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Form **990-PF**

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

OMB No 1545-0052

2011

Department of the Treasury Internal Revenue Service

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

For cal	endar year 2011, or tax year beginning	, 2011	, and ending		,	
	Kremer Family Foundation Alvarado Rd		_	Α	Employer identification nur 27-2984132	nber
	eley, CA 94705			В	Telephone number (see the	instructions)
				С	If exemption application is	pending, check here
G Che	eck all that apply Initial return	Initial Return of a for Amended return	mer public charity	D	1 Foreign organizations, chec	k here
H C	Address change heck type of organization: X Section 501	Name change (c)(3) exempt private f	foundation		2 Foreign organizations meet here and attach computation	ing the 85% test, check
	Section 4947(a)(1) nonexempt charitable t	rust Other taxable p	private foundation	E	If private foundation status under section 507(b)(1)(A)	was terminated
(t	rom Part II, column (c), line 16)	ounting method: XC		F	If the foundation is in a 60	-month termination
<u>► \$</u>		column (d) must be or	n cash basis)	Ĺ	under section 507(b)(1)(B)	, check here
Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net investme income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	25,000.				
	2 Ck ► if the foundn is not req to att Sch B			ŕ	• ,	, , ,
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities					
	5a Gross rents	·				
	Net rental facome or (loss)	<u> </u>		_		- ' - ' - '
R	6a Nel gain/(loss) from sale of assets not on line 10					
R E V	Ocross sales price for all (1975) (assets on line 6a, 7) Capital gain inet income (from £art IV, Ime 2)	' ,		` `	· · · · · · · · · · · · · · · · · · ·	
E N		* 1			- ′	***
Ü	8 Net short-term capital gain					
Ĕ	9 Income modifications	,				
	10 a Gross sales less No. 10 a februaries allowances b Less Cost of			,		
	goods sold				,	
	c Gross profit/(loss) (att sch)		•	•		·
	11 Other income (attach schedule)					<u> </u>
	12 Total. Add lines 1 through 11	25,000.		0.	0.	
	13 Compensation of officers, directors, trustees, etc	23,000.	 	<u>v.</u>	0.	
<u></u>	14 Other employee salaries and wages					
2012	15 Pension plans, employee benefits					
A A	16a Legal fees (attach schedule)				-	
® M	b Accounting fees (attach sch)					
	c Other prof fees (attach sch)					
(€) [17 Interest					
Æ Ť R p	18 Taxes (attach schedule)(see instrs) See Stm 1	775.				775.
A A	19 Depreciation (attach sch) and depletion					
	20 Occupancy					
ÉSÉ	21 Travel, conferences, and meetings				<u> </u>	
Æ€E	22 Printing and publications					
SCANATELY 2016 12	23 Other expenses (attach schedule) See Statement 2	123.				123.
N S	24 Total operating and administrative	125.				125.
E S	expenses. Add lines 13 through 23	898.				898.
	25 Contributions, gifts, grants paid Part XV	18,300.				18,300.
	26 Total expenses and disbursements. Add lines 24 and 25	19,198.		0.	0.	19,198.
	27 Subtract line 26 from line 12:					
	a Excess of revenue over expenses and disbursements	5,802.				
	b Net investment income (if negative, enter -0-)			0.		
	C Adjusted net income (if negative, enter 0)				0.	

Dar	+11	Balance Sheets Attached sche	dules and amounts in the description I be for end of-year amounts only	Beginning of year		End o	of year
<u>ran</u>	<u> </u>	(See instruction	ons)	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash - non-interest-bearing			5,8	302.	5,802.
	2	Savings and temporary cash inv	vestments				•
	3	Accounts receivable	▶				
		Less: allowance for doubtful acc	counts ►				
	4	Pledges receivable					
		Less: allowance for doubtful acc	counts >				
	5	Grants receivable					
	6	Receivables due from officers, directors, disqualified persons (attach schedule) (s	trustees, and other		······································		
	7	Other notes and loans receivable (attach	· · · · · · · · · · · · · · · · · · ·				
Α	′	Less allowance for doubtful acc					
Ş	8	Inventories for sale or use	.ounts				<u>-</u> .
A S S E T	9		abarasa				
T S	-	Prepaid expenses and deferred	-				
3		Investments – U.S. and state g obligations (attach schedule)					
		Investments — corporate stock (attach :	·				
	1	: Investments — corporate bonds (attach :	, , , , , , , , , , , , , , , , , , ,				
	11	Investments — land, buildings, a equipment basis	and			~ <u>.</u>	- a
		Less: accumulated depreciation (attach schedule)	.				
	12	Investments - mortgage loans					
	13	Investments - other (attach sch	nedule)				
	14	Land, buildings, and equipment b	asıs ►			-	4 4
		Less: accumulated depreciation (attach schedule)	▶			-	
	15	Other assets (describe ► See	Statement 3)	242,537.	242,5	37.	
-	16	Total assets (to be completed be see the instructions Also, see p	oy all filers — page 1, item I)	242,537.	248,3	39.	5,802.
Ļ	17	Accounts payable and accrued e	expenses				
Å	18	Grants payable					Any york or in the end off or the second
A B	19	Deferred revenue					
L	20	Loans from officers, directors, trustees,	& other disqualified persons				- 30° "
Ţ	21	Mortgages and other notes payable (attack	ch schedule)				
L T	22	Other liabilities (describe)				
Ē	23	Total lightlities (add lines 17 th	rough 22)	0.	•	0.	
	23	Total liabilities (add lines 17 thr Foundations that follow SFAS 1		0.		<u> </u>	المراكب والمراجع
		and complete lines 24 through					
N F E U T N	24	Unrestricted		242,537.	248,3	39.	· -
ΪN	25	Temporarily restricted					
ח	26	Permanently restricted					المراجع
A B A L A		Foundations that do not follow and complete lines 27 through	SFAS 117, check here ► 31.		:		A Property of the second of th
E L T A	27	Capital stock, trust principal, or					
SNC	28	Paid-in or capital surplus, or land, buildi	• , ,				
O E R S	29	Retained earnings, accumulated income,	endowment, or other funds				
RS	30 31	Total net assets or fund balanc Total liabilities and net assets/f		242,537.	248,3	39.	· .
		(see instructions)		242,537.	248,3	39.	
Par	t III	Analysis of Changes in Ne	t Assets or Fund Balanc	es			
1	Total	net assets or fund balances at b of-year figure reported on prior ye	peginning of year — Part II, colu ear's return)	ımn (a), line 30 (must a	gree with	1	242,537.
		amount from Part I, line 27a				2	5,802.
		ncreases not included in line 2 (itemize)	•			3	3,002.
		ines 1, 2, and 3				4	248,339.
		ses not included in line 2 (itemize)	•			5	2.0,000.
		net assets or fund balances at e	and of year (line 4 minus line 5)	Part II, column (b)	ne 30	6	248,339.

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27-2984132

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	m 990-PF (2011) The Kremer Family Foundation		<u>27-2984132</u>		F	age 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 49-	40(b), 4940(e), or 4948 -	 see instruction 	ıs)		
1	a Exempt operating foundations described in section 4940(d)(2), check here and enter 'i	N/A' on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessar	ry – see instrs)				
	b Domestic foundations that meet the section 4940(e) requirements in Part V,	ŀ	- 1			0.
	check here ► and enter 1% of Part I, line 27b					
	${f c}$ All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, I	line 12, column (b)				ł
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					
	foundations only Others enter -0-)		2			0.
3	Add lines 1 and 2	•	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation		0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, ent	er -0-	5			0.
6		i i	-			-
	a 2011 estimated tax pmts and 2010 overpayment credited to 2011	6a		, ,		
	b Exempt foreign organizations — tax withheld at source.	6b		1.		
	c Tax paid with application for extension of time to file (Form 8868)	6c		: :	- 	ر آر ا
	d Backup withholding erroneously withheld	6d		į,	1 5	
7	Total credits and payments. Add lines 6a through 6d		7			0.
8		220 is attached	8			
9	The state of the s		▶ 9			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	▶ 10			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	Refunded	▶ 11			
Pa	rt VII-A Statements Regarding Activities					
1	a During the tax year, did the foundation attempt to influence any national, state, o	or local legislation or did	l it		Yes	No
	participate or intervene in any political campaign?	3		1 a		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for polit	ical purposes				
	(see the instructions for definition)?	, ,		1 b		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities an	nd copies of any materia	als published	-	. "	ر. و عد
	or distributed by the foundation in connection with the activities.				<u> </u>	날교년
	c Did the foundation file Form 1120-POL for this year?			1c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed (1) On the foundation ► \$ 0. (2) On foundation man		0.			
	e Enter the reimbursement (if any) paid by the foundation during the year for politic				*~	
	foundation managers \$ 0.					
2	Has the foundation engaged in any activities that have not previously been report	ted to the IRS?		2		X
	If 'Yes,' attach a detailed description of the activities				×	, 3,
3	Has the foundation made any changes, not previously reported to the IRS, in its	anvernina instrument a	irticles			
_	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a confor	med copy of the change	?S	3		_ X
4	f a Did the foundation have unrelated business gross income of \$1,000 or more during	ng the year?		4a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If 'Yes,' attach the statement required by General Instruction T			. '		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) s	atisfied either.		}.	,	
	 By language in the governing instrument, or 			, ,	. =	'
	By state legislation that effectively amends the governing instrument so that no	mandatory directions t	hat conflict		_	نــــــــــــــــــــــــــــــــــــــ
	with the state law remain in the governing instrument?	-		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, of	column (c), and Part XV		7	Х	
8	a Enter the states to which the foundation reports or with which it is registered (see	e instructions)	-			-
	CA					1
i	b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	eral				<u> </u>
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation			8b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the mea	aning of section 4942(j)	(3) or 4942(j)(5)	L		- <u></u>
	for calendar year 2011 or the taxable year beginning in 2011 (see instructions for	Part XIV)? If 'Yes,' cor	nplete Part XIV	9		X
10		tach a schedule listing t	heir names			l . <i>.</i>
	and addresses			1 10	i I	ΙX

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<u>Par</u>	t VII-A	Statements Regarding Activities (continued)				
11	At any ti within th	me during the year, did the foundation, directly or indirectly, own a controlled entity e meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		х
12	Did the f advisory	foundation make a distribution to a donor advised fund over which the foundation or a disq privileges? If 'Yes,' attach statement (see instructions)	ualified person h	nad 12		x
13	Did the f	foundation comply with the public inspection requirements for its annual returns and exemp	ption application	? [13	_ X	<u> </u>
	Website	address • N/A				
14			hone no 🕨 <u>41</u>	<u>5-781-9</u>	<u>900</u>	
		at ► 190 Alvarado Rd Berkeley CA ZIP +				. <u>_</u>
15	Section 4	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check h	ere .	. N/A		
	and ente	er the amount of tax-exempt interest received or accrued during the year	▶ 15	<u>. </u>		N/A
16	At any ti bank, se	me during calendar year 2011, did the foundation have an interest in or a signature or othe curities, or other financial account in a foreign country?	er authority over	a 16	Yes	No X
	foreign c					}
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Require	ed			
	File Form	m 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 a	During th	ne year did the foundation (either directly or indirectly):				.
	(1) Enga	age in the sale or exchange, or leasing of property with a disqualified person?	Yes X	No		
	(2) Borre	ow money from, lend money to, or otherwise extend credit to (or accept it from) a ualified person?	Yes X	No ,	Ť	
	(3) Furn	ish goods, services, or facilities to (or accept them from) a disqualified person?	\dashv	No 1		
	(4) Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?	∐Yes X	No		
	(5) Transfor the	sfer any income or assets to a disqualified person (or make any of either available ne benefit or use of a disqualified person)?	Yes X	No	,	
	found	te to pay money or property to a government official? (Exception. Check 'No' if the dation agreed to make a grant to or to employ the official for a period after termination overnment service, if terminating within 90 days)	Yes- X	No		
b		iswer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described ons section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instruction there are a current notice) and the section of the se	d in ons)? ►	1 b	N	/A
	-	ations relying on a current notice regarding disaster assistance check here	· L			1
	that were	oundation engage in a prior year in any of the acts described in 1a, other than excepted a e not corrected before the first day of the tax year beginning in 2011?		1c		X
2	Taxes or private o	n failure to distribute income (section 4942) (does not apply for years the foundation was a perating foundation defined in section 4942(j)(3) or 4942(j)(5))	à	-		
а	and 6e, I	nd of tax year 2011, did the foundation have any undistributed income (lines 6d Part XIII) for tax year(s) beginning before 2011?	Yes X	No		
	ii tes, i	list the years 20, 20, 20				
b	(relating	e any years listed in 2a for which the foundation is not applying the provisions of section 4s to incorrect valuation of assets) to the year's undistributed income? (If applying section 4s listed, answer 'No' and attach statement — see instructions.)		2b	N	/A
c		ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year	ars here			
·		, 20 , 20	G. 5 1.0. 5			
3 a		oundation hold more than a 2% direct or indirect interest in any business se at any time during the year?	Yes X	No		
b	If 'Yes,' or disqua	did it have excess business holdings in 2011 as a result of (1) any purchase by the founda alified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period appi ommissioner under section 4943(c)(7)) to dispose of holdings acquired by gift_or bequest,	tion roved or			
	(3) the la	infinissioner under section 4943(c)(7)) to dispose of holdings acquired by gift of bequest, topse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to be if the foundation had excess business holdings in 2011)	0	3 b	N.	/A
4a	Did the fo	oundation invest during the year any amount in a manner that would jeopardize its				
		e purposes?		4a		X
L	Did the f	oundation make any investment in a prior year (but after December 21, 1969) that sould				
O	jeopardiz	oundation make any investment in a prior year (but after December 31, 1969) that could be its charitable purpose that had not been removed from jeopardy before the first day of lear beginning in 2011?		4b		X

Port VII P Statements Pegarding Activity		4720 May Pa Dag	21-291	34132	Page 6
Part VII-B Statements Regarding Activit		14/20 May be Req	uirea (continuea)		1
5a During the year did the foundation pay or inct(1) Carry on propaganda, or otherwise attem	•	on (section 4945(e))?	☐ Yes X	No	
(2) Influence the outcome of any specific pub	olic election (see section				
on, directly or indirectly, any voter registra (3) Provide a grant to an individual for travel,	ation drive?		H. H	No No	
(4) Provide a grant to an organization other t	-		∐ Yes X	NO	
in section 509(a)(1), (2), or (3), or section	1 4940(d)(2)? (see instri	uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	on of cruelty to children	or animals?		No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to n a current notice regar	qualify under the excep ding disaster assistance	tions :	5 b	N/A
Organizations relying on a current notice rega	ırdıng dısaster assıstanı	ce check here	▶		.
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim exisibility for the grant?	emption from the	N/A Yes	No	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d).			
6a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or ind	lirectly, to pay premium	S Yes X	No	
b Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract?	6 b	X
If 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the found	dation a party to a prob	whited tay shelter transa	ection? Yes X	No	
b If 'Yes,' did the foundation receive any proces			<u></u>	N/A 7b	,
Part VIII Information About Officers, D and Contractors				mployee	s,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other al	se account, lowances
Charles Kremer 190 Alvarado Road Berkeley, CA 94705	President 0	0.	0.		0.
2 Compensation of five highest-paid employee	s (other than those inc	cluded on line 1— see in	nstructions). If none, e	nter 'NONE.	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		se account, lowances
<u>None</u>					
Total number of other employees paid over \$50,000				<u>.</u>	0
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Part Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see ins	structions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
· · · · · · · · · · · · · · · · · · ·		
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Partix A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 <u>N/A</u>		
2		-
3		
4		
PartiX:B: Summary of Program-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by the foundation duri	ng the tax year on lines 1 and 2.	Amount
1		
N/A		
2		
All other program-related investments See instructions.		
3		
Total. Add lines 1 through 3 BAA	<u> </u>	0. Form 990-PF (2011)
		, ,

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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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

b Average of monthly cash balances

c Fair market value of all other assets (see instructions)

d Total (add lines 1a, b, and c)

2,084. 1 d 93,035. d Total (add lines 1a, b, and c). e Reduction claimed for blockage or other factors reported on lines 1a and 1c 0. (attach detailed explanation) 1 e Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 3 93 035. Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) 1,396. 5 91,639. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 6 4,582.

PartXIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	4,582.
2a Tax on investment income for 2011 from Part VI, line 5		
b Income tax for 2011 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	4,582.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	4,582.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	4,582.

Part XII Qualifying Distributions (see instructions)

 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. Expenses, contributions, gifts, etc – total from Part I, column (d), line 26 	1 a	19,198.
b Program-related investments — total from Part IX-B	1 Б	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3b	

b Cash distribution test (attach the required schedule)4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

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19,198

19,198.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				4,582.
2 Undistributed income, if any, as of the end of 2011:				4,302.
a Enter amount for 2010 only			2,632.	
b Total for prior years: 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2011.				
a From 2006				
b From 2007				
c From 2008				
d From 2009				-
e From 2010	·			
f Total of lines 3a through e	0.	= **	•	* * * * * * * * * * * * * * * *
4 Qualifying distributions for 2011 from Part		,		The second secon
XII, line 4 ► \$ 19,198.				- ·
a Applied to 2010, but not more than line 2a			2,632.	**
 b Applied to undistributed income of prior years (Election required – see instructions) 		0.	-	
c Treated as distributions out of corpus (Election required – see instructions)	0.	- ,		
d Applied to 2011 distributable amount				4,582.
e Remaining amount distributed out of corpus	11,984.			7,0021
5 Excess distributions carryover applied to 2011	0.	,	-,;	0.
(If an amount appears in column (d), the same amount must be shown in column (a))		· · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
same amount must be snown in column (a))		,	· _	
6 Enter the net total of each column as				
indicated below:		* +-	. '	, ,
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.	11,984.			** ** ******
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-			-	
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed	,	0.	l	
d Subtract line 6c from line 6b Taxable amount — see instructions		0.		ہے۔ سے اور چہاچ دینے مدار
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount — see instructions			0.	-
f Undistributed income for 2011 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	_			
(see instructions)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	11,984.			
10 Analysis of line 9.	11,504.			<u>-</u>
a Excess from 2007				
b Excess from 2008			j	
c Excess from 2009			:	
d Excess from 2010				
e Excess from 2011 11, 984.				

Form 990-PF (2011) The Kremer Family				27-2984132	
Părt XIV Private Operating Foundat					N/A
1a If the foundation has received a ruling or our is effective for 2011, enter the date of the	ietermination letter ruling	that it is a private	operating foundation	n, and the ruling	
b Check box to indicate whether the foundat	ion is a private ope	erating foundation	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
b 85% of line 2a					
 Qualifying distributions from Part XII, line 4 for each year listed 					
d Amounts included in line 2c not used directly for active conduct of exempt activities	,, <u></u>				
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets		 			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) b 'Endowment' alternative test — enter 2/3 of					
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942()(3)(B)(III)	-	-			-
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		<u> </u>			<u>-</u>
<u>PartiXVal</u> Supplementary Information assets at any time during th	(Complete this e year — see in	part only if the structions.)	e organization ha	id \$5,000 or moi	e in
Information Regarding Foundation Manage a List any managers of the foundation who is close of any tax year (but only if they have Charles Kremer	nave contributed me	ore than 2% of the than \$5,000) (See	total contributions ries section 507(d)(2))	eceived by the found	dation before the
b List any managers of the foundation who ca partnership or other entity) of which the None	own 10% or more of foundation has a 1	of the stock of a co 0% or greater inte	rporation (or an equarest.	ally large portion of	the ownership of
2 Information Regarding Contribution, Gran	ıt. Gift. Loan. Scho	larship, etc. Progr	rams:		
Check here In the foundation only nequests for funds. If the foundation make complete items 2a, b, c, and d.	nakes contributions	to preselected ch	arıtable organizations	s and does not acce anizations under oth	pt unsolicited er conditions,
a The name, address, and telephone number	r of the person to	whom applications	should be addressed	1	
b The form in which applications should be s	submitted and infor	mation and materi	als they should inclu	de.	
c Any submission deadlines:			<u>.</u>		
d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other	factors

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	<u> </u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	substantial contributor	recipient		
Name and address (home or business) a Paid during the year See Statement 4	substantial contributor	recipient		
		į		
Total		1	► 3a	18,300.
b Approved for future payment		`	1	
			► 3b	
			<u>►</u> 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts u	inless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program service				code		<u> </u>
		+		-	1	
_		 				<u>-</u>
		-		1		
				Ì		
f	·					
g Fees and contrac	cts from government agencies	<u> </u>				
2 Membership dues	s and assessments					
3 Interest on savings ar	nd temporary cash investments					
	terest from securities					
	e or (loss) from real estate	14 11	Samuel Langue	Signati'	775 Topk 475 + 45 =	and the same and a second special property
a Debt-financed pro	· · ·					
b Not debt-financed	· · · · ·			-		· · · - · · · · · · · · · · · · · · · ·
7 Other investment	(loss) from personal property					
	ales of assets other than inventory	ļ		 		
• •	oss) from special events			 		
	oss) from sales of inventory					
11 Other revenue.				L		, , , , , , , , , , , , , , , , , , ,
a						
· ———————				 		
12 Subtotal Add col	lumns (b), (d), and (e)				12	0
12 Subtotal Add col 13 Total. Add line 12	lumns (b), (d), and (e) 2, columns (b), (d), and (e)	1005)			13	0.
12 Subtotal Add col 13 Total. Add line 12 See worksheet in line	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculati					0.
12 Subtotal Add col 13 Total. Add line 12 See worksheet in line	lumns (b), (d), and (e) 2, columns (b), (d), and (e)		ishment of Exemp	t Purp		0.
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculati	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
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Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
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Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
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Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	
Subtotal Add col Total. Add line 12 See worksheet in line Part XVI-B Relat Line No. Explain be accomplish	lumns (b), (d), and (e) 2, columns (b), (d), and (e) 13 instructions to verify calculate ionship of Activities to the	e Accompl			oses	

Form 990-PF (2011) The Kremer Family Foundation 27-2984132 Part'XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 0					the fellowingt			_		Yes	_
de	scribed	ganization directly in section 501(c) o political organizat	of the Code (of	ngage in any of the than section	the following wit 501(c)(3) organ	n any oth izations)	or in section 5	n 527,			대. , (-
	_	from the reporting		a noncharitable	exempt organiza	ation of					· - }
	Cash	nom are reporting	Tourisation to	a mononamable	chompt organize	21.0 0.			1a(1)		X
	Other	accetc					•	•	1a (2)	<u> </u>	X
٠,	•	assets nsactions:					•		10(-/	,	oi.
			abaritable ava						1b(1)		X
٠,		of assets to a non-		. •							X
٠,		ases of assets fron		. •	nization			•	1b (2) 1b (3)	<u> </u>	X
` '	(3) Rental of facilities, equipment, or other assets.										X
• • •	(4) Reimbursement arrangements									 	
٠,		or loan guarantee							1 b (5)	 	X
` '		rmance of services		. •					1b (6)		X
c Sh	naring o	f facilities, equipme	ent, mailing lis	its, other assets,	or paid employ	ees			1 c	<u> </u>	X
the	e aoods	wer to any of the a , other assets, or s action or sharing ar	ervices given	by the reporting	foundation If th	e foundat	tion received le	ess than fair mark	et value in	ue of	
(a) Line	* 	(b) Amount involved	T -	f noncharitable exem	•			sfers, transactions, and		nnemen	
N/A	110	D) Amount involved	(C) Name o	i nonchantable exem	pt organization	(0) (Description of trans	siers, transactions, and	Sharing arrai	igemen	-
N/A	-										
	_										
											
	-		<u> </u>								
	+										
	-										
	-			·····	-			-			
											
		· ·									
						L					
de	scribed	ndation directly or in section 501(c) o	of the Code (of	ated with, or rela ther than section	ted to, one or m 501(c)(3)) or in	ore tax-e section 5	exempt organiz 527?	ations	Yes	X	No
D II		omplete the follows		4-> T		F		\ D	latianala.a		
NT / 7	(a) I	Name of organization	on	(в) туре	of organization	1	(¢,	Description of re	lationship		
N/A											
						- 1					
							-1-1	Abo book of my limourland	an and ballof		
	correct, a	nallies of perjury, I declar no complete Declaration	of preparer (other	than taxpayer) is base	d on all information o	f which prep	arer has any knowl	edge	je and belier, i	it is true	
Sign							() ; #		May the	IRS disc	uss
Here		ON/			111-5-12		1 100	ec	preparer	shown	below
	Signatu	re officer or trustee	· · · · · · · · · · · · · · · · · · ·	·	Date	Title	e		- (see inst	Yes	No No
		Print/Type preparer's nan	ne	Preparer's s	signature		Date	Check If	PTIN		
ם-: -ו		Renee B. Tra	ic	12.2			10/29/12	self-employed	P00885	5436	
Paid			hu and Wa	iters, LLP				Firm's EIN ► 94-3			
Prepar	CI			tgomery St	Ste 1450			THINIS LIN JA C	.525544		
Use O	nıy		an Franci		105			Phone no (415	5) 781-	9900)
BAA			an rranci	CH 94				THORETO (4T)	Form 99		
									1 01111 33	J-1 1	(2011)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization		Employer identification number
The Kremer Family Foundation		27-2984132
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a 527 political organization	a private foundation
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	vate foundation
Check if your organization is covered by the Q Note. Only a section 501(c)(7), (8), or (10) org	General Rule or a Special Rule ganization can check boxes for both the General Rule and a	Special Rule See instructions.
General Rule X For an organization filing Form 990, 990-E contributor (Complete Parts I and II)	Z, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and receive	Form 990 or 990-EZ that met the 33-1/3% support test of the ed from any one contributor, during the year, a contribution of the year is a contribution of the time of time of time of the time of time	of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organitotal contributions of more than \$1,000 for the prevention of cruelty to children or ani	zation filing Form 990 or 990-EZ that received from any one ruse exclusively for religious, charitable, scientific, literary, chais Complete Parts I, II, and III	contributor, during the year, or educational purposes, or
contributions for use exclusively for religion of this box is checked, enter here the total	zation filing Form 990 or 990-EZ that received from any one us, charitable, etc, purposes, but these contributions did not contributions that were received during the year for an <i>exclus</i> unless the General Rule applies to this organization because	t total to more than \$1,000 usively religious, charitable, etc,
religious, charitable, etc, contributions of	\$5,000 or more during the year	► \$
990-PF) but it must answer 'No' on Part IV, his	by the General Rule and/or the Special Rules does not file Sone 2, of its Form 990; or check the box on line H of its Form the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on Part I, line 2, of its
BAA For Pananuark Paduction Act Natica s	on the Instructions for Form 900 Schodule	P (Form 900, 900 E7, or 900 PE) (2011)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

The Kremer Family Foundation 27-2984132 Pariti Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (d) (a) Total Type of contribution Number Name, address, and ZIP + 4 contributions Charles Kremer Person Payroli 25,000. 190 Alvarado Road Noncash (Complete Part II if there Berkeley, CA 94705 is a noncash contribution.) (d) (c) (a) (b) Total Type of contribution Number Name, address, and ZIP + 4 contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution) (d) (a) (b) (c) Number Total Type of contribution Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (c) Total (a) (b) (d) Type of contribution Number Name, address, and ZIP + 4 contributions Person Payroll Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Total Type of contribution Number Name, address, and ZIP + 4 contributions Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Total Name, address, and ZIP + 4 Type of contribution Number contributions Person Payro!! Noncash (Complete Part II if there

is a noncash contribution)

Page

l to

of Part II

Name of organization

The Kremer Family Foundation

Employer identification number 27-2984132

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		\$\$	<u>-</u>
(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) lo. 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) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

	3 (Form 990, 990-EZ, or 990-PF) (2011)		-	Page	1 to	1 of Part III	_	
Name of organ	mization emer Family Foundation				Employer identification 27-298413			
Part III	Exclusively religious, charitable, e	tc, individual contributio	ns to section	on 501(c)(_	
	organizations that total more than For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	\$1,000 for the year.Completotal of exclusively religious, ch (Enter this information once. S	ete cols (a) the	rough (e) an	d the following	line entry	<u>A</u>	
(a)	(b)	(c)			(d)		_	
No. from Part I	Purpose of gift	Use of gift		Desc	ription of how o	gift is held		
raiti	N/A					-	-	
							_	
							_	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						<u>-</u>	
						_		
							_	
(-)	(1)	(2)			(4)		_	
(a) No. from	(b) Purpose of gift	(c) Use of gift		Desc	(d) ription of how (nift is held		
Part I	Tarpose of girt						_	
							_	
			-				_	
							_	
	(e) Transfer of gift							
	Transferee's name, addres		Relationship of transferor to transferee					
							_	
							_	
							_	
(a)	(b)	(c)	<u> </u>		(d)		_	
No. from	Purpose of gift	Use of gift		Desc	ription of how	gift is held		
Part I					-		-	
							_	
							_	
		(e)					_	
	Transferee's name, addres	Relationship of transferor to transferee						
							_	
					· 		_	
							_	
(a)	(b)	(c)			(d)		_	
No. from Part I	Purpose of gift	Use of gift		Desc	ription of how	gift is held		
							_	
							_	
	(e)							
		Transfer of gift						
	Transferee's name, addres	ss, and ZIP + 4	Rela	tionship of	transferor to tra	ansteree		
							_	
							_	
	<u> </u>						_	

3		J
2011	Federal Statements	Page 1
Client KREMERPF	The Kremer Family Foundation	27-2984132
Statement 1 Form 990-PF, Part I, Line 18 Taxes		
Federal Tax State Tax	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 750. 25. Total \$ 775. \$ 0. \$ 0. \$ 0.	(d) Charitable Purposes \$ 750. 25. \$ 775.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
Bank Charges Filing Fees	(a) (b) Net (c) Expenses Investment Adjusted Net Income \$ 48. 75. \$ Total \$ \$ 0.	(d) Charitable Purposes \$ 48. 75. \$ 123.
Statement 3 Form 990-PF, Part II, Line 15 Other Assets		
TS Multi-Strategy Fund	Total \$ 242,537. \$	air Market Value 0.
Statement 4 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year		
Name and Address	Found- Donee ation Purpose of <u>Relationship Status Grant</u>	Amount
Doctors Without Borders 333 Seventh Avenue, 2nd floor New York, NY 10001	NONE To provide medical aid to those most in need regardless of their race, religion, or political affiliation.	\$ 500.

2011	Federal State	ements		Page 2
Client KREMERPF	The Kremer Family	Foundation		27-298413
Statement 4 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
Berkeley Community Fund 2111 Martin Luther King Jr Way Berkeley, CA 94704	NONE		To provide 4-year scholarships and mentoring support for academically talented and resilient Berkeley High School students.	\$ 300
New Israel Fund 330 Seventh Avenue, 11th Floor New York, NY 10001	NONE		A fund dedicated to religious pluralism and civil rights in Israel.	2,500
Regents of the University of California 1111 Franklin St., 12 Floor Oakland, CA 94607	NONE		To provide teaching, research and public service.	15,000
			Total	\$ 18,300

Form **8868** (Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

nternal Revenue Service	The a separate application for each return.	
 If you are filing for an 	Automatic 3-Month Extension, complete only Part I and check this box	•

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

request an e Associated \	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click of	l automatic Part I or P ust be sent) 3-month extension of time You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instructi	ctronica iformati	ally file Form on Return fo	8868 to r Transfers
Partil A	utomatic 3-Month Extension of Time. C	nly subn	nit original (no copies needed).			
A corporatio	n required to file Form 990-T and requesting an a	automatic 6	-month extension — check this box and o	complet	e Part I only	• □
All other cor income tax i	porations (including 1120-C filers), partnerships, returns	REMICS, a	and trusts must use Form 7004 to request	t an ext	ension of tin	ne to file
			Enter filer's identif			
_	Name of exempt organization or other filer, see instructions			Employe	er identification n	umber (EIN) or
Type or print	int I					
•	The Kremer Family Foundation				X 27-2984132	
File by the due date for	Number, street, and room or suite number. If a P O box, see in	structions		So	cial security num	ber (SSN)
filing your return See	190 Alvarado Rd					
instructions	City, town or post office, state, and ZIP code For a foreign add	ress, see instru	actions			
	Berkeley, CA 94705					
Enter the Re	eturn code for the return that this application is fo	r (file a se	parate application for each return)			04
Application Is For		Return Code	Application Is For			Return Code
Form 990 -		01	Form 990-T (corporation)	-		07 -
Form 990-Bl	_	02	Form 1041-A			08
Form 990-E2	7	01	Form 4720		09	
Form 990-Pf	=	04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
The book	s are in the care of <u>Charles Kremer</u>		THIS EXTENSION HAS BE	EN TI	MELY FII	ED
Telephon	e No. ► 415-781-9900	FAX N	o. ►			
• If the org	ganization does not have an office or place of bus	siness in th	e United States, check this box			▶ □
If this is	for a Group Return, enter the organization's four	digit Group	Exemption Number (GEN) If	this is 1	for the whole	group,
check th	is box ► . If it is for part of the group, c	heck this b	ox and attach a list with the nai	mes and	d EINs of all	members
the exter	nsion is for					
1 reque	st an automatic 3-month (6 months for a corpora	tion requir	ed to file Form 990-T) extension of time			
until _ The ex	$8/15$, 20 12 _, to file the exempt org tension is for the organization's return for:	anization r	eturn for the organization named above			
► X	calendar year 20 11 or					
▶	tax year beginning, 20	, and endi	na . 20 .			
2 If the t	ax year entered in line 1 is for less than 12 mont			al returi	n	
∐ Chi	ange in accounting period					
	3a 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. 3a \$ 0.					
b If this a payme	application is for Form 990-PF, 990-T, 4720, or 60 nts made. Include any prior year overpayment al	069, enter a lowed as a	any refundable credits and estimated tax credit	3b \$	\$	0.
c Balanc EFTPS	e due. Subtract line 3b from line 3a Include your (Electronic Federal Tax Payment System) See	r payment	with this form, if required, by using	3c \$	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

If you a	re filing for an Automatic 3-Month Extension, con	npiete only	Part I and check this box		► X
-	re filing for an Additional (Not Automatic) 3-Mont Inplete Part II unless you have already been grante			•	_
Electronic corporation request an Associated	filing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which milling of this form, visit www.irs gov/efile and click of	If you nee automatic) Part I or Poust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele art II with the exception of Form 8870, in to the IRS in paper format (see instructi	to file (6 months for ectronically file Forn formation Return for	n 8868 to or Transfers
Partil A	Automatic 3-Month Extension of Time. C	nly subm	nit original (no copies needed).		
	on required to file Form 990-T and requesting an a			complete Part I only	v ► 🗆
•	orporations (including 1120-C filers), partnerships,		nd trusts must use Form 7004 to request		me to file
	Name of exempt organization or other filer, see instructions			Employer identification i	
Type or print	The Kremer Family Foundation			 X 27-298413	12
File by the	Number, street, and room or suite number If a P O box, see in	nstructions		Social security nur	
due date for filing your					, ,
return See	City, town or post office, state, and ZIP code For a foreign add	ress see instri	artions	<u> </u>	
	-	1033, 300 1113110	ictions .		
	Berkeley, CA 94705				
Enter the R	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-B	L	02	Form 1041-A		08
Form 990-E	Z	01	Form 4720		09
Form 990-P	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069	<u> </u>	11
	(trust other than above)	06	Form 8870		12
Telephor	he No. ► 415-781-9900 ganization does not have an office or place of but for a Group Return, enter the organization's four		e United States, check this box Exemption Number (GEN) If	this is for the whol	► □ e group,
	his box $ ightharpoonup$. If it is for part of the group, c	heck this b	ox Pand attach a list with the nai	mes and EINs of al	l members
1 requuntil The e: X	est an automatic 3-month (6 months for a corpora 8/15, 20 _12 _, to file the exempt orgotension is for the organization's return for: calendar year 20 _11 _ or tax year beginning, 20 tax year entered in line 1 is for less than 12 monthing in accounting period	anization r	eturn for the organization named above.	al return	
3a If this	application is for Form 990-BL, 990-PF, 990-T, 47 fundable credits. See instructions	720, or 6069	9, enter the tentative tax, less any	3a \$	0.
b If this	application is for Form 990-PF, 990-T, 4720, or 60 ents made. Include any prior year overpayment al	069, enter a lowed as a	any refundable credits and estimated tax credit		0.
c Balan EFTPS	ce due. Subtract line 3b from line 3a Include you 6 (Electronic Federal Tax Payment System) See	r payment v	with this form, if required, by using	3c \$	0.
Caution. If y	you are going to make an electronic fund withdraw structions	wal with this	s Form 8868, see Form 8453-EO and For	m 8879-EO for	

Form 886	8 (Rev 1-2012)				Page 2
If you	are filing for an Additional (Not Automatic) 3-	Month Extension	on, complete only Part II and check	this box	► X
Note. Onl	y complete Part II if you have already been gra	inted an automa	atic 3-month extension on a previou	sly filed Form 8868.	_
	are filing for an Automatic 3-Month Extension				
Rantilla	Additional (Not Automatic) 3-Month	Extension of	Time. Only file the original (no copies needed)
			Enter filer's	identifying number, s	ee instructions
	Name of exempt organization or other filer, see instructions			Employer identification num	ber (EIN) or
Type or					
print	The Kremer Family Foundation			X 27-2984132	
File by the	Number, street, and room or suite number. If a P.O. box, se	e instructions		Social security number (SSI	<i>v</i>
extended due date for	Chu and Waters, LLP				
filing the	90 New Montgomery St Ste 145	0			
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	San Francisco, CA 94105				
Enter the	Return code for the return that this application	is for (file a se	parate application for each return)		04
Application	on	Return	Application		Return
Is For		Code	Is For		Code
Form 990		01			
Form 990		02	Form 1041-A		08
Form 990	· · · · · · · · · · · · · · · · · · ·	01	Form 4720		09
Form 990-	<u> </u>	04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069	11	
Form 990-	T (trust other than above)	06	Form 8870		12
If the oIf this whole grow	organization does not have an office or place o is for a Group Return, enter the organization's up, check this box	four digit Group	e United States, check this box Exemption Number (GEN)	lf t	his is for the
members	the extension is for.				
5 For 6 6 If the [] (7 State	uest an additional 3-month extension of time ustalendar year 2011, or other tax year begins tax year entered in line 5 is for less than 12 millional change in accounting period and the extension Tacher information necessary to	nning nonths, check r axpayer re	, 20, and ending_ eason: Initial return spectfully_requests_ad	ditional time) _to
	s application is for Form 990-BL, 990-PF, 990-7 efundable credits. See instructions.			. 8a\$	0.
b If this	s application is for Form 990-PF, 990-T, 4720, nents made include any prior year overpayments with the second seco	or 6069, enter and allowed as a	any refundable credits and estimate credit and any amount paid previou	d tax	0.
c Balaı EFTF	nce due. Subtract line 8b from line 8a. Include S (Electronic Federal Tax Payment System)	your payment v See instructions	with this form, if required, by using	8c\$	0.
	Signature and Ver	ification mus	st be completed for Part II or	ıly.	
Inder penaltie orrect, and co	es of perjury. I declare that I have examined this form, including implete, and make the area throughout the prepare this form	g accompanying scho	edules and statements, and to the best of my kn	owledge and belief, it is true,	1/0/-
ignature 🟲	Title	· /40	gt	Date ► X	113/12
3AA		FIFZ0502L	07/29/11	Form 8868	Rev 1-2012)

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