Vernon, CA 90058	\$ <u>150,000.</u>	Person X 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 B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization Andreoli Family Foundation, Inc.			Page	1 of 1 of Pa Employer identification number 26-4414121			of Part II
Rantill	Noncash Property (see instructions.)						
(a) No. from Part i	(b) Description of noncash property given		FMV (or	(c) r estimate structions	}	(d Date re	) ceived
	N/A	\$_					
(a) No. from Part i	(b) Description of noncash property given		FMV (or	(c) r estimate structions	}	(d Date re	) ceived
		\$_					
(a) No. from Part I	(b) Description of noncash property given		FMV (or	(c) r estimate structions	}	(d Date red	) ceived
		\$_					
(a) No. from Part I	(b) Description of noncash property given		FMV (or	(c) r estimate structions	}	(d Date red	) ceived
		\$_				_	
(a) No. from Part I	(b)  Description of noncash property given		FMV (or	(c) r estimate structions	}	(d) Date red	) ceived
		s					

BAA

(a) No. from Part I

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

(d) Date received

(c) FMV (or estimate) (see instructions)

(b)
Description of noncash property given

Name of organ	•			26-4414121		
Andreo.	<u>li Family Foundation, Inc.</u> <i>Exclusively</i> religious, charitable, e	la individual contribution	ac to coctio			
Parcille	organizations aggregating more th	an \$1,000 for the year.Co	mplete cols (a	through (e) and the following line entry.		
	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	(Enter this information once, S	aritable, etc, ee instructions			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relat	Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
Part I						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Ro		Relat	ionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
				· · · · · · · · · · · · · · · · · · ·		
BAA			Sched	ule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)		

TEEA0704L 06/23/09

Page 1

of Part III

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

2010	Federal Statements	Page 1
Client 11	Andreoli Family Foundation, Inc.	26-4414121
5/10/11		08:14AM
Statement 1 Form 990-PF, Part I, Line 18 Taxes		
Other	(a)       (b)       Net       (c)         Expenses       Investment       Adjusted         per Books       Income       Net Income          \$       85.         Total       \$       0.	(d) Charitable Purposes  \$ 0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
Bank charges	(a) (b) Net (c)  Expenses Investment Adjusted  per Books Income Net Income  \$ 17. 25.  Total \$ 42. \$ 0. \$ 0.	(d) Charitable Purposes  \$ 0.
Statement 3 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees,	and Key Employees  Title and Contri Average Hours Compen- bution	
Name and Address	Per Week Devoted sation EBP & D	OC Other
James M. Andreoli 4020 Bandini Blvd. Vernon, CA 90058	President \$ 0.\$	0. \$ 0.
James A. Andreoli 4020 Bandini Blvd. Vernon, CA 90058	Vice President 0.	0. 0.
Anthony E. Andreoli 4020 Bandini Blvd. Vernon, CA 90058	Vice President 0.	0. 0.
Andrew T. Andreoli 4020 Bandini Blvd. Vernon, CA 90058	Vice President 0.	0. 0.
Mitchell A. Ebright 4020 Bandini Blvd. Vernon, CA 90058	Treasurer 0.	0. 0.
	Total <u>\$ 0.</u> <u>\$</u>	0. \$ 0.

2010

### **Federal Statements**

Page 2

Client 11

Andreoli Family Foundation, Inc.

26-4414121

5/10/11

08:14AM

Statement 4 Form 990-PF, Part XV, Line 2a-d **Application Submission Information** 

Name of Grant Program:

Andreoli Family Foundation, Inc.

Name:

Sherrie Spray

Care Of:

Street Address:

City, State, Zip Code:

541 East Chapman Avenue, Suite B

Telephone:

Orange, CA 92966 714-538-2393

Form and Content:

Submission Deadlines:

No specific format

Restrictions on Awards:

None

The Foundation plans to make contributions to other 501(c)(3) organizations in order to further the charitable goals of the family as defined by the Board of Directors from time to time. Specifically, the organization will provide medical, educational, social and support needs for

underprivilged people both domestically and internationally. Emphisis will be placed on children and young adults. The Foundation has no current plans to

implement any actorities that will be directly provided by

the Foundation.