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Department of the Treasury

### **Return of Private Foundation**

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

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

OMB No 1545-0052

	For	aler	dar year 2010, or tax	x year beginning		, and ending		
			all that apply	Initial return	Initial return of a	former public charity	Final return	
	- '		ш арр.,	Amended return	Address char		Name change	
	Nar	ne of	foundation				A Employer identification	number
			THE KLIN	NG FAMILY FOUN	NDATION		33-6272913	l
	Nun	nber a	nd street (or P O box nur	mber if mail is not delivered to stree	t address)	Room/suite	<b>B</b> Telephone number	
			335 CENT	TENNIAL WAY		100	949-533-03	00
	City	or t	own, state, and ZIP co				C If exemption application is p	ending, check here
			TUSTIN,				D 1. Foreign organizations	s, check here
	H_0	_	type of organization				Foreign organizations me check here and attach co	enting the 85% test, proputation
	<u>L</u>			exempt charitable trust	Other taxable private found	lation	E If private foundation sta	tus was terminated
			irket value of all asset		=	Accrual	under section 507(b)(1)	(A), check here
			Part II, col. (c), line		ther (specify)	6	F If the foundation is in a	
		_		134,101. (Part I, colu		T -	under section 507(b)(1)	4.43
2011	Pa	rt l	Analysis of Revenu (The total of amounts in necessanly equal the a	n columns (b), (c), and (d) may not amounts in column (a) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
Car		1	Contributions, gifts,	grants, etc., received	850,000.		N/A	
(2)		2		undation is not required to attach Sch. B				
~		3	Interest on savings and cash investments		0.010	0.010		
NOV		4	Dividends and intere	est from securities	9,819.	9,819.		STATEMENT 1
			Gross rents				<u> </u>	
(			Net rental income or (los		<11,579.	<u> </u>		STATEMENT 2
Ž	ne	ь	Net gain or (loss) from sa Gross sales price for all assets on line 6a	ale of assets not on line 10 149,374.	×11,373.			DIAITMENT Z
Z	Revenue	7	assets on line 6a Capital gain net income			3,215.		<u> </u>
SCANNEL		8	Net short-term capital			1 3/213:		<b></b>
(T)		a	Income modification	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·
		10a	Gross sales less returns				REAFT	71
		b	Less Cost of goods sole	ıd		**************************************	7	/CU
		i	Gross profit or (loss				120	79
		11	Other income				IVI MAN TR	2011   6
		12	Total. Add lines 1 th	rough 11	848,240.			ဟို
		13	Compensation of officer	rs, directors, trustees, etc	15,000.	0.	LUGDEN	11T 0.
		14	Other employee sala	•			7	01
	Ś	15	Pension plans, empl	•	2 701	0.		0.
	nses		Legal fees	STMT 3	2,701. 1,950.	0.		0.
	×pe		Accounting fees Other professional fe	STMT 4 ees STMT 5	3,151.	3,151.		0.
	ē Ē	17	Interest	ees SIMI S	3,131	3,131.		0.
	ativ	18	Taxes					
	istr	19	Depreciation and de	pletion				
	ᆵ	20	Occupancy	piotion				
	Ą	21	Travel, conferences,	, and meetings				
	Pu	22	Printing and publicat	•				
	g	23	Other expenses	STMT 6	620.	0.		0.
	ā	24	Total operating and	l administrative				
	Operating and Administrative Expe		expenses. Add lines	•	23,422.	3,151.		0.
	J	25	Contributions, gifts,	=	914,745.			914,745.
		26	Total expenses and		020 167	2 151		014 745
			Add lines 24 and 25		938,167.	3,151.	ļ	914,745.
		1	Subtract line 26 from		<89,927.			
		I		expenses and disbursements	109,321	9,883.	<del></del>	, indianamentament
		ı	Adjusted net incom	DMC (if negative, enter -0-)		7,003.	N/A	
		<u> </u>	volastea ust meau	is in negative, enter -U-)	<u> </u>	. <b>.t</b>	1 17/41	<u> </u>

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

Form **990-PF** (2010)

Part   Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year			
Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1 Cash - non-interest-bearing	634,081.	649,484.	649,484.		
2 Savings and temporary cash investments					
3 Accounts receivable ►					
Less allowance for doubtful accounts					
4 Pledges receivable ►					
Less: allowance for doubtful accounts		1			
5 Grants receivable					
6 Receivables due from officers, directors, trustees, and other					
disqualified persons					
7 Other notes and loans receivable			······································		
Less allowance for doubtful accounts	İ	j			
i I		-	<del></del>		
9 Prepaid expenses and deferred charges					
10a Investments - U.S. and state government obligations  h Investments - corporate stock STMT 7	245,036.	174,061.	202,150.		
2 modernome conforms	270,108.	188,794.	199,227.		
	2/0,100.	100,/94.	199,227.		
11 Investments - land, buildings, and equipment basis		1			
Less accumulated depreciation					
12 Investments - mortgage loans	26 201	00.040	00.040		
13 Investments - other STMT 9	36,281.	83,240.	83,240.		
14 Land, buildings, and equipment basis					
Less. accumulated depreciation					
15 Other assets (describe ►)					
16 Total assets (to be completed by all filers)	1,185,506.	1,095,579.	1,134,101.		
17 Accounts payable and accrued expenses					
18 Grants payable					
19 Deferred revenue					
20 Loans from officers, directors, trustees, and other disqualified persons					
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable					
22 Other liabilities (describe >					
23 Total liabilities (add tines 17 through 22)	0.	0.			
Foundations that follow SFAS 117, check here					
and complete lines 24 through 26 and lines 30 and 31.					
D 24 Uprostricted					
25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.					
26 Permanently restricted					
Foundations that do not follow SFAS 117, check here					
and complete lines 27 through 31.					
27 Capital stock, trust principal, or current funds	0.	0.			
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
29 Retained earnings, accumulated income, endowment, or other funds	1,185,506.	1,095,579.			
· [	1,185,506.	1,095,579.			
30 Total net assets or fund balances	1,103,300.	1,000,010.			
24 Tatal liabilities and not assets found belonger	1,185,506.	1,095,579.			
31 Total liabilities and net assets/fund balances		1,000,010			
Part III Analysis of Changes in Net Assets or Fund B	alances				
	•••	·	<u></u> .		
Total net assets or fund balances at beginning of year - Part II, column (a), line	30		1 105 500		
(must agree with end-of-year figure reported on prior year's return)  Enter amount from Part I, line 27a		1	1,185,506.		
Enter amount from Part I, line 27a		2	<89 <b>,</b> 927.		
Other increases not included in line 2 (itemize)		3	0.		
Add lines 1, 2, and 3		4	1,095,579.		
Decreases not included in line 2 (itemize)		5	0.		
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,095,579.		

	be the kind(s)	of property sold (e g nmon stock, 200 shs	, real estate,	Income	(b)	How ac	nase   `	c) Date a		(d) Date sold (mo , day, yr )
1a CAPITAL GAINS I				**	۳	- Dona	ation			( 1/20/1/1/
b	) I V I D L I I		-							
C			_							
d	·									
е										
(e) Gross sales price		ciation allowed illowable)		t or other basis xpense of sale					in or (loss (f) minus (	(g)
a 3,215.										3,215.
b										
<u>C</u>	•									
d	_			-						
Complete only for assets showing	n dain in colum	in (h) and owned by	the foundation	on 12/31/69			//\	Saine (C	ol (h) gain	minue
(i) F M V as of 12/31/69	(j) Adj	usted basis 12/31/69	(k) Ex	cess of col (I) col (J), if any			col (	k), but n	of (fi) gain oot less thai (from col. (	n <b>-0-) or</b>
2				(1),						3,215.
b b							-			5,215.
C										•
d										
8										
2 Capital gain net income or (net cap	oital loss)	If gain, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7 7	}	2				3,215.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		•			)					
If (loss), enter -0- in Part I, line 8	column (c)				•	3			N/A	
Part V Qualification Ur	nder Secti	on 4940(e) for	Reduced	Tax on Net	Inv	estn	nent Inco	me		
If section 4940(d)(2) applies, leave th Was the foundation liable for the secti If "Yes," the foundation does not quali 1 Enter the appropriate amount in e	on 4942 tax or fy under section	n 4940(e). Do not co	mplete this pa	rt						Yes X No
(a)  Base period years  Calendar year (or tax year beginnin	a in) A	(b) Ijusted qualifying dis	tributions	Net value of no	(c) ncha		use assets		Distrit (col (b) div	(d) oution ratio rided by col (c))
2009	,,	1,06	0,800.		1		8,974.	.[	`	1.051365
2008		92	3,350.				7,246.			1.064692
2007			7,200.				2,600.			.974150
2006			7,754.			4	2,950.	,		12.986123
2005		55	4,193.			78	1,701.	,		.708958
2 Total of line 1, column (d)								2		16.785288
3 Average distribution ratio for the 5 the foundation has been in existen	•		on line 2 by 5,	or by the number	of ye	ears		3		3.357058
4 Enter the net value of noncharitable	le-use assets f	or 2010 from Part X,	line 5					4		989,441.
5 Multiply line 4 by line 3								5		3,321,611.
6 Enter 1% of net investment incom	e (1% of Part I	, line 27b)						6		99.
7 Add lines 5 and 6								7	<u> </u>	3,321,710.
8 Enter qualifying distributions from	Part XII, line 4	l						8		914,745.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check t	ne box in Part VI, line	1b, and comp	olete that part usin	ıg a 1	% tax	rate			<del></del>
000501 10 07 10										orm <b>990-PF</b> (2010)

X

3b

4a

N/A

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

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

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

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

Total. Add lines 1 through 3

All other program-related investments. See instructions

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
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	1a	466,987.
	Average of monthly cash balances	1b	466,987. 537,522.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,004,509.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,004,509.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,068.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	989,441.
6	Minimum investment return. Enter 5% of line 5	6	49,472.
P	art XI 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	Minimum investment return from Part X, line 6	1	49,472.
2a	100		
b	Income tax for 2010 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c ]	198.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	49,274.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	49,274.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	49,274.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4.	914,745.
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1a 1b	0.
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	-	
а		За	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	914,745.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	914,745.
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		<del></del>
	4940(e) reduction of tax in those years		

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				49,274.
2 Undistributed income, if any, as of the end of 2010	***************************************	***************************************		
a Enter amount for 2009 only			0.	
b Total for prior years		0.		<del></del>
3 Excess distributions carryover, if any, to 2010		<u> </u>		······································
a From 2005 515,310.				
b From 2006 556,098.				
c From 2007 908,611.				
d From 2008 880,359.				
e From 2009 1,010,701.				
f Total of lines 3a through e	3,871,079.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ 914,745.				
a Applied to 2009, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			111111111111111111111111111111111111111	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				49,274.
e Remaining amount distributed out of corpus	865,471.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,736,550.			
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	1	0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	515,310.			·····
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	4,221,240.			
10 Analysis of line 9				
a Excess from 2006 556,098.				
b Excess from 2007 908,611.				
© Excess from 2008 880, 359.				
d Excess from 2009 1,010,701.				
e Excess from 2010 865, 471.				
				Form <b>990-PF</b> (2010)

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3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual		· -	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)  a Paid during the year  VARIOUS RECIPIENTS— SEE  ATTACHED	nonE	recipient	CONTRIBUTION	914,745.
<del>- 2</del>			<u> </u>	914,745.
Total b Approved for future payment  NONE			<i>&gt;</i> 0a	31177130
		1		
Total			<b>▶</b> 3b	0.

023611 12-07-10

Form **990-PF** (2010)

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

Form 990-PF (2010)

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclu	uded by section 512, 513, or 514	(0)
Enter gross amounts amoss otherwise indicated	(a) Business	(b)	(C) Exclu-	(d)	(e) Related or exempt
1 Program service revenue	code	Amount	sion	Amount	function income
a				· ·	
b					
-			i		
C			<u> </u>		<del></del>
e			<del> </del>		
- Fore and contrasts from a superment account			├		
g Fees and contracts from government agencies			<del>                                     </del>		
2 Membership dues and assessments			<del>                                     </del>	<del></del>	<del> </del>
3 Interest on savings and temporary cash					
investments			1 4	0.010	
4 Dividends and interest from securities		<del></del>	14	9,819.	
5 Net rental income or (loss) from real estate			ļ		
a Debt-financed property					
b Not debt-financed property			ļ		
6 Net rental income or (loss) from personal					İ
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	<11,579.	>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b			<b>-</b>		
c					
4			<del> </del> -		
8					
12 Subtotal Add columns (b), (d), and (e)		0.		<1,760.	> 0.
13 Total. Add line 12, columns (b), (d), and (e)	نىيىنى ئىسل		<u></u>	13	
(See worksheet in line 13 instructions to verify calculations )				13 _	<u> </u>
				- <b>-</b>	<del></del> -
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	ne is reported i	ın column (e) of Part XVI-A	contril	outed importantly to the accor	mplishment of
the foundation's exempt purposes (other than b				, ,	
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023621 12-07-10					Form 990-PF (2010)

Par	t XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	ships With Nonc	haritable	9	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
1 [	old the o			of the followin	g with any other organization	on described in sec	tion 501(c) of		Yes	No
					?7, relating to political organ				100	1
		from the reporting founda								
	1) Cash	•		•				1a(1)		Х
Ò	2) Othe	r assets						1a(2)		Х
•	•	nsactions								
ť	1) Sales	s of assets to a noncharital	ble exempt organizat	tion				16(1)		Х
	•	hases of assets from a no						1b(2)		Х
•	•	al of facilities, equipment,	•	•				1b(3)		Х
,	•	bursement arrangements						1b(4)		Х
,	•	s or loan guarantees						1b(5)		Х
	•	ormance of services or me	mbership or fundrais	sing solicitatio	ns			1b(6)		Х
	-	of facilities, equipment, ma	•	-		_		10		Х
	_		-		dule Column (b) should al	ways show the fair	market value of the good	ds, other ass	ets.	
0	r service	es given by the reporting fo	oundation If the four	ndation receiv	ed less than fair market valu		-		,	
	<del></del>	(h) Amount involved			a avamnt arganization	(d) n .				
(a) Line	e no	(b) Amount involved	(c) Name of		exempt organization	(U) Descriptio	n of transfers, transactions,	and shanng an	rangeme	nts
				N/A						
							<del></del>			
						-				
	-+-									
		·								
						-				
						<del>- </del>				
						<del></del>				
			<del></del>						-	
		-	•		or more tax-exempt organi	l izations described				 ] No
		501(c) of the Code (other		(3)) or in sect	1011 5277			Yes	I	1 NO
<u> </u>	i tes, c	omplete the following sche (a) Name of org			(b) Type of organization	Τ	(c) Description of relati	onshin		
		N/A	umzaton		(b) Type of organization	<del> </del>	(b) bosomption of folder	onomp		
		N/A							<del></del>	
	<del></del>				·	<del> </del>				
		-							-	
Sig Her	n and	er penalties of penury, I declare compute Declaration of presa	e that I have examined the rer (other than taxpayer	nis return, includ or fiduciary) is ba	ing accompanying schedules an ased on all information of which	d statements, and to the preparer has any keep	10 M A		LECT	
. 101		Signature of officer or tru	15100	<del>}</del>	Dota	—— <b>)</b> =	Tella	<del></del>		—-
		Print/Type preparer's na		Preparer's s	Date	Date	Title Check if PT	IN		
		Final Type preparer S na	iiii <del>c</del>	riedaters s	igilature /	Date / /	.,	_	40	
Paid	4	TOHM DOCUM	л тт	H.	The to TOR	2 11 hiles	Jon employed	000	181	129
	o parer	JOHN POSTM Firm's name ► LES		A CC	HWARZ & POST	MA TNC	<del>, '/</del>	- 1		
	only Only		LEI, INOM	ng, sc	IIWAKA & PUST	rim; INC.	Firm's EIN ►			
USE	Uilly		SAN TO OU	TN DTA	ZA, SUITE 25	0	+			
			SAN JOAQO WPORT BEA				Phono no /Q/	9)650	_27	71
		1 INE	MEOKI DEW	CII, CA	92000		Phone no (94			
								Form <b>990</b>	-rr(;	∠U1U)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

2010

**Employer identification number** 

THE KLING FAMILY FOUNDATION 33-6272913 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization

Employer identification number

## THE KLING FAMILY FOUNDATION

33-6272913

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GRISWOLD INDUSTRIES  P.O. BOX 1325  NEWPORT BEACH, CA 92653	\$ 850,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		<b>\$</b>	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
		<b> \$</b>	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
		<b> \$</b>	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.)

of Part II

Name of organization

Employer identification number

### THE KLING FAMILY FOUNDATION

33-6272913

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

•			
Schedule B (For	m 990, 990-EZ, or 990-PF) (2010)	<del></del>	Page of of Par Employer identification number
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	ING FAMILY FOUNDATION		33-6272913
Part III	Exclusively religious, charitable, etc., indi- more than \$1,000 for the year. Complete co	vidual contributions to section 5 olumns (a) through (e) and the fol	01(c)(7), (8), or (10) organizations aggregating lowing line entry. For organizations completing
	Part III, enter the total of exclusively religious \$1,000 or less for the year. (Enter this inform	, charitable, etc., contributions of	
(a) No.		nation once. See instructions.)	
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	<u>ZIP + 4</u>	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
1, 2, 1, 1			
			_
H		(e) Transfer of gift	
		(4, 4 - 4 - 4 - 4	
	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
Parti			
			_
		(e) Transfer of gift	
		(c) Transier or girt	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
ļ	<del></del>	· <del></del>	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	,,,p======	.,,	
	· · · · · · · · · · · · · · · · · · ·		
<u> </u>			<u> </u>
1		(e) Transfer of gift	

Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
COMERICA BANK UNION BANK	9,624. 3,410.	3,215.	6,409. 3,410.
TOTAL TO FM 990-PF, PART I, LN 4	13,034.	3,215.	9,819.

FORM 990-PF GAIN C	OR (LOSS) FF	ROM SALE	OF	ASSETS	<del></del>	STA	TEMENT	2
(A) DESCRIPTION OF PROPERTY				MANNER ACQUIRED		ATE UIRED	DATE	SOLD
UNION BANK OF CALIFORNIA				PURCHASED	VAR	ious	VARI	ous
	(C) OST OR ER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	•	GAIN	(F)	ss
18,707.	18,301.		0.		0.			406.
(A) DESCRIPTION OF PROPERTY				MANNER ACQUIRED		ATE UIRED	DATE	SOLD
UNION BANK OF CALIFORNIA				PURCHASED	VAR	IOUS	VARI	ous
	(C) OST OR ER BASIS	(D) EXPENSE SALE	OF	(E) DEPREC	•	GAIN	(F)	SS
127,452.	142,652.		0.		0.		<15,	200.
NET GAIN OR LOSS FROM SALE O	F ASSETS						<14,	794.
CAPITAL GAINS DIVIDENDS FROM	M PART IV				,		3,	215.
TOTAL TO FORM 990-PF, PART	, LINE 6A					·-	<11,	579.
FORM 990-PF	LEGA	AL FEES				STA'	TEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET II		T- ADJU			(D) CHARIT PURPO	ABLE
LEGAL	2,701			0.		<del></del> -		0.

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING	1,950.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,950.	0.		0.
FORM 990-PF O	THER PROFES	SIONAL FEES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
INVESTMENT FEES	3,151.	3,151.	· · · · · · · · · · · · · · · · · · ·	0.
TO FORM 990-PF, PG 1, LN 16C	3,151.	3,151.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
	(A)	(B)	(C)	(D)
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOM	CHARITABLE
DESCRIPTION  FILING FEES BANK CHARGES				CHARITABLE
FILING FEES	PER BOOKS 601.	MENT INCOME 0.		CHARITABLE E PURPOSES 0.
FILING FEES BANK CHARGES	PER BOOKS 601. 19.	0. 0. 0.		CHARITABLE PURPOSES  0. 0.
FILING FEES BANK CHARGES TO FORM 990-PF, PG 1, LN 23	PER BOOKS 601. 19. 620.	MENT INCOME  0. 0. 0. E STOCK		CHARITABLE PURPOSES  0. 0.
FILING FEES BANK CHARGES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	PER BOOKS 601. 19. 620.	MENT INCOME  0. 0. 0. E STOCK	NET INCOM	CHARITABLE PURPOSES  0. 0.  STATEMENT 7  FAIR MARKET

FORM 990-PF	CORPORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
UNION BANK FUNDS- BONDS COMERICA BANK - BONDS	•	0. 188,794.	0. 199,227.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	188,794.	199,227.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
UNION BANK FUNDS- HIGHMARK DIVERSIFIED MMKT FUND	COST	0.	0.
COMERICA BANK - MONEY MARKETS	COST	83,240.	83,240.
TOTAL TO FORM 990-PF, PART II,	LINE 13	83,240.	83,240.

	IST OF OFFICERS, D ND FOUNDATION MANA		STAT	EMENT 10
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VICKI GUMM 424 LOCUST ST LAGUNA BEACH, CA 92651	0.00	0.	0.	0.
JACKIE GLASS 2641 WAVERLY DRIVE NEWPORT BEACH, CA 92663	PRESIDENT 0.00	0.	0.	0.
DONALYN G KLING 515 DARTMOOR LAGUNA BEACH, CA 92651	0.00	0.	0.	0.
DONALYN MIKLES P.O. BOX 1822 RED LODGE, MT 59068	0.00	0.	0.	0.
DARYL KLING 515 DARTMOOR LAGUNA BEACH, CA 92651	0.00	0.	0.	0.
ALLEN KLING 7561 CENTER AVE APT 12 HUNTINGTON BEACH, CA 92647	SECRETARY 0.00	0.	0.	0.
DARRYL SHEETZ 10612 SUMTER WAY TUSTIN, CA 92782	TREASURER 10.00	15,000.	0.	0.
KENNETH KLING 15221 LAFAYETTE STREET WESTMINSTER, CA 92683	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	15,000.	0.	0.

KlingFamilyFoundation	<b>Custom Summary Report</b>	Langua through Docomber 2040
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	El Toro Battalion Sea Cadets	Fairmont Private Schools Parents As	Humane Soceity of Truckee
Ordinary Income/Expense Expense			
Donation Darryl Sheetz	00 0	13,500 00	00 0
Daryl Kling	00 0	00 0	000
Donalyn Kling	00 0	00 0	000
Donalyn Mikles	000	00 0	15,000 00
Family	00 0	00 0	00 0
Jackie Glass	00 0	00 0	000
Ken Kling	00 0	00 0	00 0
Michael Rudder	00 0	00 0	000
Vicki Gumm	3,000 00	00 0	00 0
Total Donation	3,000 00	13,500 00	15,000 00
Total Expense	3,000 00	13,500 00	15,000 00
Net Ordinary Income	00 000'8-	-13,500 00	-15,000 00
Net Income	-3,000.00	0 -13,500.00	-15,000.00

January through December 2010

	Seasonal Pauses	St. Casımirs Church	Survivorship A-Z, Inc.
Ordinary Income/Expense Expense			
Donation Darryl Sheetz	00 0	00 0	00 0
Daryl Kling	00 0	00 0	00 0
Donalyn Kling	00 0	00 0	00 0
Donalyn Mikles	00 0	00 0	00 0
Family	00 0	00 0	00 0
Jackie Glass	00 0	00 0	00 0
Ken Kling	4,000 00	3,000 00	00 0
Michael Rudder	00 0	00 0	5,000 00
Vicki Gumm	00 0	00 0	00 0
Total Donation	4,000 00	3,000 00	2,000 00
Total Expense	4,000 00	3,000 00	2,000 00
Net Ordinary Income	-4,000 00	-3,000 00	-5,000 00
Net Income	-4,000.00	-3,000.00	-5,000.00

10:16 AM 11/10/11 Cash Basis		KlingFamilyFoundation Custom Summary Report January through December 2010	
	The UC! Foundation	United States Adaptive Recreation Ce	Women for World Health
Ordinary Income/Expense Expense			
Darryl Sheetz	00 0	00 0	00 0
Daryl Kling	00 0	00 0	00 999'9
Donalyn Kling	00 0	2,000 00	5,555 00
Donalyn Mikles	00 0	00 0	000
Family	000	00 0	00 0
Jackie Glass	10,000 00	00 0	00 0
Ken Kling	5,000 00	00 0	00 0
Michael Rudder	00 0	00 0	00 0
Vicki Gumm	00 0	00 0	22,666 00
Total Donation	15,000 00	2,000 00	34,887 00
Total Expense	15,000 00	2,000 00	34,887 00
Net Ordinary Income	-15,000 00	-2,000 00	-34,887 00
Net Income	-15,000.00	-2,000.00	-34,887.00
1!			

1	Animal Trustees Of Austin	Baltimore Medical Sys Inc	Big Brothers / Big Sisters
Ordinary Income/Expense Expense Donation			
Darry Sheetz	00 0	00 0	00 0
Daryl Kling	5,000 00	00 0	00 0
. Donalyn Kling	00 0	00 0	00 0
Donalyn Mikles	000	000	00 0
Family	00 0	00 0	00 0
Jackie Glass	000	00 0	5,000 00
Ken Kling	000	1,500 00	00 0
Michael Rudder	00 0	00 0	00 0
Vickı Gumm	00 0	00 0	00 0
Total Donation	5,000 00	1,500 00	2,000 00
Total Expense	2,000 00	1,500 00	2,000 00
Net Ordinary Income	-5,000 00	-1,500 00	-5,000 00
Net Income	-5,000.00	-1,500.00	-5,000.00

	Boys & Girls Club Of Laguna Beach	CAF America	California Gray Whale Coalition
Ordinary Income/Expense Expense Donation			
Darryl Sheetz	00 0	000	00 0
Daryl Kling	00 0	00 0	10,000 00
Donalyn Kling	2,000 00	00 0	00 0
Donalyn Mikles	000	00 0	00 0
Family	000	00 0	00 0
Jackie Glass	000	00 0	00 0
Ken Kling	000	29,000 00	00 0
Michael Rudder	000	00 0	00 0
Vicki Gumm	000	00 0	00 0
Total Donation	2,000 00	29,000 00	10,000 00
Total Expense	2,000 00	29,000 00	10,000 00
Net Ordinary Income	-2,000 00	-29,000 00	-10,000 00
Net Income	-2,000.00	-29,000.00	-10,000.00

10:16 AM 11/10/11 Cash Basis		KlingFamilyFoundation Custom Summary Report January through December 2010	
•	children's Advocacy Center	Claremont Institute for Study of	Clinton Bush Haiti Fund
Ordinary Income/Expense Expense			
Darryl Sheetz	500 00	00 0	00 0
Daryl Kling	00 0	00 0	00 0
Donalyn Kling	00 0	00 0	5,555 00
Donalyn Mikles	00 0	00 0	00 0
Family	00 0	00 0	00 0
Jackie Glass	00 0	10,250 00	16,600 00
Ken Kling	00 0	000	00 0
Michael Rudder	00 0	00 0	000
Vicki Gumm	00 0	00 0	000
Total Donation	200 00	10,250 00	22,155 00
Total Expense	200 00	10,250 00	22,155 00
Net Ordinary Income	-500 00	-10,250 00	-22,155 00
Net income	-500.00	-10,250.00	-22,155.00

10:16 AM 11/10/11 Cash Basis		KlingFamilyFoundation Custom Summary Report January through December 2010	
•	Crystal Cove Alliance	Cultural Development of Dist. of Colu	Cystic Fibrosis Foundation
Ordinary Income/Expense Expense			
Doration Darryl Sheetz	00 0	00 0	00 0
Daryl Kling	00 0	5,000 00	00 0
Donalyn Kling	00 0	00 0	00.0
Donalyn Mikles	00 0	00 0	000
Family	00 0	000	00 0
Jackie Glass	5,000 00	00 0	1,750 00
Ken Kling	00 0	00 0	000
Michael Rudder	00 0	00 0	000
Vicki Gumm	00 0	00 0	000
Total Donation	9,000 00	2,000 00	1,750 00
Total Expense	2,000 00	9,000 00	1,750 00
Net Ordinary Income	-5,000 00	00 000'9-	-1,750 00
Net Income	-5,000.00	-5,000.00	-1,750 00
1			

10:16 AM		KlingFamilyFoundation	
11/10/11 Cash Basis	0	Custom Summary Report January through December 2010	
•	D.E.L.T.A.	Decorative Arts Society	Derrick L. Faison
Ordinary Income/Expense Expense			
Donation Darryl Sheetz	00 0	00 0	900 00
Daryl Kling	00 0	0000	00 0
Donalyn Kling	000	1,500 00	00 0
Donalyn Mikles	5,000 00	00 0	00 0
Family	00 0	00 0	00 0
Jackie Glass	00 0	1,500 00	000
Ken Kling	00 0	00 0	00 0
Michael Rudder	00 0	0000	000
Vicki Gumm	0000	1,500 00	00.0
Total Donation	5,000 00	4,500 00	200 00
Total Expense	9,000 00	4,500 00	200 00
Net Ordinary Income	00 000'5-	-4,500 00	-500 00
Net Income	-5,000.00	-4,500.00	-500.00
H			

# KlingFamilyFoundation Custom Summary Report January through December 2010

11/10/11 Cash Basis

	Episcopal Lutheran Campus Ministry	Families Forward	Feline Foundation of Maui
Ordinary Income/Expense Expense			
Darryl Sheetz	00 0	00 0	00 0
Daryl Kling	00 0	00 0	· 00 0
Donalyn Kling	00 0	00 0	00 0
Donalyn Mikles	00 0	00 0	00 0
Family	00 0	00 0	00 0
Jackie Glass	00 0	1,166 00	00 0
Ken Kling	00 0	00 0	00 0
Michael Rudder	00 0	00 0	00 0
Víckı Gumm	7,000 00	00 0	8,000 00
Total Donation	00 000,7	1,166 00	8,000 00
Total Expense	00 000 2	1,166 00	8,000 00
Net Ordinary Income	00 000'2-	-1,166 00	00 000'8-
Net Income	00.000,7-	-1,166.00	-8,000.00

January through December 2010

	Foundation World Cultural Heritage	Free The Slaves	Global Operations and Development
Ordinary Income/Expense Expense			
Darryl Sheetz	00 0	00 0	000
Daryl Kling	00 0	00 0	00 0
Donalyn Kling	5,000 00	30,000 00	00 0
Donalyn Mikles	00 0	00 0	00 0
Family	00 0	41,221 00	00 0
Jackie Glass	00 0	00 0	00 0
Ken Kling	00 0	00 0	16,666 00
Michael Rudder	00 0	00 0	00 0
Vicki Gumm	00 0	00 0	00 0
Total Donation	2,000 00	71,221 00	16,666 00
Total Expense	9,000 00	71,221 00	16,666 00
Net Ordinary Income	-5,000 00	-71,221 00	-16,666 00
Net Income	-5,000.00	-71,221.00	-16,666.00

10,000 00 10,000 00 -10,000.00 Adoption Guild ... 888888888 -40,000.00 41,000.00 Net Income

10:16 AM 11/10/11 Cash Basis	o ·	KlingFamilyFoundation Custom Summary Report January through December 2010	+-
	Happy Valley Elementary School Par	Hoag Hospital Foundation	Holy Family Services Ad
Ordinary Income/Expense Expense			
Donation		•	Č
Darryl Sheetz	000	000	
Daryl Kling	00 0	000	00
Donalyn Kling	1,000 00	00 0	00
Donalyn Mikles	40,000 00	00 0	00
Family	00 0	00 0	Ŏ O
Jackie Glass	00 0	40,000 00	10,000 0
Ken Kling	000	00 0	00
Michael Rudder	00 0	00 0	ŌO
Vicki Gumm	00 0	00 0	00
Total Donation	41,000 00	40,000 00	
Total Expense	41,000 00	40,000 00	
Net Ordinary Income	-41,000 00	-40,000 00	

## KlingFamilyFoundation Custom Summary Report January through December 2010

11/10/11 Cash Basis

	Juvenile Diabetes Research Foundati	Laguna Beach Seniors	laguna College of Art and Design
Ordinary Income/Expense Expense			
Darryl Sheetz	000	00 0	00 0
Daryl Kling	00 0	00 0	00 0
Donalyn Kling	00 0	00 0	00 0
Donalyn Mikles	00 0	00 0	00 0
Family	000	00 0	00 0
Jackie Glass	5,000 00	2,000 00	00 0
Ken Kling	00 0	00 0	00 0
Michael Rudder	000	00 0	00 0
Vicki Gumm	00 0	8,000 00	8,000 00
Total Donation	9,000 00	10,000 00	8,000 00
Total Expense	2,000 00	10,000 00	8,000 00
Net Ordinary Income	00 000'5-	-10,000 00	-8,000 00
Net Income	9,000.00	-10,000.00	-8,000.00

KlingFamilyFoundation	<b>Custom Summary Report</b>	

January through December 2010

	Lithuanian Assistance Foundation	Make-A-Wish	Maple Youth Ballet
Ordinary Income/Expense Expense			
Darryl Sheetz	00 0	00 0	2,000 00
Davl Kling	00 0	000	00 0
Donalyn Kling	00 0	00 0	00 0
Donalyn Mikles	00 0	000	00 0
Family	000	000	00 0
Jackie Glass	00 0	2,500 00	00 0
Ken Klina	37,500 00	00 0	00 0
Michael Rudder	000	00 0	00 0
Vicki Gumm	00 0	00 0	00 0
Total Donation	37,500 00	2,500 00	2,000 00
Total Expense	37,500 00	2,500 00	2,000 00
Net Ordinary Income	-37,500 00	-2,500 00	-2,000 00
Net Income	-37,500.00	-2,500.00	-2,000.00

	Marine Toys for Tots Foundation	Matt Leinart Foundation	Mauli Ola Foundation
Ordinary Income/Expense Expense			
Darryl Sheetz	000	5,000 00	00 0
Daryl Kling	1,700 00	00 0	00 0
Donalyn Kling	00 0	000	00 0
Donalyn Mikles	00 0	00 0	00 0
Family	00 0	00 0	00 0
Jackie Glass	0000	000	00 0
Ken Kling	00 0	00 0	00 0
Michael Rudder	0000	000	00 0
Vicki Gumm	00 0	00 0	3,000 00
Total Donation	1,700 00	5,000 00	3,000 00
Total Expense	1,700 00	2,000 00	3,000 00
Net Ordinary Income	-1,700 00	-5,000 00	-3,000 00
Net Income	-1,700.00	-5,000.00	-3,000.00

KlingFamilyFoundation	m Summary Report	
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January through December 2010

11/10/11 Cash Basis

•	MIND Institute	Noohra Foundation	Ocean Institute
Ordinary Income/Expense Expense			
Donation			
Darryl Sheetz	0000	00 0	00 0
Daryl Kling	000	00 0	00 0
Donalyn Kling	00 0	35,000 00	00 0
Donalyn Mikles	00 0	000	00 0
Family	00 0	0000	00 0
Jackie Glass	10.000 00	000	00 0
Ken Klina	00 0	000	57,750 00
Michael Rudder	000	00 0	00 0
Vicki Gumm	00 0	00 0	00 0
Total Donation	10,000 00	35,000 00	57,750 00
Total Expense	10,000 00	35,000 00	57,750 00
Net Ordinary Income	-10,000 00	-35,000 00	-57,750 00
Net Income	-10,000.00	-35,000.00	-57,750.00
1			

# KlingFamilyFoundation Custom Summary Report January through December 2010

11/10/11 Cash Basis

	Orange County Performing Arts Center	Phoenix Lesbian and Gay Pride Com	Sally's Fund
Ordinary Income/Expense Expense			
Darryl Sheetz	00 0	5,000 00	00 0
Daryl Kling	00 0	00 0	00 0
Donalyn Kling	00 0	00 0	1,000 00
Donalyn Mikles	00 0	00 0	00 0
Family	40,000 00	00 0	00 0
Jackie Glass	31,700 00	00 0	00 0
Ken Kling	000	00 0	00 0
Michael Rudder	000	00 0	00 0
Vicki Gumm	00 0	00 0	1,000 00
Total Donation	71,700 00	2,000 00	2,000 00
Total Expense	71,700 00	00 000'9	2,000 00
Net Ordinary Income	-71,700 00	00 000'9-	-2,000 00
Net Income	-71,700.00	-5,000.00	-2,000.00

## KlingFamilyFoundation Custom Summary Report January through December 2010

11/10/11 Cash Basis

,	san Clemente Calvary Chapel	Sedona Arts Center, Inc.	Sedona Sunrise Center for Adults
Ordinary Income/Expense Expense Donation			
Daryl Sheetz	00 0	00 0	00 0
Daryl Kling	00 0	20,000 00	25,000 00
Donalyn Kling	00 0	00 0	00 0
Donalyn Mikles	00 0	00 0	00 0
Family	00 0	00 0	00 0
Jackie Glass	00 0	00 0	00 0
Ken Kling	00 0	00 0	00 0
Michael Rudder	00 0	00 0	00 0
Vicki Gumm	38,000 00	00 0	00 0
Total Donation	38,000 00	20,000 00	25,000 00
Total Expense	00 000'88	20,000 00	25,000 00
Net Ordinary Income	00 000'85-	-20,000 00	-25,000 00
Net Income	-38,000.00	-20,000.00	-25,000.00

January through December 2010

1	Squaw Valley Chapel	St. John Marom Church	St. Paul's Episcopal Church
Ordinary Income/Expense Expense			
Donation			
Darryl Sheetz	00 0	1,000 00	00 0
Daryl Kling	00 0	00 0	000
Donalyn Kling	00 0	00 0	000
Donatyn Mikles	30,000 00	00 0	00 0
Family	00 0	00 0	00 0
Jackie Glass	00 0	00 0	00 0
Ken Kling	00 0	00 0	1,000 00
Michael Rudder	00 0	00 0	00 0
Vicki Gumm	00 0	00 0	0 00
Total Donation	30,000 00	1,000 00	1,000 00
Total Expense	30,000 00	1,000 00	1,000 00
Net Ordinary Income	00 000'08-	-1,000 00	-1,000 00
Net Income	-30,000.00	-1,000.00	-1,000.00

January through December 2010

11/10/11 Cash Basis

•	The Canyon Club	The Eddie Guardaro Foundation	The Orchestra & Community Choral
Ordinary Income/Expense Expense			
Donation			
Darryl Sheetz	00 0	2,000 00	00 0
Daryl Kling	000	00 0	00 0
Donalyn Kling	000	00 0	00 0
Donalyn Mikles	00 0	00 0	30,000 00
Family	00 0	00 0	0000
Jackie Glass	00 0	00 0	00 0
Ken Kling	00 0	00 0	000
Michael Rudder	000	00 0	00 0
Vicki Gumm	3,000 00	00 0	00 0
Total Donation	3,000 00	00 000'2	30,000 00
Total Expense	3,000 00	00 000'2	30,000 00
Net Ordinary Income	00 000'E-	00 000'2-	-30,000 00
Net Income	-3,000.00	-7,000.00	-30,000.00

11/10/11 Cash Basis

	The Virginia Roseanne Amato Found	Tustin Eastern Little League	U.S. Naval Sea Cadet Corps
Ordinary Income/Expense Expense			
Donation			
Darryl Sheetz	00 0	2,500 00	000
Daryl Kling	000	00 0	00 0
Donalyn Kling	00 0	00 0	00 0
Donalyn Mikles	00 0	00 0	00 0
Family	0000	00 0	00 0
Jackie Glass	2,500 00	00 0	00 0
Ken Kling	000	00 0	1,000 00
Michael Rudder	00 0	00 0	00 0
Vicki Gumm	000	00 0	3,000 00
Total Donation	2,500 00	7,500 00	4,000 00
Total Expense	2,500 00	7,500 00	4,000 00
Net Ordinary Income	-2,500 00	00 005,7-	4,000 00
Net Income	-2,500.00	-7,500.00	4,000.00

January through December 2010

11/10/11 Cash Basis

	USC Catalina Hyperbaric Chamber	Warm Hearts Foundation	World Cultural Heritage of the Wisdom
Ordinary Income/Expense Expense			
Darryl Sheetz	00 0	10,000 00	000
Daryl Kling	000	00 0	000
Donalyn Kling	0000	00 0	10,000 00
Donalyn Mikles	0000	00 0	00 0
Family	00 0	00 0	00 0
Jackie Glass	00 0	00 0	00 0
Ken Kling	10,000 00	00 0	00 0
Michael Rudder	000	00 0	00 0
Vicki Gumm	00 0	00 0	00 0
Total Donation	10,000 00	10,000 00	10,000 00
Total Expense	10,000 00	10,000 00	10,000 00
Net Ordinary Income	-10,000 00	-10,000 00	-10,000 00
Net Income	-10,000.00	-10,000.00	-10,000.00

ı	Yesterdays Pearls	No name	TOTAL
Ordinary Income/Expense Expense			
Donation			
Darryl Sheetz	00 0	-2,000 00	20,000 00
Daryl Kling	45,000 00	00 0	118,366 00
Donalyn Kling	25,000 00	000	123,610 00
Donalyn Mikles	000	-27,000 00	93,000 00
Family	000	00 0	81,221 00
Jackie Glass	000	00 0	154,966 00
Ken Kling	00 0	00 0	166,416 00
Michael Rudder	00 0	00 0	5,000 00
Vicki Gumm	20,000 00	-4,000 00	122,166 00
Total Donation	00 000'06	-33,000 00	914,745 00
Total Expense	00 000'06	-33,000 00	914,745 00
Net Ordinary Income	00 000'06-	33,000 00	-914,745 00
Net Income	00.000,06-	33,000.00	-914,745.00
1			

Form 8868 (Rev 4-2009)			Page <b>2</b>				
o If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ох		<b>▶</b> X				
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	form	8868					
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)							
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)							
Type or Name of Exempt Organization	Emp	Employer identification number					
Print THE KLING FAMILY FOUNDATION	3	33-6272913					
File by the extended due date for filing the Number, street, and room or suite no. If a PO box, see instructions due date for filing the	For IRS use only						
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUSTIN, CA 92780							
Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-EZ  Form 990-T (sec 401(a) or 408(a) trust)  Form 990-BL  X  Form 990-PF  Form 990-T (trust other than above)  Form 4720		orm 5227 orm 6069	Form 8870				
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	ed Form 88	68.				
MR. DARRYL SHEETZ  • The books are in the care of ▶ 335 CENTENNIAL WAY, SUITE 100 - TUSTIN, Telephone No ▶ 949-553-0300 FAX No ▶  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all 1 request an additional 3-month extension of time until NOVEMBER 15, 2010	nis is fo	r the whole	▶ ☐ group, check this				
5 For calendar year 2009, or other tax year beginning , and ending							
6 If this tax year is for less than 12 months, check reason Initial return Final return		Change in a	accounting period				
7 State in detail why you need the extension							
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
nonrefundable credits. See instructions	8a	\$	0.				
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8ь	\$	189.				
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit							
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.				
Signature and Verification							
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form	e best o	f my knowled	lge and belief,				
Signature > March C Chen en to Title > C PA	Date	► 8/b.	(10)				

Form **8868** (Rev. 4-2009)