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| A For the 2012 calendar year, or tax year beginning 07-01-2012 , and ending 06-30-2013 |                                                                            |                                      |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------|
| B Check if applicable                                                                  | C Name of organization<br>BREA ROTARY CHARITABLE FUND                      |                                      |
| <input type="checkbox"/> Address change                                                | D Employer identification number<br>27-0549130                             |                                      |
| <input type="checkbox"/> Name change                                                   | Number and street (or P O box, if mail is not delivered to street address) | Room/suite                           |
| <input type="checkbox"/> Initial return                                                | PO BOX 404                                                                 | E Telephone number<br>(714) 990-1040 |
| <input type="checkbox"/> Terminated                                                    | F Group Exemption Number<br>▶                                              |                                      |
| <input type="checkbox"/> Amended return                                                | City or town, state or country, and ZIP + 4<br>BREA, CA 92822              |                                      |
| <input type="checkbox"/> Application pending                                           |                                                                            |                                      |

**G Accounting Method** ☐ Cash ☒ Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ WWW.BREAROTARY.ORG

**J Tax-exempt status** (check only one) — ☒ 501(c)(3) ☒ 501(c) ( ) (Insert no ) ☐ 4947(a)(1) or ☐ 527

**H Check** ☒ If the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 96,867

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I ☒

|            |                                                                                          |                                                                                                                                                                                                                  |    |        |        |        |
|------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|--------|--------|
| Revenue    | 1                                                                                        | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                             |    | 1      | 1,000  |        |
|            | 2                                                                                        | Program service revenue including government fees and contracts . . . . .                                                                                                                                        |    | 2      |        |        |
|            | 3                                                                                        | Membership dues and assessments . . . . .                                                                                                                                                                        |    | 3      |        |        |
|            | 4                                                                                        | Investment income . . . . .                                                                                                                                                                                      |    | 4      |        |        |
|            | 5a                                                                                       | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                                  | 5a |        |        |        |
|            | b                                                                                        | Less cost or other basis and sales expenses . . . . .                                                                                                                                                            | 5b |        |        |        |
|            | c                                                                                        | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                                                                                |    | 5c     |        |        |
|            | 6                                                                                        | Gaming and fundraising events                                                                                                                                                                                    |    |        |        |        |
|            | a                                                                                        | Gross income from gaming (attach Schedule G if greater than \$15,000) .                                                                                                                                          | 6a |        |        |        |
|            | b                                                                                        | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) |    | 6b     |        | 95,867 |
|            | c                                                                                        | Less direct expenses from gaming and fundraising events . . . . .                                                                                                                                                | 6c | 36,846 |        |        |
|            | d                                                                                        | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)                                                                                                               |    | 6d     |        | 59,021 |
|            | 7a                                                                                       | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                                  | 7a |        |        |        |
| b          | Less cost of goods sold . . . . .                                                        | 7b                                                                                                                                                                                                               |    |        |        |        |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . |                                                                                                                                                                                                                  | 7c |        |        |        |
| 8          | Other revenue (describe in Schedule O) . . . . .                                         |                                                                                                                                                                                                                  | 8  |        |        |        |
| 9          | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                         |                                                                                                                                                                                                                  | 9  | 60,021 |        |        |
| Expenses   | 10                                                                                       | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                   |    | 10     | 35,586 |        |
|            | 11                                                                                       | Benefits paid to or for members . . . . .                                                                                                                                                                        |    | 11     |        |        |
|            | 12                                                                                       | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                                    |    | 12     |        |        |
|            | 13                                                                                       | Professional fees and other payments to independent contractors . . . . .                                                                                                                                        |    | 13     |        |        |
|            | 14                                                                                       | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                            |    | 14     |        |        |
|            | 15                                                                                       | Printing, publications, postage, and shipping . . . . .                                                                                                                                                          |    | 15     |        |        |
|            | 16                                                                                       | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                |    | 16     | 188    |        |
|            | 17                                                                                       | Total expenses. Add lines 10 through 16 . . . . .                                                                                                                                                                |    | 17     | 35,774 |        |
| Net Assets | 18                                                                                       | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                                        |    | 18     | 24,247 |        |
|            | 19                                                                                       | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .                                                       |    | 19     | 29,939 |        |
|            | 20                                                                                       | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                   |    | 20     | 0      |        |
|            | 21                                                                                       | Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .                                                                                                                                 |    | 21     | 54,186 |        |

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|                                                                                          | (A) Beginning of year |    | (B) End of year |
|------------------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments . . . . .                                              | 27,518                | 22 | 53,886          |
| 23 Land and buildings . . . . .                                                          |                       | 23 |                 |
| 24 Other assets (describe in Schedule O) . . . . .                                       | 2,421                 | 24 | 300             |
| 25 Total assets . . . . .                                                                | 29,939                | 25 | 54,186          |
| 26 Total liabilities (describe in Schedule O) . . . . .                                  | 0                     | 26 | 0               |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . . | 29,939                | 27 | 54,186          |

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO SUPPORT CHARITABLE AND VOLUNTEER EFFORTS FOR THE IMPROVEMENT OF THE HEALTH, EDUCATION, AND WELFARE OF THE BREA COMMUNITY, THE LARGER COMMUNITY, AND THE WORLD

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 COMMUNITY SERVICE PROVIDE THE YOUTH AND ELDERLY OF BREA, CA VARIOUS SERVICES AND ACTIVITIES  
(Grants \$ 23,859) If this amount includes foreign grants, check here

28a0

29 ROTARY FOUNDATION TO PROVIDE GRANTS TO THE ROTARY FOUNDATION FOR VARIOUS CHARITABLE ACTIVITIES  
(Grants \$ 3,327) If this amount includes foreign grants, check here

29a0

30 SCHOLARSHIPS PROVIDE THE YOUTH OF BREA, CA SCHOLARSHIPS TO PURSUE HIGHER EDUCATION  
(Grants \$ 8,400) If this amount includes foreign grants, check here

30a0

31 Other program services (describe in Schedule O)  
(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

320

Part IV

List of Officers, Directors, Trustees, and Key Employees (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

| (a) Name and title        | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| See Additional Data Table |                                                |                                                                            |                                                                                         |                                            |
|                           |                                                |                                                                            |                                                                                         |                                            |
|                           |                                                |                                                                            |                                                                                         |                                            |
|                           |                                                |                                                                            |                                                                                         |                                            |

Part V

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☒

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33  | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                                                                                                                                     | 33  | No |
| 34  | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .                                                                                                                                                                                              | 34  | No |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                                                                                                                                                    | 35a | No |
| b   | If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                                       | 35b |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                                                                                                                                        | 35c | No |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                                                                                                                                       | 36  | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0                                                                                                                                                                                                                                                                                                                                       |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                           | 37b |    |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                                                                                                                                     | 38a | No |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                                                                                                                                              | 38b |    |
| 39  | Section 501(c)(7) organizations Enter . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                                            | 39a |    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                                                                                                                                                   | 39b |    |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 , section 4912 <input type="checkbox"/> 0 , section 4955 <input type="checkbox"/> 0 . . . . .                                                                                                                                                                                                                       |     |    |
| b   | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                                                                                                                                   | 40b | No |
| c   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .                                                                                                                                                                                                                                                                          |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . .                                                                                                                                                                                                                                                                                                                                            |     |    |
| e   | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                                                                                                                                                 | 40e | No |
| 41  | List the states with which a copy of this return is filed <input type="checkbox"/> CA                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 42a | The organization's books are in care of <input type="checkbox"/> JANE M WARREN CPA Telephone no <input type="checkbox"/> (714) 990-1040<br>Located at <input type="checkbox"/> 135 S STATE COLLEGE BLVD 300 BREA, CA ZIP + 4 <input type="checkbox"/> 92821                                                                                                                                                                                                       |     |    |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/><br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . | 42b | No |
| c   | At any time during the calendar year, did the organization maintain an office outside the U S ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/>                                                                                                                                                                                                                                                                                       | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .                                                                                                                                                                                                                    | 43  |    |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                                                                                                                                      | 44a | No |
| b   | Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .                                                                                                                                                                                                                                                                                                        | 44b | No |
| c   | Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                                                                                                                                                  | 44c | No |
| d   | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .                                                                                                                                                                                                                                                                                                             | 44d |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                                                                                                                                                 | 45a | No |
| 45b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .                                                                                                                                                                                                      | 45b | No |

|                                                                                                                                                                                                         |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                                                                                         | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | 46  | No |

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

|                                                                                                                                                                         |     |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|                                                                                                                                                                         | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . | 47  | No |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                       | 48  | No |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                 | 49a | No |
| b If "Yes," was the related organization a section 527 organization? . . . . .                                                                                          | 49b |    |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--------------------------------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NONE                                                         |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |
|                                                              |                                                |                                                   |                                                                                         |                                            |

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                        |                                                                                                       |                                       |      |                                                           |                   |
|------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------|------|-----------------------------------------------------------|-------------------|
| Sign Here              | *****<br>Signature of officer                                                                         | 2014-01-28<br>Date                    |      |                                                           |                   |
|                        | JANE M WARREN TREASURER<br>Type or print name and title                                               |                                       |      |                                                           |                   |
| Paid Preparer Use Only | Print/Type preparer's name                                                                            | Preparer's signature<br>JACQUES COHEN | Date | Check <input type="checkbox"/> if self-employed           | PTIN<br>P00970224 |
|                        | Firm's name <input checked="" type="checkbox"/> FRAZER LLP                                            |                                       |      | Firm's EIN <input checked="" type="checkbox"/> 95-4108809 |                   |
|                        | Firm's address <input checked="" type="checkbox"/> 135 S STATE COLLEGE BLVD STE 300<br>BREA, CA 92821 |                                       |      | Phone no (714) 990-1040                                   |                   |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

Additional Data

Software ID:  
Software Version:  
EIN: 27-0549130  
Name: BREA ROTARY CHARITABLE FUND

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (a) Name and title                          | (b) Average hours per week devoted to position | (c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| RANDY MILLER<br>PRESIDENT                   | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| JANE WARREN<br>TREASURER                    | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| BRYCE NEBEKER<br>SERGEANT-AT-ARMS           | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| TOM NUNEZ<br>INTERNATIONAL SERVICE CHAIR    | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| SCOTT ROJAS<br>CLUB DIRECTOR                | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| GAIL DUCHETTA<br>CLUB DIRECTOR              | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| SCOTT ELLIOTT<br>CLUB DIRECTOR              | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| GEORGE DELANOY<br>MEMBERSHIP CHAIR          | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| JOSEPH CARPELLO<br>CLUB FUNDRAISING CHAIR   | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| MICHAEL GIANGRANDE<br>SECRETARY             | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| BRETT MURDOCK<br>COMMUNITY SERVICE CHAIR    | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |
| RUSSELL HANOVER<br>VOCATIONAL SERVICE CHAIR | 0 00                                           | 0                                                                         | 0                                                                                       | 0                                          |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>BREA ROTARY CHARITABLE FUND | Employer identification number<br>27-0549130 |
|---------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I 

b

☐

Type II 

c

☐

Type III - Functionally integrated 

d

☐

Type III - Non-functionally integrated
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
|                                    |          |                                                                                               | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                                  |
|                                    |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |
|                                    |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |
| Total                              |          |                                                                                               |                                                                        |    |                                                                 |    |                                                            |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          | 41,834   | 22,923   | 217      | 1,000    | 65,974    |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          | 41,834   | 22,923   | 217      | 1,000    | 65,974    |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          | 65,974    |

| Section B. Total Support                                                                                                                                                           |          |          |          |          |                                     |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-------------------------------------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                      | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012                            | (f) Total |
| 7 Amounts from line 4                                                                                                                                                              |          | 41,834   | 22,923   | 217      | 1,000                               | 65,974    |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                   |          |          |          |          |                                     |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                               |          |          |          |          |                                     |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                                  |          |          |          |          |                                     |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                                          |          |          |          |          |                                     | 65,974    |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                  |          |          |          |          | 12                                  |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . |          |          |          |          | <input checked="" type="checkbox"/> |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                         |                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                   | 14                       |  |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                          | 15                       |  |
| 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                          | <input type="checkbox"/> |  |
| b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                       | <input type="checkbox"/> |  |
| 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization    | <input type="checkbox"/> |  |
| b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> |  |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions                                                                                                                                                                                                                                                       | <input type="checkbox"/> |  |

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                   |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                      |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                  |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                    |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                             |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                         |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                          |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶        |    |  |
| b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ |    |  |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶                                                                                                                                        |    |  |

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

|                              |
|------------------------------|
| Facts And Circumstances Test |
|                              |

|             |
|-------------|
| Explanation |
|             |
|             |
|             |
|             |

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

# 2012

## Open to Public Inspection

|                          |                             |
|--------------------------|-----------------------------|
| Name of the organization | BREA ROTARY CHARITABLE FUND |
|--------------------------|-----------------------------|

Employer identification number

27-0549130

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |          |                          |                                  |          |                                     |                                       |
|----------|--------------------------|----------------------------------|----------|-------------------------------------|---------------------------------------|
| <b>a</b> | <input type="checkbox"/> | Mail solicitations               | <b>e</b> | <input type="checkbox"/>            | Solicitation of non-government grants |
| <b>b</b> | <input type="checkbox"/> | Internet and email solicitations | <b>f</b> | <input type="checkbox"/>            | Solicitation of government grants     |
| <b>c</b> | <input type="checkbox"/> | Phone solicitations              | <b>g</b> | <input checked="" type="checkbox"/> | Special fundraising events            |
| <b>d</b> | <input type="checkbox"/> | In-person solicitations          |          |                                     |                                       |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|------------------------------------------------------------------|---------------------------------------------------|
|                                                           |               | Yes                                                            | No |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
|                                                           |               |                                                                |    |                                   |                                                                  |                                                   |
| Total . . . . . ▶                                         |               |                                                                |    |                                   |                                                                  |                                                   |

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1                                                           | (b) Event #2 | (c) Other events | (d) Total events              |
|-----------------|----|------------------------------------------------------------------------|--------------|------------------|-------------------------------|
|                 |    | OC FOOD & WINE FESTIVAL<br>(event type)                                | (event type) | (total number)   | (add col (a) through col (c)) |
| Revenue         | 1  | Gross receipts . . . .                                                 | 95,867       |                  | 95,867                        |
|                 | 2  | Less Contributions . .                                                 |              |                  |                               |
|                 | 3  | Gross income (line 1 minus line 2) . . . .                             | 95,867       |                  | 95,867                        |
| Direct Expenses | 4  | Cash prizes . . . .                                                    |              |                  |                               |
|                 | 5  | Noncash prizes . .                                                     |              |                  |                               |
|                 | 6  | Rent/facility costs . .                                                | 4,500        |                  | 4,500                         |
|                 | 7  | Food and beverages .                                                   |              |                  |                               |
|                 | 8  | Entertainment . . . .                                                  |              |                  |                               |
|                 | 9  | Other direct expenses .                                                | 32,346       |                  | 32,346                        |
|                 | 10 | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |              |                  |                               |
|                 | 11 | Net income summary Combine line 3, column (d), and line 10 . . . . . ▶ |              |                  |                               |
|                 |    |                                                                        |              |                  | (36,846)                      |
|                 |    |                                                                        |              |                  | 59,021                        |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo                                                                 | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---------------------------------------------------------------------------|-----------------------------------------------|------------------|------------------------------------------------|
|                 |   |                                                                           |                                               |                  |                                                |
| Revenue         | 1 | Gross revenue . . . .                                                     |                                               |                  |                                                |
|                 | 2 | Cash prizes . . . .                                                       |                                               |                  |                                                |
| Direct Expenses | 3 | Non-cash prizes . . . .                                                   |                                               |                  |                                                |
|                 | 4 | Rent/facility costs . . . .                                               |                                               |                  |                                                |
|                 | 5 | Other direct expenses . . .                                               |                                               |                  |                                                |
|                 | 6 | Volunteer labor . . . .                                                   | Yes No                                        | Yes No           | Yes No                                         |
|                 | 7 | Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |                                               |                  |                                                |
|                 | 8 | Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |                                               |                  |                                                |

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

|                               |     |  |
|-------------------------------|-----|--|
| a The organization's facility | 13a |  |
| b An outside facility         | 13b |  |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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DLN: 93492028005054

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
BREA ROTARY CHARITABLE FUND

Employer identification number  
27-0549130

| Identifier                      | Return Reference              | Explanation                                                                                                                                                                                                                                                        |
|---------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME CUB SCOUT PACK 811 GRANTEE ADDRESS 575 S WALNUT AVE BREA, CA 92821 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 10/07/12 AMOUNT GIVEN 1,000                                             |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME ORANGE COUNTY HEADSTART INC GRANTEE ADDRESS 301 LAS LOMAS DR LA HABRA, CA 90631 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 11/20/12 AMOUNT GIVEN 2,000                                |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME BIKES 4 MARINES & NAVY GRANTEE ADDRESS 270 E LA HABRA BLVD LA HABRA, CA 90631 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 12/04/12 AMOUNT GIVEN 600                                    |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME BREA SENIOR CENTER GRANTEE ADDRESS 500 SIEVERS AVE BREA, CA 92821 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT VARIOUS AMOUNT GIVEN 2,775                                               |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME BREA HEAD START GRANTEE ADDRESS 408 S FLOWER AVE BREA, CA 92821 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT VARIOUS AMOUNT GIVEN 784                                                   |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME LAUREL ELEMENTARY SCHOOL GRANTEE ADDRESS 13550 LAMBERT RD WHITTIER, CA 90602 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 05/21/13 AMOUNT GIVEN 1,700                                   |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION COMMUNITY SERVICE GRANTEE NAME CHOC FOUNDATION GRANTEE ADDRESS 1201 W LA VETA AVE ORANGE, CA 92686 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 06/12/13 AMOUNT GIVEN 15,000                                           |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION ROTARY FOUNDATION GRANTEE NAME THE ROTARY FOUNDATION GRANTEE ADDRESS 31887 9TH AVE LAGUNA BEACH, CA 92651 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT VARIOUS AMOUNT GIVEN 3,327                                      |
| GRANTS AND SIMILAR AMOUNTS PAID | FORM 990-EZ, PART I, LINE 10  | ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME BREA OLINDA HIGH SCHOOL GRANTEE ADDRESS 789 WILDCAT WAY BREA, CA 92821 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT VARIOUS AMOUNT GIVEN 8,400 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 35,586 |
| OTHER EXPENSES                  | FORM 990-EZ, PART I, LINE 16  | DESCRIPTION SUPPLIES AMOUNT 163 DESCRIPTION FILING FEES AMOUNT 25 TOTAL TO FORM 990-EZ, LINE 16 188                                                                                                                                                                |
| OTHER ASSETS                    | FORM 990-EZ, PART II, LINE 24 | DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 300 DESCRIPTION DUE FROM BREA ROTARY CLUB BEG OF YEAR AMOUNT 2,421 END OF YEAR AMOUNT 0                                                                                                    |

## TY 2012 Transfers Personal Benefits Contracts Declaration

**Name:** BREA ROTARY CHARITABLE FUND

**EIN:** 27-0549130

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.