

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545-0052

Open to Public

Department of the Treasury Internal Revenue Service

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

► Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

▶ Do not enter social security numbers on this form as it may be made public. Inspection

| For | caler | ndar year 2015, or tax year beginning 01-0 | 1-2015 | , a | nd ending 1 | 2-31-2015 | |
|--------------------|---------------------|--|------------------------------------|-----|-------------------------|--|---|
| | e of four | ndation ILY FOUNDATION | | | A Employer ide | entification numbe | er |
| CN | LILIAM | ILL TOUNDATION | | | 26-1593512 | | |
| | | street (or P O box number if mail is not delivered to street address) | Room/suite | | B Telephone num | nber (see instruction | s) |
| 92 | 5 4TH AV | /ENUE SUITE 2288 | | | (206) 816-6850 | | |
| | or town, TLE, WA | state or province, country, and ZIP or foreign postal code 98104 | <u> </u> | | C If exemption a | application is pendin | g, check here 🕨 |
| G C I | neck all | that apply Initial return Initial return of a f | former public charity | | D 1. Foreign ord | ganizations, check h | ere • |
| | | Final return A mended return | γ, | | 2 21 Foreign org | gamzations, eneck in | |
| | | Address change Name change | | | | ganizations meeting chere and attach co | |
| H C h | eck typ | pe of organization $\sqrt{\text{Section 501(c)(3)}}$ exempt privation | te foundation | | E If private fou | ndation status was t 507(b)(1)(A), chec | terminated |
| S | ection | 4947(a)(1) nonexempt charitable trust Other taxal | | | | · (-)(-)(-), - · · · · | |
| | | | Cash ✓ Accru | al | | tion is in a 60-mont i 507(b)(1)(B), chec | |
| | | om Part II, col (c), | be on cash basıs) | | under section | 1 307 (B)(1)(B), chec | , incre |
| Pa | τŧΙ | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | Revenue and expenses per (a) books | (b) | Net investment income | Adjusted net (c) income | Disbursements for chantable purposes (d) (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach | | | | | |
| | | schedule) | 474,366 | | | | |
| | 2 | Check required to attach | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | |
| | 4 | Dividends and interest from securities | 133,329 | | 133,329 | | |
| | 5a | Gross rents | | | | | |
| Revenue | ь | Net rental income or (loss) | | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 276,139 | | | | |
| | b | Gross sales price for all assets on line 6a 467,062 | | | | | |
| _ | 7 | Capital gain net income (from Part IV, line 2) | | | 276,139 | | |
| | 8 | Net short-term capital gain | | | | | |
| | 9 10a | Income modifications | | | | | |
| | ь | Gross sales less returns and allowances Less Cost of goods sold | | | | | |
| | c | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | 20,097 | | 20,097 | | |
| | 12 | Total.Add lines 1 through 11 | 903,931 | | 429,565 | | |
| | 13 | Compensation of officers, directors, trustees, etc | | | | | |
| | 14 | Other employee salaries and wages | | | | | |
| es | 15 | Pension plans, employee benefits | | | | | |
| Sua | 16a | Legal fees (attach schedule) | | | | | |
| Expenses | ь | Accounting fees (attach schedule) | 8,250 | | 8,250 | | |
| | С | Other professional fees (attach schedule) | 54,291 | | 54,291 | | |
| atīv | 17 | Interest | | | | | |
| and Administrative | 18 | Taxes (attach schedule) (see instructions) | | | | | |
| ΠE | 19 | Depreciation (attach schedule) and depletion | | | | | |
| Ad | 20 | Occupancy | | | | | |
| pu | 21 | Travel, conferences, and meetings | | | | | |
| g 9 | 23 | Other expenses (attach schedule) | 9 275 | | 275 | | |
| Operating | 24 | Total operating and administrative expenses. | | | - | | |
| ær | | Add lines 13 through 23 | 62,816 | | 62,816 | | 0 |
| 0 | 25 | Contributions, gifts, grants paid | 546,392 | | | | 546,392 |
| | 26 | Total expenses and disbursements. Add lines 24 and | | | | | |
| | 27 | Subtract line 36 from line 13 | 609,208 | | 62,816 | | 546,392 |
| | 27 a | Subtract line 26 from line 12 Excess of revenue over expenses and disbursements | 294,723 | | | | |
| | b | Net investment income (if negative, enter -0-) | 25-1,723 | | 366,749 | | |
| | | Adjusted net income(if negative, enter -0-) | | | | | 1 |

| Part II | | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | Beginning of year | End o | of year | |
|--------------|---------|---|----------------------|--|-----------------------|--|
| | | | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| | 1 | Cash—non-interest-bearing | 20.420 | 161 181 | 151 40 | |
| | 2 | Savings and temporary cash investments | 99,199 | 161,424 | 161,424 | |
| | 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 schedule) | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | |
| S | 8 | Inventories for sale or use | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | | | |
| | Ь | Investments—corporate stock (attach schedule) | | | | |
| | С | 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) | 8,124,719 | 9 8,082,024 | 10,394,473 | |
| | 14 | Land, buildings, and equipment basis ▶ | | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | | |
| | 15 | Other assets (describe ►) | | | | |
| | 16 | Total assets(to be completed by all filers—see the | | | | |
| | | ınstructions Also, see page 1, item I) | 8,223,918 | 8,243,448 | 10,555,897 | |
| | 17 | Accounts payable and accrued expenses | | | | |
| _ | 18 | Grants payable | | | | |
| Liabilities | 19 | Deferred revenue | | | | |
| 틒 | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| lat | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| _ | 22 | Other liabilities (describe ►) | | | | |
| | 23 | Total liabilities(add lines 17 through 22) | | 0 | | |
| | | Foundations that follow SFAS 117, check here 🕨 🔽 | | | | |
| Ses | | and complete lines 24 through 26 and lines 30 and 31. | | | | |
| Fund Balance | 24 | Unrestricted | 8,223,918 | 8,243,448 | | |
| 23 | 25 | Temporarily restricted | | | | |
| 핓 | 26 | Permanently restricted | | | | |
| Ξ | | Foundations that do not follow SFAS 117, check here ▶ | | | | |
| ō | | and complete lines 27 through 31. | | | | |
| | 27 | Capital stock, trust principal, or current funds | | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | | | | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| Net | 30 | Total net assets or fund balances(see instructions) | 8,223,918 | 8,243,448 | | |
| _ | 31 | Total liabilities and net assets/fund balances(see instructions) | 8,223,918 | 8,243,448 | | |
| D. | rt 1111 | | | | | |
| 1 | | Total net assets or fund balances at beginning of year—Part II, column | (a), line 30 (must a | aree | | |
| _ | | with end-of-year figure reported on prior year's return) | , , | 1 | 8,223,918 | |
| 2 | | Enter amount from Part I, line 27a | | | 294,723 | |
| 3 | | Other increases not included in line 2 (itemize) | | | | |
| 4 | | Add lines 1, 2, and 3 | | _ | 8,518,641 | |
| 5 | | Decreases not included in line 2 (itemize) | | • <u>• </u> | 275,193 | |
| 6 | | Total net assets or fund balances at end of year (line 4 minus line 5)—P | | | 8,243,448 | |
| _ | | | , (3)/ 11 | | = ,= .= , 1 10 | |

| Form 99 | 90-PF (2015) | | | | | | | | | Page 3 |
|---------------|--|-----------|--|-------------------------|--------------------------|---------------------------------------|-------------------|--------------------------------|---------------------------------------|---|
| Part ! | V Capital Gains ar | nd Los | ses for Tax on Inv | estme | nt Income | | | | | |
| | | | s) of property sold (e g , l r common stock, 200 sh | real estate, D_Durchs | | ow acquired —Purchase —Donation | ו ו | ate acquired no , day, yr) | Date sold (d) (mo , day, yr) | |
| 1 a | PUBLICLY TRADED SE | CURIT | TES | | | (2) 3 | D | | | |
| b | | | | | | | | | | |
| С с | | | | | | | | | | |
| d | | | | | | | | | | |
| е | | | | | | | | | | |
| | N G | | Depreciation allow | red | Cost | or oth | er basıs | 1 | Gair | or (loss) |
| (e | e) Gross sales price | | (f) (or allowable) | | (g) plus e | xpens | e of sale | | | (f) minus (g) |
| a | 467 | ,062 | | | | | 190,92 | 3 | | 276,139 |
| b | | | | | | | | | | |
| с | | | | | | | | | | |
| d | | | | | | | | | | |
| e | | | | | | | | ļ | | |
| Co | mplete only for assets sh | owing g | | ned by t | | | | 4 | | (h) gain minus |
| (i) | FMV as of 12/31/69 | | Adjusted basis (j) as of 12/31/69 | | Exc (k) over | | col (I) Lifany | (1) | | ot less than -0-) or (from col (h)) |
| | | | ()) 43 01 12/31/03 | | (11) 0 0 0 1 | co. (), | , ii uii y | + | | 276,139 |
| b | | | | | | | | + | | · |
| | | | | | | | | + | | |
| d | | | | | | | | + | | |
| е | | | | | | | | | | |
| | | | 1 | If gai | n, also enter i | n Part | I. line 7 I | | | |
| 2 | Capital gain net income | e or (net | t capital loss) | | ss), enter -0- | | | 2 | | 276,139 |
| 3 | Net short-term capital | gaın or | (loss) as defined in secti | ons 12 | 22(5) and (6) | | r | | | · |
| | | | e 8, column (c) (see ınstı | | s) If (loss), er | nter -0 | - } | 3 | | |
| Part | V Oualification Un | der S | ection 4940(e) for | Reduc | ed Tax on | Net 1 | nvestme | 1 - | come | |
| | cional use by domestic pri | | | | | | | | | |
| | on 4940(d)(2) applies, lea | | | section | 4940(a) tax t | JII IIE | ilivestillellt | IIICOIIIC | -) | |
| | foundation liable for the | | | | | | the base pe | eriod? | | ┌ Yes ┌ No |
| | " the foundation does not | | ` , | | | | | | | |
| 1 En | ter the appropriate amoun | t in eac | th column for each year, : | see ins | tructions befo | re mak | ing any ent | ries | | |
| | (a) period years Calendar or tax year beginning in) | Adjust | (b) ed qualifying distributions | Net | (c) value of nonchari | table-us | e assets | (| (d) Distributio col (b) divided | n ratio |
| | 2014 | | | | | _ | | | | |
| | 2013 | | | | | | | | | |
| | 2012 | | | - | | | | | | |
| | 2011 | | | | | | | | | |
| | | ۹) | | | | | | 2 | | |
| 3 | | | | | | | | | | |
| 4 | the number of years the foundation has been in existence | | | ceıfles | s than 5 year | S | | 3 | | |
| 5 | | | | | • | | _ | 5 | | |
| 6 | | | come (1% of Part I, line | | | | ⊢ | 6 | | |
| 7 | | | | | | | <u> </u> | 7 | | |
| <i>,</i> 8 | | | rom Part XII, line 4. | | | | <u> </u> | 8 | | |
| - | | reater t | han line 7, check the box | | | | | | ıng a 1% ta | x rate See |

or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?

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

If "Yes," complete Part XIV

and addresses

No

No

9

10

| Pai | t VII-A Statements Regarding Activities (continued) | | | age - |
|------------|--|-------|------|------------|
| 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 | | No |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had | | | |
| 4.2 | advisory privileges? If "Yes," attach statement (see instructions) | 12 | V | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►NONE | 13 | Yes | |
| 14 | The books are in care of ►MCCUTCHEN GROUP LLC Telephone no ►(206 |)816- | 6850 | |
| | Located at ▶925 4TH AVE SUITE 2288 SEATTLE WA ZIP+4 ▶98104 | • | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | ▶ □ | - |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over | | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶ | | | |
| Pai | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | l |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 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 disqualified person? Yes Vo | ļ | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Vo | ļ | | |
| | (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)? | | | |
| | (6) A gree 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 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)? | 1b | | No |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| С | 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 2015? | 1c | | No |
| 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)) | | | |
| a | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? | | | |
| | If "Yes," list the years ▶ 20, 20, 20 | İ | | |
| 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) | 2b | | No |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| _ | 2 0 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | | | |
| h | any time during the year? | | | |
| J | 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 2015) | 3b | | No |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | AI- | | A I |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | | No |

| | 990-PF (2 | | udi. | a Activities for | . 18/6 | ich Form 4720 | Max | · Po Poquired /Con | tinua | d) | Р | age (|
|--|------------------------|---|-----------------------------------|---|-------------------------------------|-----------------------|---|---|------------------------|-------------------|--------|--------------|
| | | | | | | iich Form 4720 | мау | Be Required (Cont | unue | <i>a)</i> □ □ | | |
| 5a | - | e year did the foundation | | • | | | 4 = / - | | _ | | | |
| | | on propaganda, or other | | • | _ | • | - | 1 .05 1 | ✓ No | | ļ | |
| | ` ' | nce the outcome of any | | • | • | , , | | • | _ | | | |
| | on, dii | rectly or indirectly, any | /otei | registration drive? | | | • | · · · · · TYes | ✓ No | | ļ | |
| | (3) Provid | de a grant to an individu | al for | travel, study, or otl | hers | ımılar purposes? | | ☐ Yes ☐ | ✓ No | !! | ļ | |
| | | de a grant to an organiza tion 4945(d)(4)(A)? (se | | | | | | oed ··· Yes [| √ No | | | |
| | | de for any purpose other tional purposes, or for t | | - | | | | · · · · · · · · · · · · · · · · · · · | √ No | | | |
| b | If any ans | wer is "Yes" to 5a(1)-(| 5). d | ıd anv of the transac | tions | fail to qualify under | the | exceptions described in | • | i i | i | |
| _ | · · | , , , | | - | | | | instructions)? | | 5b | | No |
| Organizations relying on a current notic | | | _ | _ | | • | • | _ | | | | |
| С | If the ans | wer is "Yes" to question | 5a(| 4), does the foundat | ion c | laım exemption from | the | · | | | | |
| | tax becau | se it maintained expend | iture | responsibility for th | he gr | ant? | | · · · · · T Yes | √ No | | | |
| | | ttach the statement requ | | | | | | 1 1 | • | i i | i | |
| 6 a | · · | undation, during the yea | | | | , , | prer | miums on | | | | |
| - | | benefit contract? | | • | | | | · · · · Tyes | - No | | | |
| b | • | | | | | | | benefit contract? | • | 6b | i | No |
| U | | o 6b, file Form 8870 | i, pa | y premiums, unecu | y Oi i | nunectiy, on a perso | mai | bellent contract | • | 00 | | NO |
| 7a | | ne during the tax year, w | ısc tl | ne foundation a part | v to a | nrohibited tay chel | tort | rancaction? | | | | |
| | • | - | | · | • | • | | 1 103 1 | • | | I I | |
| ь | | | | | | | | the transaction? | | 7b | | No |
| Pai | | and Contractors | : On | icers, Director | 5, 11 | rustees, Founda | ITIO | n Managers, Highly | Paid | ı Emp | ioye | es, |
| 1 | | icers, directors, trustees | s, for | ındation managers a | and t | heir compensation (| see i | nstructions). | | | | |
| | (a) Nar | me and address | Title, and average hours per week | | (c) Compensation(If not paid, enter | | (d) Contributions to employee benefit plans | | Expense (e) other allo | | | |
| MICH | AEL CRETE | | , , | <u> </u> | - | | and | deferred compensation | | | | |
| | | EMAN LANE D | 15 (| ident 00 | 0 | | | | | | | |
| LO D | I,CA 952 HEW MCCUTO | 42 | | | | 0 | | | | | | |
| | | VENUE SUITE 2288 | 5 00 | retary) | | U | | | | | | |
| | TTLE,WA | | | | | | | | | | | |
| 2 | Compensat | ion of five highest-paid | emp | loyees (other than | thos | e included on line 1- | -see | instructions). If none, e | nter " | NO NE." | | |
| Nan | | (a) ress of each employee p re than \$50,000 | aıd | Title, and aver hours per we (b) devoted to pos | ek | (c) Compensatio | ın | Contributions to employee benefit plans and deferred (d) compensation | | Expens other a | | |
| NON | E | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | 1 | | | | | | | | |
| Tota | I number of | fother employees paid o | ver: | 50,000 | | | | <u> ▶</u> | | | | |

1

5

1

5

Part XI

5.886.158

4,635,890

10,922,460

10,922,460

10,758,623

163,837

537,931

537,931

7,335

530,596

530,596

530,596

546,392

546,392

546,392

Form **990-PF** (2015)

400,412

1a

1b

1c

1d

2 3

4

5

1

2c

3

4

5

6

7

1a

1b

2

3а

3b

4

5

7,335

| Part X | Minimum | Investment | Return |
|--------|----------|------------|--------|
| FOIL A | MILLIANI | TIIAC2FILE | Kermin |

| | (All domestic | foundations | must com | iplete t | this part. | Foreign | foundation | ıs,s |
|--------|-----------------|-----------------|---------------|----------|--------------|------------|---------------|------|
| air ma | rket value of a | ssets not liser | d (or held fo | ruse) d | irectly in o | arrying oi | ut charitable | e e1 |

ee instructions.)

purposes

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

Reduction claimed for blockage or other factors reported on lines 1a and

1c (attach detailed explanation). 1e

2

Subtract line 2 from line 1d.

3

Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

2a

2b

Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

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

check here ► and do not complete this part.)

Tax on investment income for 2015 from Part VI, line 5.

2a

Income tax for 2015 (This does not include the tax from Part VI). . . Add lines 2a and 2b.

3 Distributable amount before adjustments Subtract line 2c from line 1. Recoveries of amounts treated as qualifying distributions.

4 5

6 Deduction from distributable amount (see instructions). Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

7

Part XII **Qualifying Distributions** (see instructions)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

1 Expenses, contributions, qifts, etc —total from Part I, column (d), line 26.

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

2

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

| Form 990-PF (2015) | | | | Page 9 |
|--|---------------|----------------------------|-------------|--------------------|
| Part XIII Undistributed Income (see in | | | | |
| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
| 1 Distributable amount for 2015 from Part XI, line 7 | · · | F | | 530,596 |
| 2 Undistributed income, if any, as of the end of 201 | | | | |
| a Enter amount for 2014 only | | | 525,476 | |
| b Total for prior years 20, 20, 20 | | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | | |
| a From 2010 | | | | |
| b From 2011 | | | | |
| c From 2012 | | | | |
| d From 2013 | | | | |
| e From 2014 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2015 from Part | | | | |
| XII, line 4 \$ 546,392 | | | E2E 476 | |
| a Applied to 2014, but not more than line 2a | | | 525,476 | |
| b Applied to undistributed income of prior years (Election required—see instructions) | | | | |
| $oldsymbol{c}$ Treated as distributions out of corpus (Election | | 0 | | |
| required—see instructions) | | | | 20,916 |
| e Remaining amount distributed out of corpus | • | | | 20,510 |
| 5 Excess distributions carryover applied to 2015 | | | | |
| (If an amount appears in column (d), the | | | | |
| 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 | | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed | | | | |
| income for which a notice of deficiency has | | | | |
| been issued, or on which the section 4942(a) | | | | |
| tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b Taxable amount —see instructions | | | | |
| e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see | | | | |
| instructions | | | | |
| f Undistributed income for 2016 Subtract | | | | |
| lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | 509,680 |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2010 not | | | | |
| applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9 | • | | | |
| a Excess from 2011 | | | | |
| b Excess from 2012 | | | | |
| c Excess from 2013 | | | | |
| d Excess from 2014 | | | | |
| e Excess from 2015 | | | | |
| | | | Form | 990-PF (2015) |

| | m 990-PF (2015) | | | | | Page 10 |
|----|--|------------------------|----------------------|-----------------------|-----------------------|----------------|
| | Part XIV Private Operating Founda | | | | 1 9) | |
| la | If the foundation has received a ruling or deter foundation, and the ruling is effective for 2015 | | | | | |
| b | Check box to indicate whether the organization | n is a private operat | ing foundation de | scribed in section | 4942(J)(3) or | 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (e) Total |
| | income from Part I or the minimum investment return from Part X for each | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (5) 1512. |
| | year listed | | | | | |
| | 85% of line 2a | | | | | |
| | Qualifying distributions from Part XII, line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| е | 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 | | | | | |
| а | "Assets" alternative test—enter | | | | | |
| | (1) Value of all assets(2) Value of assets qualifying | | | | | |
| | under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test— enter 2/3 of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed | | | | | |
| c | "Support" alternative test—enter | | | | | |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, dividends, rents, payments | | | | | |
| | on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public | | | | | |
| | and 5 or more exempt organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(III) | | | | | |
| | (3) Largest amount of support | | | | | |
| | from an exempt organization (4) Gross investment income | | | | | |
| Đ. | art XV Supplementary Information (| Complete this | part only if th | ⊥ ne organizatio | n had \$5.000 o | more in |
| | assets at any time during the | | | J | Ψ-, | |
| L | Information Regarding Foundation Managers: | | 5.1 | | | |
| а | List any managers of the foundation who have before the close of any tax year (but only if the | | | | • | ition |
| | before the close of any tax year (but only if the | y nave concribated | more than \$5,00 | 0) (300 300 1011 3 | 0 / (u)(2 /) | |
| | MICHAEL CRETE | | | | | |
| b | List any managers of the foundation who own 1 ownership of a partnership or other entity) of w | | | | large portion of the | ! |
| | | | 3 | | | |
| | | | | | | |
| | | | | | | |
| | Information Regarding Contribution, Grant, Gi | ft Loom Cabalanabi | n eta Dreaman | | | |
| - | | | | | | |
| | Check here ▶ ▼ if the foundation only makes unsolicited requests for funds If the foundatio other conditions, complete items 2a, b, c, and | n makes gifts, grant | | | | s under |
| | The name address and talk it | | | | lalba addin - | |
| а | The name, address, and telephone number or | eman address of the | e person to whom | applications shou | id be addressed | |
| | | | | | | |
| ь | The form in which applications should be subn | nitted and information | on and materials | they should includ | e | |
| | • | | | | | |
| c | : Any submission deadlines | | | | | |
| | | | | | | |
| | A py restrictions or limitations on awards | h as by goograph: | al areas showts b | la fields lunda af : | netitutione er ett | |
| d | Any restrictions or limitations on awards, suc factors | m as by geographica | ar arcas, ciidfildDi | ie lielus, Killūs OFT | nadicucions, or other | |
| | | | | | | |

Form 990-PF (2015)

Part XV Supplementary Information(continued)

| 3 Grants and Contributions Paid | During the Year or App | proved for F | uture Payment | |
|--|---|-------------------------|---------------------|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or | A mount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | |
| Name and address (home or business) a Paid during the year See Additional Data Table | or substantial contributor | recipient | | |
| | | | | |
| Total | | | ▶ 3a | 546,392 |
| b Approved for future payment Total | | | | |

| Enter gross amounts unless otherwise indicated | Unrelated bu | usiness income | Excluded by section | n 512, 513, or 514 | (e) Related or exempt |
|--|----------------------|----------------|-----------------------|--------------------|------------------------------------|
| 1 Program service revenue | (a) Business code | (b) A mount | (c) Exclusion code | (d) A mount | function income (See instructions) |
| a | | | | | Instructions) |
| b | | | | | |
| c | | | | | |
| d e | | | | | |
| f | | | | | |
| ${f g}$ Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 4 Dividends and interest from securities | | | | | 133,329 |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | 276,139 |
| 9 Net income or (loss) from special events10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a partnership income (NET) | | | | | 20,097 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e 12 Subtotal Add columns (b), (d), and (e) | | | | | 429,565 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | : | 13 | 429,565 |
| (See worksheet in line 13 instructions to verify Part XVI-B Relationship of Activities to | | nlishment of F | exempt Purpos | es | |
| Line No. Explain below how each activity for wh the accomplishment of the foundation instructions) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Par | t XVII | Information Ro Noncharitable | | | | actions and | Relationships With | | | |
|----------------|--------------------|--|------------------------|---------------------|--------------------------------------|-----------------------------------|---|-----------------------|---------|-------|
| | | rganızatıon dırectly or ı 01(c) of the Code (othe | ndırectly e | engage in any of | the following with | | | | Yes | No |
| org | ganızat | ions? | | | | | | | | |
| a Tra | ansfers | from the reporting four | ndation to | a noncharitable | exempt organıza | tion of | | | | |
| (1 |) Cash | 1 | | | | | | 1a(1) | | No |
| (2 |) Othe | rassets | | | | | | 1a(2) | | No |
| | | nsactions | | | | | | | | |
| | | | | | | | | | | No |
| • | | hases of assets from a | | . 3 | | | | 1b(2) | | No |
| | | al of facilities , equipme | | | | | | . 1b(3) | | No |
| | | bursement arrangemer | | | | | | 1b(4) | | No |
| - ' | - | s or loan guarantees. | | | | | | 1b(5) | | No |
| - ' | | mance of services or m | | - | | | | . 1b(6) | | No |
| | _ | | _ | · | | | ould always show the fai | | l | No |
| of | the god any tra | ods, other assets, or se | rvices giv angement | en by the reporti | ng foundation If (d) the value of | the foundation the goods, othe | received less than fair mer assets, or services rec | narket value eived | È | nto |
| (a) LIII | e No | (b) Amount involved | (C) Name | or nonchantable exe | empt organization | (a) Description | TOT CIANSIETS, CIANSACCIONS, AN | u sharing and | ngernei | ils |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| de √ | scribed No | indation directly or indiction of the complete the following (a) Name of organization | ne Code (d schedule | ther than sectio | · · | n section 527? | corganizations | · | es | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Sign Here | the info | | ind belief, | it is true, correc | | | * Ir | | sed on | n all |
| | | Signature of officer or t | rustee | | Date | Title | | elow see instr)? | Yes [I | No |
| | | Print/Type preparer's Raymond J Forbes (| | Preparer's Sign | nature | Date | Check if self- employed ► ✓ | N P00028 | 713 | |
| Use | arer | Firm's name ► Raymond J Forbes CP Firm's address ► | A | | | | Firm's EIN ▶ | | | |
| Only | | 3017 Douglas Boulev 95661 | Phone no (916) 849 | -0330 | | | | | | |

| Form 990PF Part XV Line 3 - Gra | ants and Contributions | Paid During | the Year or Approved for I | Future Payment |
|--|--|--------------------------------------|---|----------------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | A mount |
| a Paid during the year | | | | |
| LODI MEMORIAL HOSPITAL FDN 845 S FAIRMONT AVENUE SUITE 3 LODI,CA 95240 | NONE | NC | HOSPITAL & MEDICAL SERVICES | 10,000 |
| SALVATION ARMY 121 S CHEROKEE LANE LODI,CA 95240 | NONE | NC | ASSISTANCE TO INDIGENT FAMILIES | 50,000 |
| GRACE PRESBYTERIAN CHURCH 10 N MILLS AVENUE LODI,CA 95242 | NONE | NC | RELIGIOUS SERVICES AND ASSISTANCE TO FAMILIES | 10,000 |
| LODI BOYS GIRLS CLUB 275 POPLAR STREET LODI,CA 95240 | NONE | NC | ASSISTANCE TO CHILDREN | 20,000 |
| CHILDREN'S HOME OF STOCKTON 430 N PILGRIM STREET STOCKTON,CA 95201 | NONE | NC | ASSISTANCE TO CHILDREN IN NEED | 23,500 |
| EMERGENCY FOOD BANK 7 W SCOTTS AVENUE STOCKTON,CA 95203 | NONE | NC | EMERGENCY FOOD FOR FAMILIES IN NEED | 25,000 |
| STOCKTON SHELTER FOR THE HOMELESS 411 S HARRISON STREET STOCKTON,CA 95203 | NONE | NC | EMERGENCY FOOD AND CLOTHING FOR FAMILIES | 20,000 |
| WILLIAM E COLSON CHAIR IN GERONTOLO PO BOX 358045 SEATTLE, WA 98195 | NONE | NC | EDUCATIONAL RESEARCH | 10,000 |
| RED RHINO ORPHANAGE PROJECT PO BOX 693717 STOCKTON,CA 95269 | NONE | NC | EDUCATIONAL AND CHARITABLE PURPOSES | 2,000 |
| IRONSTONE CONSOURS FOUNDATION 5490 BEAR CREEK ROAD LODI,CA 95240 | NONE | NC | EDUCATIONAL AND CHARITABLE PURPOSES | 2,500 |
| WORLD OF WONDERS SCIENCE MUSEUM 2 N SACRAMENTO STREET LODI,CA 95240 | NONE | NC | EDUCATION IN SCIENCE | 5,000 |
| HUTCHINS STREET SQUARE FOUNDATION 125 S HUTCHINS STREET LODI,CA 95240 | NONE | NC | ASSISTANCE TO FAMILIES IN NEED | 10,000 |
| WOUNDED WARRIOR PROJECT PO BOX 758517 TOPEKA,KS 66675 | NONE | NC | ASSISTANCE TO WOUNDED VETERANS AND THEIR FAMILIES | 30,000 |
| LODI CANCER KIDS PO BOX 1592 WOODBRIDGE,CA 95258 | NONE | NC | ASSISTANCE FOR CHILDREN WITH CANCER | 5,000 |
| AMERICAN CANCER SOCIETY 207 E ALPINE AVENUE STOCKTON,CA 95204 | NONE | NC | RESEARCH IN CANCER | 13,500 |
| Total | | - · · · · · | ▶ 3a | 546,392 |

| Form 990PF Part XV Line 3 - Gra | ants and Contributions | Paid During | , the Year or Approved for I | Future Payment |
|--|--|------------------------|--|---------------------------------------|
| Recipient | If recipient is an individual, | | Purpose of grant or | A mount |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | |
| a Paid during the year | | | | · · · · · · · · · · · · · · · · · · · |
| HOSPICE OF SAN JOAQUIN 3888 PACIFIC AVENUE STOCKTON,CA 95204 | NONE | NC | ASSISTANCE TO TERMINALLY ILL PERSONS | 15,000 |
| JUNIOR LEAGUE OF SAN JOAQUIN COUNTY 3443 DEERPARK WAY STOCKTON,CA 95219 | NONE | NC | GENERAL ASSISTANCE TO FAMILIES IN NEED | 36,102 |
| ST MARY'S DINING ROOM 545 W SONORA STREET STOCKTON,CA 95203 | NONE | NC | ASSISTANCE FOR INDIGENT FAMILIES IN NEED | 30,000 |
| UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS,CA 95616 | NONE | NC | ASSISTANCE WITH EDUCATION | 25,000 |
| TLC SCHOOL FOUNDATION 22 S VAN BUREN STREET STOCKTON,CA 95203 | NONE | NC | ASSISTANCE WITH EDUCATION | 5,000 |
| ALZHIMER'S ASSOC OF NORTHERN CA 2290 NORTH FIRST STREET SAN JOSE,CA 95131 | NONE | NC | ASSISTANCE WITH ALZHIMER'S RESEARCH | 10,000 |
| DOCTORS WITHOUT BORDERS 333 7TH AVENUE NEW YORK,NY 10001 | NONE | NC | ASSISTANCE TO DOCTORS WORKING ABROAD | 20,000 |
| BOZANT LORRAINE KATZAKIAN FDN 2111 WEST KETTLEMAN LANE LODI,CA 95242 | NONE | NC | ASSISTANCE WITH CHARITABLE ACTIVITIES | 25,000 |
| CHP11-99 FOUNDATION 2244 N STATE COLLEGE BLVD FULLERTON,CA 92831 | NONE | NC | ASSISTANCE WITH CHARITABLE ACTIVITIES | 5,000 |
| COLLEGE OF THE PACIFIC 3601 PACIFIC AVENUE STOCKTON,CA 95211 | NONE | NC | ASSISTANCE WITH EDUCATIONAL ACTIVITIES | 15,000 |
| COMMUNITY CENTER FOR THE BLIND 130 W FLORA STREET STOCKTON,CA 95202 | NONE | NC | HELP FOR FAMILIES WITH VISUAL IMPAIRMENTS | 2,000 |
| HAVEN OF PEACE 7070 SOUTH HARLAN ROAD FRENCH CAMP,CA 95231 | NONE | NC | HELP WITH CHARITABLE ACTIVITIES | 5,000 |
| KVIE PUBLIC TELEVISION 2030 W EL CAMINO AVENUE SACRAMENTO,CA 95833 | NONE | NC | EDUCATIONAL TELEVISION | 5,000 |
| MAKE A WISH FOUNDATION 2800 CLUB CENTER DRIVE SACRAMENTO,CA 95835 | NONE | NC | HELP FOR TERMINALLY ILL CHILDREN | 25,500 |
| MARY GRAHAM CHILDREN'S FDN PO BOX 96 FRENCH CAMP,CA 95231 | NONE | NC | HELP FOR CHILDREN IN NEED | 8,000 |
| Total | | | ▶ 3a | 546,392 |

| orm 990PF Part XV Line 3 - Gr | ants and Contributions | Paid During | the Year or Approved for | Future Payment |
|---|--|------------------------|--|----------------|
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | A mount |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | |
| a Paid during the year | | | | |
| PEOPLE ASSISTING SHELTER PALS 1040 W KETTLEMAN LANE LODI,CA 95242 | NONE | NC | HELP WITH CHARITABLE ACTIVITIES | 2,000 |
| SECOND HARVEST FOOD BANK 704 E INDUSTRIAL PARK DRIVE MANTECA,CA 95337 | NONE | NC | ASSISTANCE TO INDIGENT FAMILIES | 10,000 |
| SHRINERS HOSPITALS FOR CHILDREN 2425 STOCKTON BLVD SACRAMENTO,CA 95817 | NONE | NC | MEDICAL TREATMENT FOR CHILDREN | 10,000 |
| THE HAGGIN MUSEUM 1201 N PERSHING AVENUE STOCKTON,CA 95203 | NONE | NC | EDUCATIONAL VARIOUS | 1,500 |
| NAVY SEAL FOUNDATION 1619 D STREET VIRGINIA BEACH,VA 23459 | NONE | NC | ASSISTANCE TO FORMER SERVICEMEN AND THEIR FAMILIES | 20,000 |
| ST JOSEPH'S FOUNDATION 1800 N CALIFORNIA STREET STOCKTON,CA 95204 | NONE | NC | ASSISTANCE TO FAMILIES IN NEED | 10,000 |
| GRACE PRESBYTERIAN PRESCHOOL 10 N MILLS AVENUE LODI,CA 95242 | NONE | NC | EDUCATIONAL | 2,290 |
| LET'S FACE IT TOGETHER FOUNDATION 1826 W KETTLEMAN LANE LODI,CA 95242 | NONE | NC | CHARITABLE VARIOUS | 3,000 |
| LODI ADOPT A CHILD 100 E PINE STREET LODI,CA 95240 | NONE | NC | ADOPTION SERVICES | 2,000 |
| LODI HOUSE 801 S WASHINGTON STREET LODI,CA 95240 | NONE | NC | SHELTER & HOMELESS ADVOCACY | 10,000 |
| VACCAREZZA MURDACA FAMILY FDN 1266 WINEROSE COURT LODI,CA 95242 | NONE | NC | CHARITABLE VARIOUS | 2,500 |
| BIBLE STUDY FELLOWSHIP 19001 HUEBNER ROAD SAN ANTONIO,TX 78258 | NONE | NC | RELIGIOUS EDUCATIONAL | 5,000 |
| Total | | | ▶ 3a | 546,392 |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491318006046 | | | | | | | |
|--|----------------|-------------------|----------------|----------------------|--|--|--|
| TY 2015 Accounting Fees Schedule | | | | | | | |
| | Name: (| CRETE FAMILY FOUN | DATION | | | | |
| EIN: 26-1593512 | | | | | | | |
| | Software ID: 1 | 15000324 | | | | | |
| Software Version: 2015v2.0 | | | | | | | |
| Category | Amount | Net Investme | nt Adjusted Ne | et Disbursements for | | | |

| Soft | ware Version: 2015 | 5v2.0 | | |
|----------|--------------------|--------------------------|------------------------|---|
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |

8,250

8,250

TAX PREPARATION

| ΤY | 2015 | Investments | - Other | Schedule |
|----|------|--------------------|---------|----------|

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: CRETE FAMILY FOUNDATION

DLN: 93491318006046

340,156

155,830

909,194

291,453

129,013

203,826

166,510

301,008

143,429

1,300,000

1,300,000

831,062

844,362

1,037,813

374,632

289,730

1,292,284

2,076,533

433,783

285,183

201,948

216,072

348,570

158,859

1,528,188

1,463,287

826,276

831,540

EIN: 26-1593512 **Software ID:** 15000324

Software Version: 2015v2 0

| Software version: 2015v2.0 | | | |
|----------------------------|-----------------------|------------|----------------------------------|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
| BARCLAYS BANK IPATH ETN | AT COST | 128,368 | 67,588 |

AT COST

VANGUARD REIT VANGUARD TOTAL STOCK MARKET ABERDEEN PRIVATE EQUITY, L.P.

BLACKSTONE PARTNERS OFFSHORE FUND

VANGUARD EMERGING MARKET VANGUARD EUROPE PAC ETF

METROPOLITAN RE PTRS. L.P.

MCCUTCHEN 2011 PORTFOLIO

Q-BLK STRATEGIC PARTNERS II

VANGUARD SHORT TERM BOND ETF

VANGUARD TOTAL BOND MARKET ETF

AETHER REAL ASSETS II, L.P.

ABERDEEN INTL. PARTNERS, L.P. AETHER REAL ASSETS I, L.P.

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - | DLN: 93491318006046 |
|--|---------------------|
| TY 2015 Other Decreases Schedule | |
| Name: CRETE FAMILY FOUNDATION | |
| EIN: 26-1593512 | |
| Software ID: 15000324 | |
| Software Version: 2015v2.0 | |
| Description | Amount |
| SECURITIES BASIS STEP-UP (BOOKS) | 275,193 |

| TY 2015 Other Expenses Schedule | | | | | | | |
|---------------------------------|----------------------|----------------|---------------------|-------------------|--|--|--|
| Nam | e: CRETE FAM | ILY FOUNDATION | | | | | |
| EJ | N: 26-1593512 | | | | | | |
| Software 1 | D: 15000324 | | | | | | |
| Software Version | on: 2015v2.0 | | | | | | |
| Description Re | venue and Expenses | Net Investment | Adjusted Net Income | Disbursements for | | | |

Income

275

per Books

275

DLN: 93491318006046

Charitable Purposes

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

OTHER MISC

| efile GRAPHIC print - DO NOT PROCESS As File | DLN | : 93491318006046 | | |
|--|-----------------------------------|--------------------------|---------------------|--|
| TY 2015 Other Income Schedule | | | | |
| Name: CRETE FA | AMILY FOUNDATION | | | |
| EIN: 26-1593 | EIN: 26-1593512 | | | |
| Software ID: 15000324 | | | | |
| Software Version: 2015v2.0 |) | | | |
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | |
| PARTNERSHIP INCOME (NET) | 20,097 | 20,097 | | |

| TY 2015 Other Professional Fees Schedule | | | | | |
|--|-------------------------|--|--|--|--|
| Name: | CRETE FAMILY FOUNDATION | | | | |
| EIN: | 26-1593512 | | | | |
| Software ID: | 15000324 | | | | |

DLN: 93491318006046

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

INVESTMENT ADVISORY

| Software | Version: 2015v2. | 0 | | |
|----------|-------------------------|--------------------------|------------------------|---|
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |

54,291

54,291

| efile GRAPHIC print - | DO NOT PROCESS | As Filed Data - | | | DLN | : 93491318006046 | |
|---|--|---|--|---|--|---|--|
| Schedule B | edule B Schedule of Contributors | | 0 | MB No 1545-0047 | | | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ► Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 | | | at | 2015 | | |
| Name of the organizati | | | | Empl | loyer identif | ication number | |
| CRETE FAMILY FOUND | DATION | | | 26-1 | 1593512 | | |
| Organization type (ch | eck one) | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | √ 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | |
| other property Special Rules For an organizate under sections sections sections sections are received from an area. |) from any one contribition described in section (509(a)(1) and 170(b)(1) | utor Complete Part in 501(c)(3) filing F)(A)(vi), that chec ing the year, total o | hat received, during the years I and II See instructions for Form 990 or 990-EZ that met to ked Schedule A (Form 990 or contributions of the greater or s I and II | r determining a contrib the 33 ¹ /3% support te r 990-EZ), Part II, line | butor's total of est of the reg 13, 16a, or 1 | contributions ulations 6b, and that | |
| during the year, | | ore than \$1,000 <i>e</i> . | r (10) filing Form 990 or 990- x <i>clusively</i> for religious, charr ete Parts I, II, and III | | | | |
| during the year, this box is check purpose Do not | contributions <i>exclusiv</i> ked, enter here the tota complete any of the pa | ely for religious, chall contributions that arts unless the Ge | r (10) filing Form 990 or 990- naritable, etc , purposes, but it were received during the yeaneral Rule applies to this orgonere during the year | no such contributions ear for an e <i>xclusivel</i> y ganization because it | s totaled more religious, ch received <i>noi</i> | e than \$1,000 lf naritable, etc , nex <i>clusively</i> | |
| 990-EZ, or 990-PF), but | ıt m ust answ er "No" d | on Part IV, line 2, o | e and/or the Special Rules do fits Form 990, or check the b oes not meet the filing require | oox on line H of its | | | |

Name of organization
CRETE FAMILY FOUNDATION

Employer identification number 26-1593512

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional spa | ace is needed | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | | Person √ |
| | MICHAEL CRETE 1826 W KETTLEMAN LANE D | \$ 474,366 | Payroll |
| | LODI, CA 95242 | 3 474,300 | Noncash ~ |
| | | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| | | \$ | Payroll |
| | | 1 | Noncash |
| | | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| | | \$ | Payroll |
| | | - | Noncash |
| | | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| | | _ \$ | Payroll |
| | | | Noncash — |
| | | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| | | | Payroll |
| | | - | Noncash |
| | | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| | | | Payroll |
| | | \$ | Noncash — |
| | | | (Complete Part II for noncash contributions) |

Employer identification number CRETE FAMILY FOUNDATION 26-1593512 Noncash Property Part II (see instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) \$ 466 116 2015-04-07 PUBLICLY TRADED SECURITIES (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (b) (a) (d) FMV (or estimate) Description of noncash property given No.from Part I Date received (see instructions) (c) (a) (b) (d) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions) (c) (b) (d) (a) FMV (or estimate) No.from Part I Description of noncash property given Date received (see instructions)

Page 3

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)