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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

2012

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 ca	endar year 2012, or tax year beginning	, 2012	and ending	`,	
CRET	E FAMILY FOUNDATION	· · · ·		Employer identification nui 26-1593512	
	4TH AVENUE, SUITE 2288 TLE, WA 98104			Telephone number (see the (206) 816-685	
		-		If exemption application is	pending, check here
G Ch	eck all that apply Initial return Final return	Initial return of a form Amended return	ner public charity	1 Foreign organizations, chec	ck here
H C	Address change Theck type of organization X Section 50	Name change 1(c)(3) exempt private f	oundation	2 Foreign organizations meet here and attach computation	
	Section 4947(a)(1) nonexempt charitable		orivate <u>fo</u> undation I	E If private foundation status under section 507(b)(1)(A)	
	from Part II, column (c), line 16)	Other (specify) , column (d) must be or	,	F If the foundation is in a 60 under section 507(b)(1)(B)	
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	income	íncome	for charitable purposes (cash basis only)
	Contributions, gifts, grants, etc, received (att sch)	7,650.			
	2 Ck Interest on savings and temporary				
	cash investments				3.5
<u>~</u>	4 Dividends and interest from securities 5 a Gross rents	218,066.	218,066	5.	*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
R	b Net rental income or (loss)				**************************************
30202 REV	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all	-45,596.			
ື່⊽ ≫ F	7 Capital gain net income (from Part IV, line 2)				
E N U	8 Net short-term capital gain				×
- F	9 Income modifications 10 a Gross sales less returns and				
	allowances b Less Cost of				
Z 7	goods sold c Gross profit/(loss) (att sch)				\$,
	11 Other income (attach schedule)		***		(
	SEE STATEMENT 1 12 Total. Add lines 1 through 11	24,134.	24,134		
	13 Compensation of officers, directors, trustees, etc.	204,254.	242,200	0.	
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits 16a Legal fees (attach schedule)				
A D M	b Accounting fees (attach sch) SEE ST 2	7,650.	7,650	,	
I N	c Other prof fees (attach sch) SEE ST 3	37,740.	37,740).	
O Î P S F T	17 Interest 18 Taxes (attach scheduleXsee instrs) SEE STM 4	676. 14,000.	676	<u>. </u>	
P STRAT	19 Depreciation (attach	14,000.			
N V	sch) and depletion 20 Occupancy				
GĘ	21 Travel, conferences, and meetings				
A E N X D P	22 Printing and publications23 Other expenses (attach schedule)				
E	SEE STATEMENT 5	53,098.	53,098	1.	
E N S E S	24 Total operating and administrative expenses. Add lines 13 through 23	113,164.	99,164		
S	25 Contributions, gifts, grants paid STMT 6	366, 500.	33,104		366,500.
	26 Total expenses and disbursements. Add lines 24 and 25	479,664.	99,164	0.	366,500.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses				
	a Excess of revenue over expenses and disbursements	-275,410.			
	b Net investment income (if negative, enter -0)		143,036		
RAA F	C Adjusted net income (if negative, enter 0-) or Paperwork Reduction Act Notice, see ins	tructions		0. EEA0504L 12/23/12	Form 990-PF (2012)

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Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning or year		or year
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			ļ <u>.</u>
	2	Savings and temporary cash investments	484,870.	505,512.	505,512.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable Less: allowance for doubtful accounts			
	5	Grants receivable			
	_		-		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)	-		
A		Less allowance for doubtful accounts		-	
S	8	Inventories for sale or use			
A S S E T	9	Prepaid expenses and deferred charges			
Ś	10	a Investments – U S and state government obligations (attach schedule)	1		
		b Investments — corporate stock (attach schedule)	·		
		c Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis	*		
		Less: accumulated depreciation (attach schedule)			
	12	3 3			
	13	Investments – other (attach schedule) STATEMENT 7	8,108,894.	7,812,842.	9,189,948.
	14				
		Less accumulated depreciation (attach schedule)			
	15 16	Other assets (describe ► Total assets (to be completed by all filers —			
	10	see the instructions. Also, see page 1, item 1).	8,593,764.	8,318,354.	9,695,460.
Ļ	17	Accounts payable and accrued expenses			2
٠Å	18	Grants payable			
В	19	Deferred revenue			1
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			
÷	21	Mortgages and other notes payable (attach schedule)			-
Ī	22	Other liabilities (describe			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	8,593,764.	8,318,354.	
E U	25	Temporarily restricted			
D	26				
A B S A L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds			
SN	28	Paid-in or capital surplus, or land, building, and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds		•	
ŘŠ	30	Total net assets or fund balances (see instructions)	8,593,764.	8,318,354.	_
	31	Total liabilities and net assets/fund balances (see instructions)	8,593,764.	8,318,354.	
Par	ŧ III	Analysis of Changes in Net Assets or Fund Balance		0,310,334.	1
	1	al net assets or fund balances at beginning of year - Part II, colu		ree with	
•	end-	of-year figure reported on prior year's return)	(4), 00 (1	8,593,764.
2		er amount from Part I, line 27a		2	-275,410.
3		increases not included in line 2 (itemize)		3	
4		lines 1, 2, and 3		4	8,318,354.
5		eases not included in line 2 (itemize)			0.010.011
6	ıota	al net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), li	ne 30 6	8,318,354.

2-story brick warehouse, or common stock 200 shares MI C Company)			(b) How acquired P — Purchase D — Donation		(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a PUBLICLY TRADED	SECURITIES		P		_	
b						
c	·	· · · · · · · · · · · · · · · · · · ·				
d	-				. –	
е						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	
a 829, 90	66.	87	5,562.			-45,596.
b						
С						
d						
e						
Complete only for assets s	showing gain in column (h) and owned by	y the foundation on 12/31/6	59		(I) Gains (Cold	ımn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a	n (I) any		n miňůs column (k i -0-) or Losses (fr	
a						-45,596.
b						
С			i			
d						
е						
2 Capital gain net income or		enter in Part I, line 7 ter -0- in Part I, line 7	-	2		-45,596.
3 Net short-term capital gain	or (loss) as defined in sections 1222(5)	and (6)	F			
	, line 8, column (c) (see instructions) If	_				
in Part I, line 8	, line 8, column (c) (see instructions) in	(loss), enter -u-	-	3		0.
Part Qualification Ur	nder Section 4940(e) for Reduce	d Tax on Net Investm	ent Incor	me		
(For optional use by domestic pr	rivate foundations subject to the section	4940(a) tax on net investm	ent income	:)	N/A	
	ave this part blank e section 4942 tax on the distributable an qualify under section 4940(e) Do not co		se period?		Yes	No
	unt in each column for each year, see th	<u> </u>	ng anv entr	ies		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	<u> </u>		(d) Distribution nn (b) divided	ı ratıo by column (c))
2011						
2010						
2009						
2008						
2007						
2 Total of line 1, column (d)				2		
3 Average distribution ratio f	for the 5-year base period – divide the to		e			
number of years the found	ation has been in existence if less than	5 years		3		
4 Enter the net value of non-	charitable-use assets for 2012 from Part	X, line 5		4		
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7		
8 Enter qualifying distributio	ns from Part XII, line 4			8	-	
If line 8 is equal to or great Part VI instructions	iter than line 7, check the box in Part VI,	line 1b, and complete tha	t part using	a 1%	tax rate See t	he

Par		1593512		F	age 4
L		instruction	15)		
1 2	Exempt operating foundations described in section 4940(d)(2), check here		<u> </u>	·····	
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)				
	Domestic foundations that meet the section 4940(e) requirements in Part V,	_1		2,8	361.
	check here and enter 1% of Part I, line 27b]			
•	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
_	foundations only Others enter -0-)	2			0.
3	Add lines 1 and 2	3		2,8	361.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		2,8	361.
6	Credits/Payments:				
	2012 estimated tax pmts and 2011 overpayment credited to 2012 6a 10,854.	, (
	Exempt foreign organizations — tax withheld at source Toy paid with contraction for extension of three to file (Figure 2000)	~			4
	Tax paid with application for extension of time to file (Form 8868) 6c 6c				*
	Backup withholding erroneously withheld Total gradity and payments Add lines for through 6d	<u> </u>			<u> </u>
_	Total credits and payments Add lines 6a through 6d	7		10,8	<u> 354.</u>
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8			
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		/,:	993.
	Enter the amount of line 10 to be Credited to 2013 estimated tax 7, 993. Refunded VII-A Statements Regarding Activities	11			0.
			100 J.C.	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	162	
_			a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 b		Х
			3 G 5	- 59	A 36.0%
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		3.33		100
c	Did the foundation file Form 1120-POL for this year?		1 c	200	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		-	755	
	(1) On the foundation >\$ 0. (2) On foundation managers >\$	0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers		1	3	ľ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	100 d de 1	
_	If 'Yes,' attach a detailed description of the activities		*	* 2,4	X
_	· ·		1 2	7 '	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a		X
	If 'Yes,' has it filed a tax return on Form 990-T for this year?		4 b	זא	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	IN.	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) satisfied either:				,
	By language in the governing instrument, or				
	Ry state legislation that offeetively amends the governing instrument so that no mondatory diseases that conflict				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	CA DE				
ь	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation		8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	4942(1)(5)			
	for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete	Part XIV	. 9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
	and addresses		10		<u> </u>
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Гаг	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address NONE			
14	The books are in care of ► MCCUTCHEN GROUP, LLC Telephone no ► (206)	816	<u>-685</u>	0
4.5	Located at > 925 4TH AVE. SUITE 2288 SEATTLE WA ZIP + 4 > 98104	_NT / 7		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	•	
	and enter the amount of tax-exempt interest received or accrued during the year		V	N/A
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If 'Yes,' enter the name of the foreign country ►			s 1
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			!
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	, 14 , 14	Yes	No
1 a	a During the year did the foundation (either directly or indirectly)	(é , í	in .	. 6%
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No) k / ***	*, /	-
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No	e n	, , , , , , , , , , , , , , , , , , ,	×,
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			100
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here		′ -	33.00 140.72
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$):	, (276.00	
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? Yes X No			۶
	If 'Yes,' list the years ▶ 20 _ , 20 _ , 20	*	4	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	2 b	NT.	/A
c	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2.0	14	, A
•	► 20 , 20 , 20 , 20			
3 a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
b	b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)	3 b	N	/A
4 a	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
t	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4 b		
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		•	•	
orm 990-PF (2012) CRETE FAMILY FOUNI		4700 11	26-15	93512 Page 6
Part VII-B Statements Regarding Activiti		1 4720 May Be Req	uired (continued)	
5a During the year did the foundation pay or incu	-	n (costion 4045(c))2	□v [7	1 1 1
		(Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ition drive?	•	 	No
(3) Provide a grant to an individual for travel,	•		∐ Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	rganization described uctions)	Yes] No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X] No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a a current notice regard	qualify under the excep ding disaster assistance	tions	5b N/A
Organizations relying on a current notice rega	rdına dısaster assıstano	ce check here	▶ □] JU NYA
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsible for the statement required by Region 1.	he foundation claim ex sibility for the grant?	emption from the	N/A Yes] No
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X	No
b Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal bene	fit contract?	6b X
If 'Yes' to 6b, file Form 8870				No
7 a At any time during the tax year, was the found b If 'Yes,' did the foundation receive any procee]
Part VIII Information About Officers, D				
and Contractors		i odnadaon mana	gers, riiginy raid i	Lilipioyees,
1 List all officers, directors, trustees, foundatio	n managers and their o	compensation (see inst	tructions).	
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense account,
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
MICHAEL CRETE	PRESIDENT	0.	0.	0.
1826 W. KETTLEMAN LANE #D LODI, CA 95242	15.00			
MATTHEW MCCUTCHEN	SECRETARY	0.	0.	0.
925 FOURTH AVENUE, SUITE 2288 SEATTLE, WA 98104	5.00			
2 Compensation of five highest-paid employees (ot				
(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	(e) Expense account, other allowances
NONE		<u>.</u>	compensation	
		·-·-		
				-
				

Form 990-PF (2012) CRETE FAMILY FOUNDATION 26-1593512 [PartVIIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	4	
		<u> </u>
	-	
	7	
	.]	
	-	
	4	
	4	
Total number of others receiving over \$50,000 for professional services	. l	0
Partile Activities Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati	stical information such as the number of	
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3	****	
		
4		
Part X-B Summary of Program-Related Investments (see inst	tructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	Amount
1	the tax year off lines I and 2	Amount
N/A		
2		
All other program-related investments See instructions	1	
3		
±	-	
Total. Add lines 1 through 3		0.
BAA		Form 990-PF (2012)

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rai	see instructions.)	1 Oreigii io	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities.	1 a	5,257,175.
	Average of monthly cash balances	1 b	509,934.
	Fair market value of all other assets (see instructions)	1 c	4,022,222.
	I Total (add lines 1a, b, and c)	1 d	9,789,331.
	Reduction claimed for blockage or other factors reported on lines 1a and 1c	1 4	3,103,331.
-	(attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,789,331.
3		3 -	9, 109, 331.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	146,840.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,642,491.
6	Minimum investment return. Enter 5% of line 5	6	482,125.
Part	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op and certain foreign organizations check here ► ☐ and do not complete this part		ndations
1	Minimum investment return from Part X, line 6	1	482,125.
2 a	a Tax on investment income for 2012 from Part VI, line 5 2, 86	51.	
b	Income tax for 2012 (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2 c	2,861.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	479,264.
4	Recoveries of amounts treated as qualifying distributions.	4	,
5	Add lines 3 and 4	5	479,264.
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	479,264.
Par	TXII Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	366,500.
b	Program-related investments — total from Part IX-B	1 b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	3 a	
	Cash distribution test (attach the required schedule)	3 Ь	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	366,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	366,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years	foundation	
BAA			Form 990-PF (2012)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				479,264.
2 Undistributed income, if any, as of the end of 2012				475,204.
a Enter amount for 2011 only			109,186.	
b Total for prior years: 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010	:			
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from Part				
XII, line 4 ► \$ 366,500.				
a Applied to 2011, but not more than line 2a			109,186.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus			à Å.	······································
(Election required – see instructions)	0.	*	à · 🍇	
d Applied to 2012 distributable amount	4.64	× ·	% % `	257,314.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a))	,			
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
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.		
d Subtract line 6c from line 6b. Taxable			*	
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2012 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2013				221,950.
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 2007 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2013.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009			İ	
c Excess from 2010			1	
d Excess from 2011				
e Excess from 2012				

Form 990-PF (2012) CRETE FAMILY FOUR	NDATION			26-1593512	Page 10
Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2012, enter the date of the	ruling			_ •	1.0.000
b Check box to indicate whether the foundat		erating foundation of		4942(j)(3) or	4942(J)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	45 2011	Prior 3 years	(4) 2000	(a) Total
investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
b 85% of line 2a.					
c 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					
 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				ļ	
(1) Value of all assets			1		
(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(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					<u> </u>
Supplementary Information assets at any time during the	(Complete this e year – see ii	s part only if the nstructions.)	e foundation had	\$5,000 or more	in
Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have MICHAEL CRETE	e contributed more e contributed more	e than \$5,000) (See	e section 507(d)(2))		
b List any managers of the foundation who own a partnership or other entity) of which the NONE	10% or more of the foundation has a	e stock of a corporation 10% or greater inter	on (or an equally large rest	portion of the owners	ship of
2 Information Regarding Contribution, Gran Check here X if the foundation only make requests for funds If the foundation make complete items 2a, b, c, and d	kes contributions to	preselected charitat	ole organizations and d	oes not accept unsol nizations under othe	cited er conditions,
a The name, address, and telephone number o	r e-mail of the pers	on to whom application	ons should be addresse	ed	
b The form in which applications should be	submitted and info	ormation and materi	als they should include	de	
c Any submission deadlines.					
d Any restrictions or limitations on awards,	such as by geogra	iphical areas, charit	able fields, kinds of in	nstitutions, or other	factors

2 Courts and Contributions Boild Busines the M	ontinueu)			
3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	ιτ 	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
				•
				•
				•
	İ			
			<u> </u>	
Total	· _L ·	1	► 3a	
b Approved for future payment				
Total			<u> </u>	<u> </u>
ıvaı			- 3b	

ter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclude	1 by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities	-		442		218,066
5 Net rental income or (loss) from real estate	× ×	M. Wish & Kash	2 A	proper to the second	130 48.48
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			ļ		-45,596
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue.			1 1/2	99,991	
a PARTNERSHIP (VARIOUS)					24,134
b					
C					
d					
e					
2 Subtotal Add columns (b), (d), and (e)					196,604
3 Total. Add line 12, columns (b), (d), and (e)				13	196,604
ee worksheet in line 13 instructions to verify calcula	tions)				
art XVI-B Relationship of Activities to th	e Accomp	lishment of Exemp	t Purp	oses	
-		•	<u> </u>		
ine No. Explain below how each activity for which	income is rep	orted in column (e) of F	Part XVI	A contributed important	ly to the
▼ accomplishment of the foundation's exemp	or purposes (c	other than by providing i	unus ioi	Such purposes) (See i	nstructions)
N/A					
				,	
ı					

Form 990-PF (2012) CRETE FAMILY FOUNDATION 26-1593512 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Exempt Organ	iizations										
de	escribe	organization direct d in section 501(c to political organiz) of the Code (c	engage in ar other than se	ny of the follow ection 501(c)(3	ving wit 3) organ	h any ot izations)	her organızatı) or ın section	on 527,			Yes	No
	_	s from the reporting		a nonchari	table exempt o	organiza	tion of						
) Cash					<u>.</u>					1 a (1)		X
-	•	r assets									1 a (2)		X
•	•	insactions											
(1) Sale	s of assets to a ne	oncharitable exe	empt organiz	zation						1 b (1)		X
•	•	hases of assets fr									1 b (2)		X
-	•	al of facilities, equ		•	o garnzadon					-	1 b (3)		X
•	•	bursement arrang	• •	0. 000015						-	1 b (4)		X
•	•	s or loan guarant	_								1 b (5)		X
•	•	ormance of service		hip or fundra	usina solicitati	ons				-	1 b (6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.									1 c		X		
d If th	the ans	swer to any of the s, other assets, or s saction or sharing	e above is 'Yes,' services given by	complete the the reporting	ne following so	hedule the foun	Columr dation re	n (b) should all ceived less that, other assets	ways show in fair marke , or service	the fair met value in s receivei	narket val	ue of	
(a) Line	no.	(b) Amount involved	(c) Name	of noncharitable	e exempt organiza	tion	(b)	Description of tra	nsfers, transa	ctions, and s	sharing arrar	ngement	.s
I/A													
_													
					-								
	_												
		indation directly or d in section 501(c complete the follo		ed with, or relation settler than set	ated to, one or ection 501(c)(3	more ta	x-exempt section	t organizations 527?			Yes	X	No
	(a)	Name of organiza	ation	(b)	Type of organ	iization		(c) Descript	on of rela	ationship		
I/A													
								_					
								_					
	Under po	enalties of perjury, I dec and complete Declarat	clare that I have exam ion of preparer (other	mined this return r than taxpayer)	, including accomp is based on all info	anying sci	nedules an	d statements, and	to the best of a	ny knowledg	e and belief,	it is true	١,
Sign	·					,			•		May the	RS disc	uss
lere		reco			1///15	4/13	▶ ,	RESIDENT			this return preparer		
	Signal	ture of officer or trustee		<u>-</u> .	Date	1.7	<u></u>				(see insti	ves Yes	1 1
	1	Print/Type preparer's	name	Prep	arer's signature			Date	Check	X ıf	PTIN	TUS	No
1_:-		RAYMOND J.		Pic	elyword,	4FW	RACP	4 113-12	<u>.</u>			710	
aid		Firm's name						<u> </u>	seir-em		P00028	113	
repa		1	RAYMOND J			نتش 11.	200		Firm's EIN	31-15	304299		
Jse O	nly	Firm's address	3017 DOUG			<u>JITE</u>	300		-	101.5	\ 0.40	0220	
		L	ROSEVILLE	, CA 956	101				Phone no	(916	849-		
IAA											Form 990	トトト (2	U12)

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

2012

Name of the organization		Employer identification number
CRETE FAMILY FOUNDATION		26-1593512
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 a	as a private foundation
	527 political organization	•
	Der pointeur organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	neral Pule or a Special Pule	
, ,	•	
Note. Only a section 501(c)(/), (8), or (10) orga	anization can check boxes for both the General Rule and	d a Special Rule. See instructions
General Rule		
X For an organization filing Form 990, 990-EZ, or contributor (Complete Parts I and II)	r 990-PF that received, during the year, \$5,000 or more (in r	money or property) from any one
contributor (complete Farts Farium)		
Special Rules		
<u>.</u>		
509(a)(1) and 170(b)(1)(A)(vi) and received	orm 990 or 990-EZ that met the 33-1/3% support test of from any one contributor, during the year, a contribution VIII, line 1 hor (ii) Form 990-EZ, line 1 Complete Parts	on of the greater of (1) \$5.000 or
For a section 501(c)(7), (8), or (10) organization	n filing Form 990 or 990-EZ that received from any one con	tributor, during the year,
total contributions of more than \$1,000 for the prevention of cruelty to children or anin	use <i>exclusively</i> for religious, charitable, scientific, literar	ry, or educational purposes, or
	on filing Form 990 or 990-EZ that received from any one con	tributor, during the year
contributions for use <i>exclusively</i> for religious, o	haritable, etc. purposes, but these contributions did not tota	al to more than \$1,000
purpose Do not complete any of the parts unle	ributions that were received during the year for an <i>exclusive</i> as the General Rule applies to this organization because it is	y religious, charitable, etc, received nonexclusively
religious, charitable, etc, contributions of \$5		► \$
Caution: An organization that is not covered by the General F	Rule and/or the Special Rules does not file Schedule B (Form 990, 990-E	-7 or 990-PF) but it must
answer 'No' on Part IV, line 2, of its Form 990, or check	the box on line H of its Form 990-EZ or on Part I, line 2, of its Form	990-PF, to certify that it does not
meet the filing requirements of Schedule B (Fo	<u> </u>	
BAA For Paperwork Reduction Act Notice, se or 990-PF.	e the Instructions for Form 990, 990EZ, Schedule	e B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990,	990-EZ,	or 990-PF)	(2012)
Name of organization			

Page 1 of

1 of **Part 1**

CRETE FAMILY FOUNDATION

Employer identification number

26-1593512

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed	1	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL CRETE 1826 W. KETTLEMAN LANE, #D	\$ 7,650.	Person X Payroll Noncash
	LODI, CA 95242		(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution Part II if there is
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution Part II if there is
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution Part II if there is
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Noncash Complete Part II if there is
DAA			a noncash contribution)

Page

l to

26-1593512

of Part II

value of organization

Employer identification number

CRETE FAMILY FOUNDATION

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

Name of organization

Employer identification number

	RAMILI ROUNDATION			120-1393312
:2011 W	Exclusively religious,	charitable, etc, individual c	contributions to section 501(c)(7	7), (8) or (10)
	avannizations that tat	I mara than \$1 000 for the	Many Complete columns (a) through (a) a	ad the fellowing line

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year (Enter this information once See instructions)

Use duplicate copies of Part III if additional space is needed

N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name addres	(e) Transfer of gift	Rela	tionship of transferor to transferee
	Transferee's name, address, and ZIP + 4			Monship of Mansieror to Mansieroe
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e)		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
4-5	45	4.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	·			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee

Form 8868 (Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Internal Revenue		► File a sep	arate applic	cation for each return.			
If you are	e filing for an A	Automatic 3-Month Extension, comp	plete only F	Part I and check this box			► [X]
If you are	e filing for an A	Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of this f	orm).		
Do not comp	olete Part II uni	less you have already been granted	an automa	tic 3-month extention on a previously filed	Form	8868.	
corporation r request an e Associated V	required to file lixtension of tim Vith Certain Pe	Form 990-T), or an additional (not a e to file any of the forms listed in Pa	utomatic) 3 art I or Part at be sent to	a 3-month automatic extension of time to -month extension of time. You can electro it with the exception of Form 8870, Inform the IRS in paper format (see instructions Charities & Nonprofits.	nically	y file Form 8 Return for 1	3868 to Transfers
Part I	Automatic:	3-Month Extension of Time. C	nly subm	nit original (no copies needed).			
A corporation	n required to fil	e Form 990-T and requesting an aut	tomatic 6-m	nonth extension — check this box and co	mplete	Part I only	▶ □
All other corp income tax r		iding 1120-C filers), partnerships, Rl	EMICs, and	I trusts must use Form 7004 to request ar Enter filer's identif			
	Name of exempt	organization or other filer, see instructions		Enter mer sidenur			n number (EIN) or
Type or							
print	CRETE FA	MILY FOUNDATION			26-	1593512	
File by the		and room or suite number. If a PO box, see ins	structions			Social security n	umber (SSN)
due date for filing your	925 4TH	AVENUE, SUITE 2288			Ì		
return See		t office, state, and ZIP code. For a foreign addr.	ess, see instru	ctions	1	•	
instructions	SEATTLE,	WA 98104					
Enter the Re	turn code for th	ne return that this application is for (file a separ	ate application for each return)	·		04
Application Is For			Return Code	Application Is For	Ret Co		
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)		07	
Form 990-BL			02	Form 1041-A		08	
Form 4720 (ii	ndıvıdual)		03	Form 4720	0		
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 thai	n above)	06	Form 8870			12
Telephon If the org. If this is f check this the exten I request until The ext X If the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the tall the	e No. (206) anization does for a Group Re s box . sion is for. st an automatic 8/15 ension is for the calendar year tax year begin	, 20 13 , to file the exempt organice organization's return for: 20 12 or aning , 20 In line 1 is for less than 12 months,	FAX Notes and the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the test of the	Juited States, check this box (xemption Number (GEN) If (x ► and attach a list with the name) (to file Form 990-T) extension of time (irin for the organization named above) (g , 20 .			•
3 a If this a nonrefu	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					3,900.	
paymer	nts made. Inclu	de any prior year overpayment allov	wed as a cr	-	3 b	\$	10,854.
c Balance EFTPS	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 3 c \$					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.

	(1017 2010)			 -	
	re filing for an Additional (Not Automatic) 3-Month				► 🗓
-	complete Part II if you have already been granted a			illed Form 8808	
	re filing for an Automatic 3-Month Extension, comp Additional (Not Automatic) 3-Month Ext			o copies peeded)	
Part II	Additional (Not Automatic) 5-month Ext			dentifying number, see	instructions
	Name of exempt organization or other filer, see instructions		Entermers	Employer identification number	
	The tree of exempt diganization of other mor, see managiness				
Type or	CDETE EAMILY EQUINDATION			26-1593512	
print	Number, street, and room or suite number If a P O box, see inst	ructions	-	Social security number (SSN)	
File by the extended	DAVAGOND I CODDEC C.D.A		į		
due date for	RAYMOND J. FORBES, C.P.A. 3017 DOUGLAS BOULEVARD, SUITE	300	:		
filing your return See instructions	City, town or post office, state, and ZIP code For a foreign addre	ss, see instructi	ons		
	ROSEVILLE, CA 95661				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Enter the f	Return code for the return that this application is for	(file a sepai	rate application for each return)		04
Applicatio	n	Return	Application		Return
Is For		Code	Is For		Code
	or Form 990-EZ	01			
Form 990-		02	Form 1041-A		08
	(individual)	03	Form 4720		09
Form 990-		04	Form 5227		10
	T (section 401(a) or 408(a) trust) T (trust other than above)	05 06	Form 6069 Form 8870		12
rom 990-	(trust other than above)	1 00	1 6111 6870		
If the cIf this i	one No. \(\big(\frac{206}{206} \) \(\big(\frac{816-6850}{816-6850} \) organization does not have an office or place of busing for a Group Return, enter the organization's four organization of the organization of the organization.	digit Group E	United States, check this box		s is for the
members (he extension is for				
			00		
4 I req	uest an additional 3-month extension of time until calendar year 2012 , or other tax year beginning tax year entered in line 5 is for less than 12 month	11/15_	, <u>20 13</u>	20	
5 For c	calendar year 2012, or other tax year beginning	s chock rea	, and ending _	Final return	
6 17 (11)	ctax year entered in line 5 is for less than 12 month. Change in accounting period.	s, theth rea	son.	L I mar return	
	•	ттомат	TIME IS NEEDED TO PREPA	ARE A COMPLETE	AND
	CURATE RETURN. THE FOUNDATION I				1112
7,50	2014111_1411014111111_1001111111111111		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	s application is for Form 990-BL, 990-PF, 990-T, 47: efundable credits. See instructions	20, or 6069,	enter the tentative tax, less any	8 a \$	3,900.
b If this	s application is for Form 990-PF, 990-T, 4720, or 60	69, enter ar	y refundable credits and estimated to	ax	
	nents made. Include any prior year overpayment allo Form 8868	owed as a c	redit and any amount paid previously	8 ь \$	10,854.
		naumont w	th this form of required by using		10,034.
EFTE	nce due. Subtract line 8b from line 8a. Include your PS (Electronic Federal Tax Payment System). See i	nstructions	in this form, it required, by using	8 c \$	0.
	Signature and Verific	ation mu	st be completed for Part II o	nly.	
Under penaltie	s of penury, I declare that I have examined this form, including accompa omplete, and that Nam authorized to prepare this form	nying schedules	and statements, and to the best of my knowledge a	and belief, it is true,	
CONTROL, SHO C	Simplete, and man name or prepare this form	~ 0.0		Ðι	جدا د
Signature >	Title >	<u> </u>	<u> </u>	Date ► O	7712
BAA	· ~ \	FIFZ0502L	01/21/13	Form 8868	(Rev 1/2013)

2012	FEDERAL STATEMENTS	PAGE 1
	CRETE FAMILY FOUNDATION	26-1593512
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME	(A) (B) NET	(C)
PARTNERSHIP (VARIOUS)	REVENUE INVESTMENT PER BOOKS INCOME \$ 24,134.\$ 24,134.\$ TOTAL \$ 24,134.\$ 24,134.\$	ADJUSTED NET INCOME
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
TAX CONSULTATION/PREPARATION	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED INCOME NET INCOME \$ 7,650. \$ 7,650. \$ 7,650. \$ 7,650. \$ 0.	
STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
INVESTMENT ADVISORY	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 37,740. \$ 37,740. \$ 37,740. \$ 37,740. \$ 37,740. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 18 TAXES		
FEDERAL EXCISE TAX	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 14,000. TOTAL \$ 14,000. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.

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2012

FEDERAL STATEMENTS

PAGE 2

CRETE FAMILY FOUNDATION

26-1593512

20,000.

25,000.

STATEMENT 5 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	 PENSÉS INVI	B) NET ESTMENT INCOME N	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER MISC. PARTNERSHIP (VARIOUS)	223. \$ 52,875. 53,098. \$	223. 52,875. 53,098. \$	0.	\$ 0.

STATEMENT 6 FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS**

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

MEDICAL

LODI MEMORIAL HOSPITAL FDN.

845 S. FAIRMONT AVENUE., SUITE 3

LODI, CA 95240

NONE

EXEMPT

200,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

CHARITABLE

SALVATION ARMY

121 S. CHEROKEE LANE

LODI, CA 95240

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

RELIGIOUS

GRACE PRESBYTERIAN CHURCH

10 N. MILLS AVENUE

LODI, CA 95242

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

10,000.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

RELIGIOUS

ST. MARY'S INTERFAITH COMMUNITY SERVICES

545 W. SONORA AVENUE STOCKTON, CA 95203

NONE

EXEMPT

10,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CHARITABLE

LODI BOYS & GIRLS CLUB 275 POPLAR STREET

LODI, CA 95240

RELATIONSHIP OF DONEE:

AMOUNT GIVEN:

NONE

ORGANIZATIONAL STATUS OF DONEE:

EXEMPT

CLASS OF ACTIVITY:

DONEE'S NAME:

CHARITABLE

CHILDREN'S HOME OF STOCKTON

2012

FEDERAL STATEMENTS

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CRETE FAMILY FOUNDATION

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25,000.

5,000.

1,000.

STATEMENT 6 (CONTINUED) FORM 990-PF, PART I, LINE 25 **CONTRIBUTIONS, GIFTS, AND GRANTS**

DONEE'S ADDRESS:

430 N. PILGRIM STREET STOCKTON, CA 95201

RELATIONSHIP OF DONEE:

NONE

ORGANIZATIONAL STATUS OF DONEE: EXEMPT

AMOUNT GIVEN:

15,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

EMERGENCY FOOD BANK 7 W. SCOTTS AVENUE STOCKTON, CA 95203

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

CHARITABLE

AMOUNT GIVEN:

EXEMPT

CLASS OF ACTIVITY: CHARITABLE

DONEE'S NAME:

STOCKTON SHELTER FOR THE HOMELESS

DONEE'S ADDRESS:

411 S. HARRISON STREET STOCKTON, CA 95203

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

AMOUNT GIVEN: 10,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

EDUCATIONAL WILLIAM E. COLSON CHAIR IN GERONTOLOGY P.O. BOX 358045 SEATTLE, WA 98195

RELATIONSHIP OF DONEE: NONE

ORGANIZATIONAL STATUS OF DONEE: EXEMPT AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

CHARITABLE RED RHINO ORPHANAGE PROJECT

DONEE'S ADDRESS: P.O. BOX 693717

STOCKTON, CA 95269

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

AMOUNT GIVEN:

EXEMPT

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

CHARITABLE IRONSTONE CONSOURS FOUNDATION 5490 BEAR CREEK ROAD

LODI, CA 95240

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

2,500.

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

AMOUNT GIVEN:

TLC SCHOOL FOUNDATION 1735 BURNSIDE WAY

STOCKTON, CA 95207 NONE

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT

AMOUNT GIVEN: 2,000.

EDUCATIONAL

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

EDUCATIONAL

WORLD OF WONDERS SCIENCE MUSEUM

2 N. SACRAMENTO STREET

20	1	7
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FEDERAL STATEMENTS

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CRETE FAMILY FOUNDATION

26-1593512

5,000.

10,000.

5,000.

366,500.

STATEMENT 6 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

LODI, CA 95240

NONE

EXEMPT

\$ 1,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

CLASS OF ACTIVITY:

DONEE'S ADDRESS:

DONEE'S NAME:

CHARITABLE

HUTCHINS STREET SQUARE FOUNDATION

125 S. HUTCHINS STREET

LODI, CA 95240

NONE

ORGANIZATIONAL STATUS OF DONEE: EXEMPT

AMOUNT GIVEN:

CHARITABLE

WOUNDED WARRIOR PROJECT

P.O. BOX 758517 TOPEKA, KS 66675

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE EXEMPT

AMOUNT GIVEN:

CLASS OF ACTIVITY: CHARITABLE

DONEE'S NAME: DONEE'S ADDRESS:

LODI CANCER KIDS P.O. BOX 1592

WOODBRIDGE , CA 95258 RELATIONSHIP OF DONEE: NONE

EXEMPT

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: EDUCATIONAL

DONEE'S NAME: LODI SPORTS FOUNDATION TRACK FUND

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

220 S. FAIRMONT AVENUE

LODI, CA 95240

NONE

EXEMPT

20,000.

TOTAL \$

STATEMENT 7 FORM 990-PF, PART II, LINE 13 **INVESTMENTS - OTHER**

OTHER INVESTMENTS	VALUATION <u>METHOD</u>	BOOK FAIR MARKET VALUE VALUE
PIMCO TOTAL RETURN FUND BARCLAYS BANK IPATH ETN VANGUARD EMERGING MARKET VANGUARD EUROPE PAC ETF VANGUARD REIT VANGUARD TOTAL STOCK MARKET FLAG PRIVATE EQUITY, L.P.	COST COST COST COST COST COST COST	\$ 1,538,319. \$ 1,606,637. 183,019. 165,938. 321,241. 484,381. 974,355. 1,171,923. 148,759. 235,011. 935,436. 1,503,836. 219,230. 206,193.

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FEDERAL STATEMENTS

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CRETE FAMILY FOUNDATION

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STATEMENT 7 (CONTINUED) FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

OTHER INVESTMENTS	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
FLAG INTL. PARTNERS, L.P. AETHER REAL ASSETS I, L.P. AURORA L.P. METROPOLITAN RE PTRS. L.P. MCCUTCHEN 2011 PORTFOLIO	COST COST COST COST COST	\$ 171,945. 174,350. 2,650,000. 139,525. 356,663.	236,258. 2,868,430. 139,644.
	TOTA	L \$ 7,812,842.	\$ 9,189,948.