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## Form **990-PF**

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

2013

OMB No 1545-0052

or Section 494/(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Department of the Treasury Internal Revenue Service

For cal	endar year 2013, or tax year beginning	, 2013	, and ending	<u> </u>	
CRET	E FAMILY FOUNDATION		•	A Employer identification number 26–1593512	
925	4TH AVENUE, SUITE 2288 TLE, WA 98104		þ	Telephone number (see the instructions) (206) 816-6850	
				C If exemption application is pending, check here	<b>▶</b> □
G Che	eck all that apply Initial return	Initial return of a form	ner public charity	th exemption application is penuling, effects field	
	Final return	Amended return		D 1 Foreign organizations, check here	►□
	Address change	Name change		2 Foreign organizations meeting the 85% test, chec	k_m
<b>H</b> C	heck type of organization X Section 501 Section 4947(a)(1) nonexempt charitable t	(c)(3) exempt private frust Other taxable in	aruvata favindatian	here and attach computation  E If private foundation status was terminated	
I Fa	air market value of all assets at end of year J Acc	ounting method X C		under section 507(b)(1)(A), check here	<b>▶</b>
(f ► \$		Other (specify)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	▶□
Part	10/100//01:	column (d) must be or			<del>. ''</del>
rait	Expenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investment income	t (c) Adjusted net (d) Disburseme for charital	
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	expenses per books	litoinio	purposes (c basis only)	ash
	(see instructions) )			basis only,	, 
	1 Contributions, gifts, grants, etc, received (att sch)	7,250.	-		<del></del>
	2 Ck   if the foundn is not req to att Sch B 3 Interest on savings and temporary				
	cash investments				
	4 Dividends and interest from securities 5 a Gross rents	172,095.	172,09	5.	
	<b>b</b> Net rental income				
R	or (loss) 6 a Net gain/(loss) from sale of assets not on line 10	218,431.			:
R E V	b Gross sales price for all assets on line 6a 2,868,431.				
Ė	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		218,43	1.	
U	9 Income modifications			I WED	
E	10 a Gross sales less returns and			Ö	
9	allowances b Less Cost of	···			
199	goods sold  c Gross profit/(loss) (att sch)			NOV 1 7 2014 Q	
O	11 Other income (attach schedule)				
: 1				COSTN. UT	
<u> </u>	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc.	397,776. 0.	390,52	6. 0.	
Z	14 Other employee salaries and wages	<u> </u>			-
	15 Pension plans, employee benefits				
多台	16a Legal fees (attach schedule)				<del></del>
	b Accounting fees (attach sch) SEE ST 1 c Other prof fees (attach sch) SEE ST 2	7,250.	7,250		
ON N	17 Interest	39,843. 95.	39,84		
TARRED NON	18 Taxes (attach schedule)(see instrs).	<u> </u>	,	<del>-</del>	
E T R A T	19 Depreciation (attach sch) and depletion				
1 (	20 Occupancy				
G E	21 Travel, conferences, and meetings				
A E N X D P	<ul><li>22 Printing and publications</li><li>23 Other expenses (attach schedule)</li></ul>				
D P	SEE STATEMENT 3	9,404.	9,40	4.	
S S	Total operating and administrative expenses. Add lines 13 through 23				
Š	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid STMT 4	<u>56,592.</u>	56,59		005
		259,295.		259,2	270.
	26 Total expenses and disbursements. Add lines 24 and 25	315,887.	56,59	2. 0. 259,2	295.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses				
	and disbursements	81 <u>,</u> 889.			
	b Net investment income (if negative, enter -0-)		333,93		
RAA E	C Adjusted net income (if negative, enter -0 ) or Paperwork Reduction Act Notice, see ins	tructions	<u> </u>	0.   Form <b>990-PF</b> (	20131
ם אאמ	or i apprinting iteration not induce, see ins		,	6 101111 330-11	,,

Page 2

Dar	FILE	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End	of year
Par		Balance Sheets column should be for end-of year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	12	Savings and temporary cash investments	505,512.	212,729	212,729.
	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)			
Ą		Less allowance for doubtful accounts ▶			
š	8	Inventories for sale or use .	-		
A 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	Investments – mortgage loans.			
	13	Investments – other (attach schedule) STATEMENT 5	7,812,842.	8,187,514	10,226,032.
	14	Land, buildings, and equipment basis ►			
		Less. accumulated depreciation (attach schedule)			
	15 16				
		see the instructions. Also, see page 1, item l)	8,318,354.	8,400,243	10,438,761.
Ī	17	Accounts payable and accrued expenses			_
A	18	Grants payable			-
B	19	Deferred revenue		<del></del>	
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons			_
÷	21	Mortgages and other notes payable (attach schedule)  Other liabilities (describe ►)			
E	22	Other habilities (describes			
_ <u>s</u>	23	Total liabilities (add lines 17 through 22) .	0.		) <u>.</u>
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted	8,318,354.	8,400,243	3.
N F E U T N	25	Temporarily restricted			
ח	26	Permanently restricted			
A B A L A N		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ΕL	27	Capital stock, trust principal, or current funds			
ŚÑ	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
ŔŠ	30	Total net assets or fund balances (see instructions)	8,318,354.	8,400,243	3.
	31	Total liabilities and net assets/fund balances (see instructions)	8,318,354.	8,400,243	
Par	EIIII	Analysis of Changes in Net Assets or Fund Balance		0,100,210	<u>′··</u>
	Tota	I net assets or fund balances at beginning of year - Part II, colu		gree with	2 212 254
_		of-year figure reported on prior year's return)		<u> </u>	
2		er amount from Part I, line 27a		<u> </u>	
3		increases not included in line 2 (itemize)			<del></del>
4		lines 1, 2, and 3		4	
5		ases not included in line 2 (itemize)	Port II polymer (h) II		
6_	rota	I net assets or fund balances at end of year (line 4 minus line 5)	– Fart II, column (b), I	ine 30 <u>6</u>	8,400,243.

<u> </u>	(a) List and describe	the kind(s) of property sold (e.g., ree, or common stock, 200 shares ML	eal estate.	(b) How acq P — Purch D — Dona	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 8	AURORA OFFSHORE FUN	D		P		VARIOUS	1/28/13
	) \						
							<del>-</del>
`	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal	e		(h) Gain or (e) plus (f) m	
	2,868,431.		2,65	0,000.			218,431.
—-							
	Complete only for assets show	ng gain in column (h) and owned by	the foundation on 12/31/69	,		(I) Gains (Coli	umn (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	(i) Ty		ain minus column (k an -0-) <b>o</b> r Losses (fr	), but not less
	1						218,431.
	)					<del></del>	
			· · · · · · · · · · · · · · · · · · ·			<del></del>	
				-			
2	Capital gain net income or (net	capital loss). — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2		218,431.
3	. •	loss) as defined in sections 1222(5)	· · · — —				
	ın Part I, line 8	8, column (c) (see instructions) If			3		0.
Pai		Section 4940(e) for Reduce foundations subject to the section				N/A	
Was	es,' the foundation does not quali Enter the appropriate amount in	tion 4942 tax on the distributable an ify under section 4940(e) Do not co n each column for each year, see th	mplete this part		ies	Yes	No No
	(a)  Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass	ets	(colu	<b>(d)</b> Distributior umn (b) divided	
	2012						
	2011						
	2010						
	2009						
	2008	<u></u>	<del> </del>			<del></del>	<del> </del>
2	Total of line 1, column (d)			-	2		
3	Average distribution ratio for the number of years the foundation	e 5-year base period — divide the to i has been in existence if less than \$	otal on line 2 by 5, or by the 5 years		3		
4	Enter the net value of nonchard	table-use assets for 2013 from Part	X, line 5		4		
5	Multiply line 4 by line 3				5		
6	Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6		
7	Add lines 5 and 6				7_		
8	Enter qualifying distributions fro	om Part XII, line 4			8		
	If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI,	line 1b, and complete that	part using	a 1%	tax rate See t	he
BAA				<del> </del>	-	Forn	n <b>990-PF</b> (2013)

for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

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

9

10

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Par	'art VII-A   Statements Regarding Activities (continued)				<del></del>
11	At any time during the year, did the foundation, directly or indirectly, own a within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instance)	a controlled entity structions)	11		X
12	12 Did the foundation make a distribution to a donor advised fund over which the for advisory privileges? If 'Yes,' attach statement (see instructions)	undation or a disqualified person had	12		Х
13	13 Did the foundation comply with the public inspection requirements for its ai	nnual returns and exemption application?	13	X	
	Website address ► NONE				
14	14 The books are in care of ► MCCUTCHEN GROUP, LLC		<u>5) _816</u>	<u>-685</u>	<u>0</u>
	Located at ► 925 4TH AVE. SUITE 2288 SEATTLE WA	ZIP + 4 ► 98104	<u>\</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of		N/F	, –	LI NI / N
	and enter the amount of tax-exempt interest received or accrued during the	·		Yes	N/A No
16	At any time during calendar year 2013, did the foundation have an interest in or bank, securities, or other financial account in a foreign country?	a signature or other authority over a	16	163	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.7 foreign country ▶	1. If 'Yes,' enter the name of the			:
Par	Part VII-B   Statements Regarding Activities for Which Form 47	20 May Be Required		l	<u> </u>
	File Form 4720 if any item is checked in the 'Yes' column, unless an exce			Yes	No
1 a	1 a During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualif	ied person? Yes XN	<b>)</b>		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or a disqualified person?	accept it from) a	,		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqua				;
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualif				
	(5) Transfer any income or assets to a disqualified person (or make any of for the benefit or use of a disqualified person)?	f either available	,		
	(6) Agree to pay money or property to a government official? (Exception. foundation agreed to make a grant to or to employ the official for a period at of government service, if terminating within 90 days.)	Check 'No' if the fter termination	o		
b	<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under Regulations section 53 4941(d)-3 or in a current notice regarding disaster a	the exceptions described in	1 1 5	N	/A
	Organizations relying on a current notice regarding disaster assistance che		<u>                                   </u>	1	-
_					
C	c Did the foundation engage in a prior year in any of the acts described in 15 that were not corrected before the first day of the tax year beginning in 20	13?	10	<u> </u>	X
2	2 Taxes on failure to distribute income (section 4942) (does not apply for year private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	ars the foundation was a			
а	a At the end of tax year 2013, did the foundation have any undistributed inco and 6e, Part XIII) for tax year(s) beginning before 2013?	ome (lines 6d	,		
	If 'Yes,' list the years 20 , 20 , 20 , 20	. Les Min	<b>,</b>		;
					1
t	<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the (relating to incorrect valuation of assets) to the year's undistributed income	e provisions of section 4942(a)(2)			
	<b>all</b> years listed, answer 'No' and attach statement — see instructions ).	s (it applying section is re(a)(e) to	2 t	N	/A
c	c If the provisions of section 4942(a)(2) are being applied to any of the years	s listed in 2a, list the years here			
	► 20 , 20 , 20				
3 a	3 a Did the foundation hold more than a 2% direct or indirect interest in any be	usiness		Ì	
	enterprise at any time during the year?	Yes X N	o		
t	b If 'Yes,' did it have excess business holdings in 2013 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 by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired.	uired by gift or bequest, or			
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Soldetermine if the foundation had excess business holdings in 2013.)	chedule C, Form 4720, to	3 5	N	/A
<b>A</b> =	4 a Did the foundation invest during the year any amount in a manner that wo	uld jeopardize its			
-70	charitable purposes?	, .	4 a	-	X
Ŀ	<b>b</b> Did the foundation make any investment in a prior year (but after December	er 31, 1969) that could			
	jeopardize its charitable purpose that had not been removed from jeopardy befor the tax year beginning in 2013?	e the first day of	- 4t	, -	x x
BAA			Form 96		

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Part VII-B   Statements Regarding Activiti		4720 May Be Req	uired (continued)	
5 a During the year did the foundation pay or incu	=	40454.110		
(1) Carry on propaganda, or otherwise attemp	t to influence legislatio	n (section 4945(e))?	Yes	No
<ul> <li>(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra</li> </ul>	ic election (see section tion drive?	4955), or to carry		No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	e, 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	5 b N/A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [	
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure responsiff 'Yes,' attach the statement required by Region 19 (1997).	sibility for the grant?		N/A Yes	] No
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			s ∏Yes X	No
<b>b</b> Did the foundation, during the year, pay premi				6b X
If 'Yes' to 6b, file Form 8870  7a At any time during the tax year, was the found	lation a norty to a prob	ibited tay shelter transs	action? Yes X	No
<b>b</b> If 'Yes,' did the foundation receive any procee	· -			N/A 7b 1
Part VIII Information About Officers, D				/
and Contractors	,,		<b>3</b>	,
1 List all officers, directors, trustees, foundation	n managers and their o	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 account, other allowances
MICHAEL CRETE	PRESIDENT	0.	0.	0.
1826 W. KETTLEMAN LANE #D	15.00			
LODI, CA 95242				
MATTHEW MCCUTCHEN 925 FOURTH AVENUE, SUITE 2288 SEATTLE, WA 98104	SECRETARY 5.00	0.	0.	0.
2 Compensation of five highest-paid employees (of			<del>, </del>	<del></del>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000			<u> </u>	,
BAA	TEEA0306L 0	7/10/13		Form <b>990-PF</b> (2013)

Form 990-PF (2013) CRETE FAMILY FOUNDATION	26-1593512 Page
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highle and Contractors (continued)	ly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'N	
(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>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
<u> </u>	
2	
3	-
<b></b>	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
<u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	<u> </u>
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a Expenses, contributions, gifts, et	c – total from Part I, column (d), line 26	1 a	259,295.
<b>b</b> Program-related investments – t	otal from Part IX-B .	1 b	
2 Amounts paid to acquire assets i	used (or held for use) directly in carrying out charitable, etc, purposes.	2	
3 Amounts set aside for specific ch a Suitability test (prior IRS approva		3 a	
<b>b</b> Cash distribution test (attach the	required schedule)	3 b	
4 Qualifying distributions. Add line	es 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	259,295.
5 Foundations that qualify under sect Enter 1% of Part I, line 27b (see	on 4940(e) for the reduced rate of tax on net investment income instructions)	5	
6 Adjusted qualifying distributions	Subtract line 5 from line 4	6	259,295.

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

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## Part XIII Undistributed Income (see instructions)

1. Distributable amount for 2013 from Part XI, line 7 2. Undestributed iscore, if any, so of the end et 2013 a. Enter amount for 2012 only b. Total for prer years 20	•	(a) Corpus	(b) Years prior to 2012	<b>(c)</b> 2012	<b>(d)</b> 2013
2 Underhabete income, if any, so of the end of 2013 a Enter amount for 2012 only b Total for prery years 20 _ 20 _ 20 _ 20 a From 2008 b From 2009 c From 2010 d From 2011 e From 2012 f Total of lines 3 at through e  1 Underhabete income of prior years (Election required — see instructions) d Applied to undestributed income of prior years (Election required — see instructions) d Applied to 2013 distributable amount e Remaning amount distributed out of corpus (Election required — see instructions) d (if an amount appears in column (d), the same amount must be shown in each in each of the same amount must be shown in the 20 c Enter the ent total of each column as indicated below.  4 Subtract the 6 from fine 20 c Enter the amount of prior years' undistributed income for 2013. Subtract line 45 from fine 20 d Subtract line 6 from fine 20 c Enter the amount of prior years' undistributed amount — see instructions d Subtract line 6 from fine 6 for Taxable amount — see instructions d Subtract line 6 from fine 6 for Shable amount — see instructions d Subtract line 6 from fine 6 for Taxable amount — see instructions d Subtract line 6 from fine 6 for Taxable amount — see instructions d Subtract line 6 from fine 6 for Marke 6 for Marke 6 for form fine 6 for Marke 6 form fine 6 form fine 6 for Marke 6 form fine 6 form f					514,485.
b Total for prior years 20202030	2 Undistributed income, if any, as of the end of 2013		- "		<u> </u>
3 Exest distributions carryower, if any, to 2013 a From 2009 c From 2010 d From 2011 e From 2012 f Total of lines 3a through e  4 Qualifying distributions for 2013 from Part XII, line 4. * \$ 259,295. a Applied to 2012, but not more than line 2a  Applied to 2012, but not more than line 2a  Clicetion required — see instructions)  6 Treated as distributions out of corpus (Election required — see instructions)  7 Treated as distributions out of corpus (Election required — see instructions)  8 Applied to 2013 distributiable amount R Remaining amount distributed out of corpus (I an amount appears in column (a), the same amount must be shown in column (a))  6 Enter the net total of each column as indicated below: a Corpus Ada lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed ed more for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed  6 Subtract line 6c from line 6b Taxable amount — see instructions  9 Corpus to salisty requirements imposed by section 170(b) (1)° or 4942(a) (a).  1 Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014  7 Amounts treated as distributions out of corpus to salisty requirements imposed by section 170(b) (1)° or 4942(a) (a).  8 Excess from 2010 c Excess from 2010	,			221,950.	
a From 2009 c From 2010 d From 2011 d From 2012 f Total of Ines 3s through e  1 Cualifying distributions for 2013 from Part XII, Ine 4. ★ \$ 2.59, 295. a Applied to 2012, but not more than line 2a  Applied to undistributed income of prior years (Election required — see instructions)  4 Applied to 2013 distributibals amount c Remaining amount distributed out of corpus (Election required — see instructions)  4 Applied to 2013 distributibals amount c Remaining amount distributed out of corpus 5 Exess distributions out of corpus 5 Exess distributions out of (b) the same amount must be shown in column (a) to indicated below: a corpus Add line 3f, 4c, and 4e Subtract line 5  B Prior years' undistributed income Subtract line 4b from line 2b  Center the amount of prior years' undistributions as indicated distributions of the section 494/2(a) tax has been previously assessed  3 Subtract line 6c from line 6b. Taxable amount — see instructions  4 Subtract line 6c from line 6b. Taxable amount — see instructions  0 .  4777,140.  4777,140.  7 Amounts treated as distributions out of corpus to safety requirement imposed by section 170(b)(1)(F) or 4942(a)(3)  8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)  9 Excess from 2010 c Excess from 2012 c Excess from 2010 c Excess from 2012 c Excess fr	<b>b</b> Total for prior years 20, 20, 20		0.		
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(see instructions)  8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2009 b Excess from 2010 c Excess from 2011 d Excess from 2012	corpus to satisfy requirements imposed				
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c Excess from 2011 d Excess from 2012					
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	c Excess from 2011				
e Excess from 2013					
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Part XIV   Private Operating Founda		uctions and Par	t VII.A augstion	26-159351	N/A
1 a If the foundation has received a ruling or det	ermination letter that				N/A
is effective for 2013, enter the date of the	ruling			<b>•</b>	104045
<b>b</b> Check box to indicate whether the founda		erating foundation (		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2013	<b>(b)</b> 2012	(c) 2011	<b>(d)</b> 2010	(e) Total
<b>b</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					
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					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(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					
Part XV Supplementary Information assets at any time during t	i (Complete this	s part only if the	e foundation had	1 \$5,000 or more	e in
1 Information Regarding Foundation Mana		150 400 10113.7			
a List any managers of the foundation who have	ve contributed more t	han 2% of the total of	contributions received	by the foundation bef	ore the
close of any tax year (but only if they have MICHAEL CRETE	e contributed more	than \$5,000). (See	e section 507(d)(2) )		
<b>b</b> List any managers of the foundation who ow	n 10% or more of the	stock of a corporati	on (or an equally large	e portion of the owner	ship of
a partnership or other entity) of which the NONE	e foundation has a	10% or greater inte	rest		
2 Information Regarding Contribution, Gra	ınt, Gift, Loan, Scho	olarship, etc, Progr	rams:		
Check here $[X]$ if the foundation only m requests for funds. If the foundation make complete items 2a, b, c, and d					
a The name, address, and telephone number of	or e-mail of the perso	on to whom application	ons should be address	sed.	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	ıde	
c Any submission deadlines:			<del></del>		
C Any Submission deadines.					
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charita	able fields, kinds of	institutions, or other	factors
			· · · · · · · · · · · · · · · · · · ·		
RAA	TE	FA03101 07/10/13		F	orm 990-PF (2013)

r .

Part XV   Supplementary Information (continued)									
3 Grants and Contributions Paid During the Year or Approved for Future Payment									
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							
a Paid during the year									
	İ	İ							
Total			► 3a						
b Approved for future payment	T								
ar pprotect for factors paymone									
	1	1		1					

► 3 b

Total

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

	s amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
	ram service revenue	<b></b>	·	code		
a b		+				
		+				
ď	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		+		
e					, <u></u>	
f			·-····································			
g Fees	and contracts from government agencies	1			- 1 -	
2 Mem	bership dues and assessments					
3 Interes	st on savings and temporary cash investments					
4 Divid	ends and interest from securities					172,095.
5 Net r	ental income or (loss) from real estate					· · · · · · · · · · · · · · · · · · ·
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
	r investment income		,			
	r (loss) from sales of assets other than inventory			<del>         </del>		218,431.
	ncome or (loss) from special events					
_	s profit or (loss) from sales of inventory					
	r revenue	ļ				
a		1				
b				<del>  -</del>		
Ğ—		+				· · · · · · · · · · · · · · · · · · ·
d		+ +		<del> </del>		
12 Subtr	otal Add columns (b), (d), and (e)			-		390,526.
	I. Add line 12, columns (b), (d), and (e)	<u> </u>		1 1	13	390,526.
	sheet in line 13 instructions to verify calculati	ons.)				330,020.
			shaped of Evens	nt Duynos		
Part Avi	-B Relationship of Activities to the	e Accompns	Siment of Exemp	preurpos		
Line No. ▼	Explain below how each activity for which i accomplishment of the foundation's exemp	ncome is report t purposes (oth	rted in column (e) of ner than by providing	Part XVI-A of	contributed important ch purposes) (See ii	y to the
NI / A	Coordinate Control of the Control of					
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						

# Form 990-PF (2013) CRETE FAMILY FOUNDATION 26-1593512 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	· Exciii	ot Organiz	utions									
de	d the organiza scribed in sec lating to polition	:tion 501(c) c	of the Code (o	engage in any of their than section	the following wit 501(c)(3) organ	h any o izations	ther organizations) or in section s	n 527,			Yes	No
		_		a noncharitable	exempt organiza	ation of						,
(1)	) Cash	, -							1	1 a (1)		Χ
(2)	Other assets	S.								1 a (2)		X
<b>b</b> Ot	her transactio	ns										
(1)	Sales of ass	sets to a non-	charitable exe	empt organization	ı					1 b (1)	-	X
٠,				able exempt orga						1 b (2)		X
٠,	•		ment, or othe	. •					_	1 b (3)		X
	Reimbursen		•						<u> </u>	1 b (4)		<u> </u>
٠,	Loans or loa	J								1 b (5)		X
٠,	•	9		np or fundraising	solicitations				<u> </u>	1 b (6)		X
٠,				sts, other assets,		200			<u> </u>	1 c		X
COI	laring of facili	iics, equipine	one, maning is	313, 011101 433013,	or para crimpioys	,03		•	<u> </u>	<u> </u>		
<b>d</b> If the an	the answer to e goods, other ly transaction	any of the a assets, or ser or sharing ar	bove is 'Yes,' vices given by rrangement, s	complete the following found how in column (c	lowing schedule dation If the foun I) the value of th	Colum dation r ie good	in <b>(b)</b> should alw eceived less than s, other assets,	vays show the fair market or services	ne fair mai value in received	rket valu	e of	
(a) Line	no (b) Amo	unt involved	(c) Name	of noncharitable exem	pt organization	(ď	) Description of tran	sfers, transacti	ons, and sha	ring arran	gement	S
N/A												
			Ì									
• • • • • • • • • • • • • • • • • • • •							· ·					
				······································								
			[							<del></del>		
	<del>-  </del> -			<del></del>								
						<del></del>						
		_ <del> </del>			<del></del>	<del> </del>	<del>.</del>					
						<b></b>						
						<b></b>						
						<b></b>				<del></del>		
					· · · · · ·	<u> </u>						
						<u> </u>						
de	the foundation escribed in sec 'Yes,' comple	ction 501(c) c	of the Code (o	d with, or related t ther than section	o, one or more ta 501(c)(3)) or in	x-exemp section	ot organizations n 527?			Yes	X	No
	(a) Name	of organization	on	<b>(b)</b> Type	of organization		(0	) Descriptio	n of relation	onship		
N/A		•	= -									
											•	
	Under penalties of	perjury, I declare	e that I have exam	nned this return, includ	ing accompanying sch	nedules ar	nd statements, and to	the best of my	knowledge ar	nd belief, it	ıs true,	
Sign Here	correct, and comp	lete Declaration	or preparer (other	than taxpayer) is base			PRESIDENT	ieage		May the IF this return preparer s	with th hown b	e elow
licic	Signature of offi	cer or trustee			Date 16/14		rtle	<del></del>		(see instru		- 1
		oe preparer's nam	ne	Breparer's s	ignature , - 1	COA	Date	Check	TVI, P	TIN [A]	105	No
				Preparer's s RAYMOND	T FORDER	, ב <b>רדי</b> גחי	11-1-14		[ "[스	0002871	2	
Paid		ND J. FORB			J. FORBES, O	.PA		self-emplo			. <u>J</u>	
Prepai				ORBES, C.P.A.	WTMD 200			Firm's EIN	91-1804	233		
Use O	nly Firm's a			BOULEVARD, S	UITE 300				(01.5) -	40 000		
		- RC	OSEVILLE, C	100CK W				Phone no	(916) 8			010
BAA									F	orm <b>990</b> -	<b>PF</b> (2	013)

## 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
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization		Employer identification number
CRETE FAMILY FOUNDATION	ON	26-1593512
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organiz	zation
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation
	527 political organization	
Form 990-PF	$\overline{X}$ 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 cover	red by the General Rule or a Special Rule	
<b>Note.</b> Only a section 501(c)(7), (8)	, or (10) organization can check boxes for both the Gen	neral Rule and a Special Rule See instructions
General Rule		
	90, 990-EZ, or 990-PF that received, during the year, $$5,000$ and II )	or more (in money or property) from any one
Special Rules		
$509(a)(1)$ and $170(b)(1)(A)(v_i)$	tation filing Form 990 or 990-EZ that met the 33-1/3% si and received from any one contributor, during the year, irm 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 C	a contribution of the greater of (1) \$5,000 or
total contributions of more than	0) organization filing Form 990 or 990-EZ that received from \$1,000 for use <i>exclusively</i> for religious, charitable, scilldren or animals. Complete Parts I, II, and III	n any one contributor, during the year, entific, literary, or educational purposes, or
For a section 501(c)(7), (8), or (1)	0) organization filing Form 990 or 990-EZ that received from	n any one contributor, during the year,
If this box is checked, enter here	for religious, charitable, etc, purposes, but these contribution the total contributions that were received during the year for	ns did not total to more than \$1,000. r an <i>exclusively</i> religious, charitable, etc.
purpose Do not complete any of	the parts unless the General Rule applies to this organization	on because it received nonexclusively
religious, charitable, etc, contri	butions of \$5,000 or more during the year	<b>▶</b> \$
990-PF) but it must answer 'No' or	ot covered by the General Rule and/or the Special Rules o Part IV, line 2, of its Form 990, or check the box on lii ont meet the filing requirements of Schedule B (Form 9	ne H of its Form 990-EZ or on its Form 990-PF.
BAA For Paperwork Reduction Acor 990-PF.	ct Notice, see the Instructions for Form 990, 990EZ,	Schedule <b>B</b> (Form 990, 990-EZ, or 990-PF) (2013)

CRETE	FAMILY FOUNDATION	26-1	593512
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL CRETE  1826 W. KETTLEMAN LANE, #D  LODI, CA 95242	\$ <u>7,250</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
BAA	TEEA0702L 12/27/13	Schedule B (Form 990	, 990-EZ, or 990-PF) (2013)

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

1 of **Part 1** 

Page

1 of Employer identification number

1 to

1 of Part II

Name of organization

<del>-</del>

Employer identification number

CRETE FAMILY FOUNDATION

26-1593512

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed	
(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
		\$	<b> </b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Scher	dule <b>B</b> (Form 990, 990-EZ, o	or 990-PF) (2013)

Page of Part III Name of organization CRETE FAMILY FOUNDATION 26-1593512 Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) 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 (b) Purpose of gift (a) No. from (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (a) No. from Part I (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d)
Description of how gift is held (a) No. from Part I (e) Transfer of gift

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

2013	FEDERAL STATEMENTS	PAGE 1
	CRETE FAMILY FOUNDATION	26-1593512
STATEMENT 1 FORM 990-PF, PART I, LINE 16E ACCOUNTING FEES	3	
TAX PREPARATION	(A) (B) NET (C)  EXPENSES INVESTMENT ADJUS  PER BOOKS INCOME NET IN  \$ 7,250. \$ 7,250. \$  TOTAL \$ 7,250. \$ 7,250. \$	TED CHARITABLE
STATEMENT 2 FORM 990-PF, PART I, LINE 160 OTHER PROFESSIONAL FEES		
INVESTMENT ADVISORY	(A) (B) NET (C) EXPENSES INVESTMENT ADJUS PER BOOKS INCOME NET IN  \$ 39,843. \$ 39,843.  TOTAL \$ 39,843. \$ 39,843. \$	TED CHARITABLE
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
OTHER MISC. PARTNERSHIP (VARIOUS)	(A) (B) NET (CONTROL OF CONTROL O	
STATEMENT 4 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND	GRANTS	
CASH GRANTS AND ALLOCATION CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	MEDICAL LODI MEMORIAL HOSPITAL FDN. 845 S. FAIRMONT AVENUE., SUITE	3
RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF AMOUNT GIVEN:	LODI, CA 95240 NONE DONEE: EXEMPT	\$ 5,000.

CHARITABLE
DONEE'S NAME:
DONEE'S ADDRESS:
SALVATION ARMY
121 S. CHEROKEE LANE
LODI, CA 95240
RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN:

CHARITABLE
SALVATION ARMY
121 S. CHEROKEE LANE
LODI, CA 95240
NONE
EXEMPT

10,000.

20	4	2
ZU	ı	.5

### FEDERAL STATEMENTS

PAGE 2

#### **CRETE FAMILY FOUNDATION**

26-1593512

12,633.

25,000.

1,000.

1,000.

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

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

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

DONEE'S NAME:

CLASS OF ACTIVITY:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

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

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

RELIGIOUS

GRACE PRESBYTERIAN CHURCH

10 N. MILLS AVENUE LODI, CA 95242

NONE

EXEMPT

CHARITABLE

LODI BOYS & GIRLS CLUB 275 POPLAR STREET

LODI, CA 95240 NONE

EXEMPT

41,000.

CHARITABLE

CHILDREN'S HOME OF STOCKTON

430 N. PILGRIM STREET

STOCKTON, CA 95201

NONE

18,000.

CHARITABLE

EMERGENCY FOOD BANK

7 W. SCOTTS AVENUE

STOCKTON, CA 95203

NONE

**EXEMPT** 

CHARITABLE

STOCKTON SHELTER FOR THE HOMELESS 411 S. HARRISON STREET

STOCKTON, CA 95203

NONE

EXEMPT

10,000.

CHARITABLE

RED RHINO ORPHANAGE PROJECT

P.O. BOX 693717

STOCKTON, CA 95269

NONE

EXEMPT

EDUCATIONAL WORLD OF WONDERS SCIENCE MUSEUM

2 N. SACRAMENTO STREET

LODI, CA 95240

NONE

EXEMPT

CLASS OF ACTIVITY: CHARITABLE 2013

### FEDERAL STATEMENTS

PAGE 3

**CRETE FAMILY FOUNDATION** 

26-1593512

25,000.

5,000.

3,500.

5,000.

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

AMOUNT GIVEN:

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

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

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

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

HUTCHINS STREET SQUARE FOUNDATION 125 S. HUTCHINS STREET

LODI, CA 95240

NONE EXEMPT

CHARITABLE

WOUNDED WARRIOR PROJECT

P.O. BOX 758517 TOPEKA, KS 66675

NONE

ORGANIZATIONAL STATUS OF DONEE: EXEMPT

10,000.

CHARITABLE

LODI CANCER KIDS P.O. BOX 1592

WOODBRIDGE, CA 95258

NONE

EXEMPT

MEDICAL AMERICAN CANCER SOCIETY 207 E. ALPINE AVENUE

STOCKTON, CA 95204 NONE

EXEMPT

CHARITABLE

HOSPICE OF SAN JOAQUIN 3888 PACIFIC AVENUE STOCKTON, CA 95204

NONE

EXEMPT

CHARITABLE

JUNIOR LEAGUE OF SAN JOAQUIN COUNTY

3443 DEERPARK WAY STOCKTON, CA 95219

NONE

EXEMPT

CHARITABLE

ST. MARY'S DINING ROOM 545 W. SONORA STREET STOCKTON, CA 95203

NONE

EXEMPT

CHARITABLE U.C. DAVIS FOUNDATION 26,162.

25,000.

2013

#### FEDERAL STATEMENTS

PAGE 4

#### **CRETE FAMILY FOUNDATION**

26-1593512

STATEMENT 4 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

DONEE'S ADDRESS:

ONE SHIELDS AVENUE

DAVIS, CA 95616

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE EXEMPT

25,000.

2,500.

2,500.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CHARITABLE

VACCAREZZA-MURDACA FAMILY FOUNDATION

1266 WINEROSE COURT

LODI, CA 95242 NONE

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME: DONEE'S ADDRESS:

CHARITABLE TLC SCHOOL FOUNDATION 22 S. VAN BUREN STREET

STOCKTON, CA 95203

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE: EXEMPT

AMOUNT GIVEN:

NONE

CHARITABLE

2,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

ALZHIMER'S ASSOC. OF NORTHERN CA 2290 NORTH FIRST STREET

SAN JOSE, CA 95131

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

NONE

EXEMPT

CHARITABLE

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: YOUNG AMERICA'S FOUNDATION 11480 COMMERCE PARK DRIVE

RESTON, VA 20191

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

NONE

EXEMPT

2,000. AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

CHARITABLE

DOCTORS WITHOUT BORDERS

333 7TH AVENUE

NEW YORK, NY 10001

RELATIONSHIP OF DONEE: NONE ORGANIZATIONAL STATUS OF DONEE: EXEMPT

AMOUNT GIVEN:

2,000.

TOTAL \$ 259,295.

2013

## **FEDERAL STATEMENTS**

PAGE 5

**CRETE FAMILY FOUNDATION** 

26-1593512

STATEMENT 5 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

OTHER INVESTMENTS	VALUATION METHOD	BOOK VALUE	FAIR MARKET 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. FLAG INTL. PARTNERS, L.P. AETHER REAL ASSETS I, L.P. AURORA L.P. METROPOLITAN RE PTRS. L.P. MCCUTCHEN 2011 PORTFOLIO AETHER REAL ASSETS II, L.P. BLACKSTONE PARTNERS OFFSHORE FUND Q-BLK STRATEGIC PARTNERS II	COST COST COST COST COST COST COST COST	\$ 1,587,148. 183,019. 333,595. 1,010,739. 158,105. 961,144. 272,068. 174,222. 183,889. 0. 188,349. 463,900. 71,336. 1,300,000. 1,300,000.	147,478. 460,260. 1,426,893. 239,457. 2,006,507. 278,277. 208,532. 297,967. 0. 208,301. 493,180. 93,559. 1,393,876. 1,395,987.
	TOTAL	\$ 8,187,514.	\$ 10,226,032.

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

OMB No 1545 1709

Department of the Treasury In ernal Revenue Service

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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3.4

•	re filing for an Automatic 3-Month Extension, con				<b>&gt;</b> [X]
<ul><li>If you ar</li></ul>	re filing for an Additional (Not Automatic) 3-Mont	h Extension	, complete only Part II (on page 2 of this	form)	
Do not com	plete Part II unless you have already been granted	d an automa	tic 3-month extention on a previously file	d Form 8868	
corporation 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 FWith Certain Personal Benefit Contracts, which mig of this form, visit www irs gov/efile and click of	automatic) 3 Part I or Part ust be sent t	B-month extension of time. You can electi t II with the exception of Form 8870, Infoi o the IRS in paper format (see instruction	ronically file Form 88 rmation Return for Tr	ansfers
Part I	Automatic 3-Month Extension of Time.	Only subn	nit original (no copies needed).		
	on required to file Form 990-T and requesting an a			omplete Part I only	▶ □
·	porations (including 1120-C filers), partnerships, i			,	
income tax	returns				
	Name of exempt organization or other filer, see instructions		Enter filer's ident	Ifying number, see in Employer identification	
Type or	Tomo of example organization of other mor, see instructions				
print	CRETE FAMILY FOUNDATION  Number s reet, and room or suite number if a PO box, see			26-1593512 Social security number	(CSAN
File by he due cale for		mstructions		Social Security Humber	(3314)
filing your re um See	925 4TH AVENUE, SUITE 2288  City, town or post office state, and ZIP code. For a foreign ad-	dress, see instru	uctions		
INS FLC IONS	SEATTLE, WA 98104	·			
	JERTIEL, WY JOINS	<del></del> ,			
Enter the Re	eturn code for the return that this application is for	(file a sepai	rate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-BI		02	Form 1041-A		08
Form 4720 (		03	Form 4720 (other than individual)		09
Form 990-PI		04	Form 5227	<del></del>	10
	(section 401(a) or 408(a) trust) (trust other than above)	05	Form 6069 Form 8870		11
r Ulli 330-1	((rust other than above)	1 00	1 0111 8870	<del> </del>	12
Telephor  If the org  If this is check the the exter  I reque until  The ex	The No (206) 816-6850  Spanization does not have an office or place of busing for a Group Return, enter the organization's four office busing the state of the group, considered an automatic 3-month (6 months for a corporate 8/15 . 20 14 . to file the exempt organization is for the organization's return for calendar year 20 13 or	Fax No ness in the l digit Group E heck this bo	United States, check this box Exemption Number (GEN)  x and attach a list with the nate to file Form 990-T) extension of time	f this is for the whole mes and EINs of all r	5
	tax year beginning , 20 , 20 , 20 , 20 , 20 , 20 , 20 , 2			nal return	
[;Ch	ange in accounting period				
	application is for Forms 990-BL, 990-PF, 990-T, 43 undable credits. See instructions	720, or 6069	, enter the tentative tax, less any	3 a \$	2,849
	application is for Forms 990-PF, 990-T, 4720, or 6 ments made Include any prior year overpayment			3 b \$	7,993.

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 |\$

Form 886	· · · · · · · · · · · · · · · · · · ·				
	are filing for an Additional (Not Automatic) 3				► [X
	y complete Part II if you have already been g			sly filed Form 8868.	
<ul><li>If,you</li></ul>	are filing for an Automatic 3-Month Extension	n, complete only	Part I (on page 1)		
Part II4	Additional (Not Automatic) 3-Moi	nth Extension	of Time. Only file the original	(no copies neede	d).
		··-		lentifying number, see in	
	Name of exempt organization or other filer, see instruction	ons		Employer identification number	
Tuna ar					
Type or print	CRETE FAMILY FOUNDATION			26-1593512	
	Number, street, and room or suite number. If a P.O. box,	see instructions		Social security number (SSN)	
File by the extended	RAYMOND J. FORBES, C.P.A.				
due date for filing your	3017 DOUGLAS BOULEVARD, SUI	TTE 300			
return See instructions	City, town or post office, state, and ZIP code. For a foreign		ions	<del></del>	
	ROSEVILLE, CA 95661				
Enter the	Return code for the return that this application	on is for (file a se	parate application for each return)		04
		,	,		[ <u>0</u> -3]
Application		Return	Application		Return
Is For	));	Code	Is For		Code
Form 990 o	or Form 990-EZ	01		The state of the s	78.
Form 990		02	Form 1041-A	South of the Sand Sand Sand San San San San	08
	(individual)	03	Form 4720 (other than individual)		09
Form 990		04	Form 5227		10
	T (section 401(a) or 408(a) trust)	05	Form 6069	······································	11
				<del></del>	12
STOP! Do	T (trust other than above)  not complete Part II if you were not already  oks are in care of ► MCCUTCHEN GROUP		Form 8870 natic 3-month extension on a previo	ously filed Form 8868.	.1 .12
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