Schedule B (Form 930, 390-EZ, or 990-PF) Department of the Treasury	Schedule of Contributors <ul> <li>Attach to Form 990, 990-EZ and 990-PF</li> <li>See separate instructions</li> </ul>	OMG No 1545 0017	
Name of the organization THE BOB CREWE	FOUNDATION	Employer identification number 26 - 2582916	
Organization type (check one) Filers of: Form 990 or 990-EZ	Section: 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private founcation 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated 501(c)(3) taxable private foundation	as a private foundation	

Check if your organization is covered by the General Rule or a Special Rule (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

## General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts Land II)

## Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(v) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1 000 for use *exclusively* for religious, charitable, scientific, I terary, or educational purposes or the prevention of cruelty to children or animals. Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively. ►Ś

religious, charitable, etc. contributions of \$5,000 or more during the year ) .

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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	BOB CREWE FOUNDATION		- 2582916
	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BOBERT SREWE 8461 CARLIEN WAY LOS ANGELES CA 90069	\$ <u>293,976</u>	Person Payroll Noncash (Complete Part II if than is a noncash contribution
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$\$	Person Payroll Noncast (Complete Part II if the is a noncash contribution
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part I' if the is a noncash contributro
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		**************************************	Person Payroll Noncash (Complete Part II if Ihe is a noncash contributio
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 <sup>\$</sup>	Person Payroll Noncash (Complete Part II if ther is a noncash contribution
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$\$	Person Payroll Noncash

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