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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements b Nat Investment income (if negative, enter -0-) c Adjusted nat Income (if negative, enter -0-)	For c	alen	dar year 2012 or tax year beginning	·	, and ending		
Power care transfer PC Does mereter finalls and conference to assess destinates) Power DC						A Employer identification	number
Power care transfer PC Does mereter finalls and conference to assess destinates) Power DC	FUENTE FAMILY FOUNDATION INC.					26-1874008	
P O BOX 5175 City or town, state, and ZIP code TAMPEA, FL 336.75 G Check all that apply.					Room/suite		
City or town, state, and ziP code TAMPA, FL 3675 G Check all that appy:	_		· ·	•			07
TAMPA, FL 33675 G Check all that apply:							
G Check all that apply. Initial return							<u> </u>
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c Adjusted net income (if negative, enter -0-)			•	0/4,700.	^	·	wentum or marketining
Trained that the strict in the strict is the strict in the		1			, v		
	2235			Instructions			Form QQ0_DF (2012)

FUENTE FAMILY FOUNDATION INC.

26-1874008

975,538.

Form **990-PF** (2012)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2012)

(a) List and desc	ribe the kir	sses for lax on in nd(s) of property sold (e.g or common stock, 200 shs	., real estate,		l P	low ac - Purc - Dona	nase ') Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr.)
a								,	
b NO	NE								
C									
<u>d</u>					<u> </u>				
<u>e</u>	T		· · · · · · ·		Ц,				<u>_</u>
(e) Gross sales price	(1)	epreciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (lo (e) plus (f) mini	
ab	<u> </u>								
C									
đ									
B									
Complete only for assets showing	ng gain in i	column (h) and owned by						Gains (Col. (h) g k), but not less l	
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any				Losses (from co	ol (h))
1									· · · · · · · · · · · · · · · · · · ·
b									
C			ļ						
<u>d</u>								· 	
e <u> </u>	L		L				<u> </u>		
Capital gain net income or (net c	apital loss)	If gain, also ente If (loss), enter -0	r in Part I, line - in Part I, line	7 7	. }	2			· · · · · · · · · · · · · · · · · · ·
Net short-term capital gain or (lo	ss) as defi	ned in sections 1222(5) ar	nd (6):		٦.				
If gain, also enter in Part I, line 8		:)							
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Indox S	ection 4940(e) for	Poduood	Tay on Not	t lm	oetn	ent Inco	me	
as the foundation liable for the sec "Yes," the foundation does not qua Enter the appropriate amount in	lify under	section 4940(e). Do not co	omplete this pa	rt			-		Yes X N
(a) Base period years	each cold	(b)	instructions bu	ioro maning arry	(c)				(d)
Base period years Calendar year (or tax year beginn	ing in)	Adjusted qualifying dis	stributions	Net value of no			use assets	(col (b)	stribution ratio divided by col (c))
2011		5	3,146.				2,690.		.84775
2010			1,836.				7,221.		.06744
2009			5,081.			3	5,554.		.42417
2008		30	6,365.				0.		.00000
2007								 	
Total of line 1 column (d)								2	1.33937
Total of line 1, column (d) . Average distribution ratio for the	5-vear has	se period - divide the total	on line 2 by 5	or by the numbe	r of ve	ears			1100307
the foundation has been in existe				o. by 1110 11211120	,.			3	.33484
		,	•						
Enter the net value of noncharita	ble-use as	sets for 2012 from Part X,	line 5	•				4	529,984
									177 460
Multiply line 4 by line 3								5	177,462
Enter 1% of net investment inco	me (1% of	Part I, line 27b)						6	0
Add lines 5 and 6				-				7	177,462
Enter qualifying distributions fro	m Part YII	line 4						8	203,734
If line 8 is equal to or greater tha			a 1h and comi	lete that nart usu	nn a 1	l% tav	rate		
See the Part VI instructions	IIII 7 , Cl	ioon tiio oon iii i ait vi, lilli	o ro, and comp	wat part usi	ya 1	tax	. 210		

Form	1990-PF (2012) FUENTE FAMILY FOUNDATION INC.		<u>·1874</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see i	nstru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			3	"	,
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	ļ			0.
	of Part I, line 27b					
3	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			``.		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>			0.
6	Credits/Payments , , ,		l '			
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a	,		,		
b	Exempt foreign organizations - tax withheld at source 6b		1			,
C	Tax paid with application for extension of time to file (Form 8868) 6c	_ (1 1	, ,	
đ	Backup withholding erroneously withheld 6d	,			·	
7	Total credits and payments Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 18 or 16, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					1
C	Did the foundation file Form 1120-POL for this year?			10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	<u>.</u>				ŧ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ▶ \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or			<i>'</i> 、	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	٠.	- / -	4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	_ [I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				,	1
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	le law		`	. ``	
_	remain in the governing instrument?			6	v	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
_	If "Yes," complete Part II, col. (c), and Part XV.					
88	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					<u> </u>
_	FL					
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				v	1
_	of each state as required by General Instruction G? If "No," attach explanation			8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	endar			.,	v
40	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	STM:	r 3	10	X	<u> X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	~ ~ ~ ~ ~ ~ .	· . w	, ,,	4.5	1

orm	990-PF (2012) FUENTE FAMILY FOUNDATION INC. 26	<u>5-187400</u>	8	Page 5
₽£	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privil	eges?		
	If "Yes," attach statement (see instructions)	1:	2	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1:	3 X	
	Website address ► N/A			
14	The books are in care of ► CORPORATION Telephone no ►	313-241-	-1907	
	Located at ► 1310 N. 22ND STREET, TAMPA, FL	P+4 ►3360)5	
15	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - Check here		▶	•
	and enter the amount of tax-exempt interest received or accrued during the year	5	N/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,	•	Yes	
	securities, or other financial account in a foreign country?	1	6	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign			
	country			<u></u>
Pε	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 	Yes	No
1 a	During the year did the foundation (either directly or indirectly):			
		X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	TT		/
		X No		
		X No		
		X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ਦਿ ਹ │		
		X No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after	r ⊡		
		X No		
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A 1	:	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A 1	<u> </u>	
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	[.	_	х
•	before the first day of the tax year beginning in 2012?	1	<u> </u>	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	,	
	defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
•		X No		
	If "Yes," list the years	140		
ŀ	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		Į.	
	statement - see instructions)	N/A 2	ь	1
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	,	7	
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1.	
		X No		
t	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after			100
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispri	ose		
	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,	k		
	Form 4720, to determine if the foundation had excess business holdings in 2012.)	N/A 3	b	
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4		X
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose th	at	```]	
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4	bt	X
		Form 9	90-PF	(2012)

Form 990-PF (2012) FUENTE FAMILY FOUNDATION			<u> 26-18740</u>	08	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	red)		
5a During the year did the foundation pay or incur any amount to.			ļ."		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ectly,	,		
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	☐ Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s 🗓 No 🗔		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fe	or			
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	fer the exceptions described i	n Regulations			1
section 53 4945 or in a current notice regarding disaster assistance (see instru		-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned	ļ	.]	
expenditure responsibility for the grant?		/A 🔲 Ye	s D No	***	
If "Yes," attach the statement required by Regulations section 53 494	5-5(d).				1 ' `
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					,
a personal benefit contract?		☐ Ye	s X No	4	.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	6b	X
If "Yes" to 6b, file Form 8870.			ľ		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b	
Information About Officers, Directors, Trust		nagers, Highly	/		
raid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	T		[/-N - · · ·		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deterred	(e)	Expense ount, other
	to position	enter -0-)	compensation	all	owances
	PRESIDENT				
P.O. BOX 5175		_	_		_
TAMPA, FL 336755175	0.50	0.	0.	ļ	<u> </u>
CARLOS P. FUENTE	VICE-PRESIDEN	T			
P.O. BOX 5175			_		•
TAMPA, FL 336755175	0.50	0.	0.	-	0.
CYNTHIA FUENTE SUAREZ	VICE-PRESIDEN	T			
P.O. BOX 5175					•
TAMPA, FL 336755175	0.50	0.	0.	·	0.
KAREN R. SMITH	SECRETARY & Y	1			
P.O. BOX 5175					•
TAMPA, FL 336755175	0.50	0 .	0.	<u> </u>	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(c) Contributions to	10	Expense
(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	acc	ount, other lowances
NONE	devoted to position	 	Compensation	- 4.	011411003
NONE	1				
	1				
	1				
			-		
		<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000			>		0

FORM 990-RF (2012) FUENTE FAMILY FOUNDATION INC.		874008 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person pald more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers product	al information such as the ead, etc	Expenses
1 N/A		
		····
2		
3		
3		
4		
Part X-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lin	oc 1 and 2	Amount
1 N/A	es i aliu z	Amount
Μ/ Α		
2		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

p.	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0. 538,055.
C	Fair market value of all other assets	16	
đ	Total (add lines 1a, b, and c)	1d	538,055.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	538,055.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	8,071. 529,984.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	529,984.
6	Minimum Investment return. Enter 5% of line 5	6	26,499.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	26,499.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	26,499.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	26,499.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	26,499.
	Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		202 724
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	203,734.
b	Program-related investments - total from Part IX-B	1b	<u>U.</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · · · · · · · · · · · · · · ·
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	202 724
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	203,734.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	203,734.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for t	he section

Form **990-PF** (2012)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	· · · · · · · · · · · · · · · · · · ·		()	
line 7	`	· · · · · · · · · · · · · · · · · · ·		26,499.
2 Undistributed Income, if any, as of the end of 2012		,		3.
a Enter amount for 2011 only	**************************************		0.	,, ,
b Total for prior years:	,	0.	, ;	
3 Excess distributions carryover, if any, to 2012		V •		
a From 2007	(` ` `	,	\$
b From 2008 306, 365.	**	× ×	` '	
c From 2009 13,303.		; ' '		
d From 2010 475.			" ;	,
e From 2011 50,011.		,		·
f Total of lines 3a through e	370,154.	, ,	,	
4 Qualifying distributions for 2012 from	, ,		,	,
Part XII, line 4 ► \$203,734.	, , , , , , , , , , , , , , , , , , ,			,
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior	``			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		, ,		
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount		,		26,499.
a Remaining amount distributed out of corpus	177,235.			
5 Excess distributions carryover applied to 2012 (if an amount appears in column (d), the same amount must be shown in column (a))	<u> </u>	``		0.
6 Enter the net total of each column as indicated below:			,	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	547,389.	,		/ ***
b Prior years' undistributed income Subtract	` ` `		<u> </u>	
line 4b from line 2b		0.	,	
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		0.		, ;
assessed		0.	,	
d Subtract line 6c from line 6b Taxable		0.		` ,, `
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line	,		0.	, ", ' ;
4a from line 2a Taxable amount - see instr. f Undistributed income for 2012 Subtract	······································		,	
lines 4d and 5 from line 1. This amount must	,	, ,		
be distributed in 2013	, , ,	` `	<u> </u>	0.
7 Amounts treated as distributions out of	<u> </u>	{,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.				35, 7
Subtract lines 7 and 8 from line 6a	547,389.		`	
10 Analysis of line 9			,	,
a Excess from 2008 306, 365.			1 **	
b Excess from 2009 13,303.	, , ,		,	
c Excess from 2010 475.		~	`	
d Excess from 2011 50,011.		. `		,
B Excess from 2012 177, 235.		1		Form 990-PF (2012)

Form 990-PF (2012) FUENTE	FAMILY FOUN	DATION_INC.		26-18	74008 Page 10
Part XIV Private Operating	oundations (see ins	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
foundation, and the ruling is effective f	or 2012, enter the date of t	the ruling	>		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					
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" afternative 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)			1		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Inf	ormation (Comple	te this part only	if the foundation	n had \$5,000 or me	ore in assets
at any time during				•	
1 Information Regarding Foundati	on Managers:				
List any managers of the foundation w year (but only if they have contributed)	ho have contributed more		tributions received by th	e foundation before the clo	se of any tax
SEE STATEMENT 4					
b List any managers of the foundation w			(or an equally large por	tion of the ownership of a p	artnership or
NONE	•				
2 Information Regarding Contribu Check here ► X if the foundation				not report upoplicated resu	anto for fundo 16
the foundation makes gifts, grants, etc					
a The name, address, and telephone nur	mber or e-mail of the perso	on to whom applications	should be addressed		
b The form in which applications should	be submitted and informa	tion and materials they s	honiq iuclinde.		
c Any submission deadlines:					
		<u></u>			
d Any restrictions or limitations on awar	ds, such as by geographic	al areas, charitable fields	, kinds of institutions, or	r other factors	

Part XV Supplementary Information (
3 Grants and Contributions Paid During the Yes		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PROSTATE CANCER FOUNDATION		PUBIC CHARITY		
1250 POURTH STREET				
SANTA MONICA, CA 90401				5,000
SAINT JUDE'S CHILDREN HOSPITAL		PUBIC CHARITY		
14 PENN PLAZA, SUITE 1615				
NEW YORK, NY 10122				115,000
AMERICAN CANCER SOCIETY		PUBIC CHARITY	į	
2006 W. KENNEDY BLVD. TAMPA, FL 33606				1,000
AMERICAN LUNG ASSOCIATION		PUBIC CHARITY		
8950 DR ML KING JR ST N				050
ST. PETERSBURG, FL 33702				250
BOYS & GIRLS CLUBS OF TAMPA BAY		PUBIC CHARITY		
1307 N MACDILL AVENUE				25 222
Tampa, FL 33607 Total SEE CON'	TINUATION SHE	ET(S)	▶ 3a	25,000 203,087
b Approved for future payment	* * * * * * * * * * * * * * * * * * *			203,007
NONE				
None				
	· · · · · · · · · · · · · · · · · · ·			·
Total	- 		> 3b	0 n 990-PF (2012)

Part XVI-A	Analysis	of Income	-Producing	Activities
**************************************		OI 111001110	1 100001118	, , , , , , , , , , , , , , , , , , , ,

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(8)
·	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	C008		-		
a					
b					
d					
_					
t					- ,
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:				s.s.	
a Debt-financed property			<u></u>		
b Not debt-financed property			ļ		
6 Net rental income or (loss) from personal					
property			<u> </u>		
7 Other investment income			<u> </u>		
8 Gain or (loss) from sales of assets other			ì		
than inventory			ļ		
9 Net income or (loss) from special events			ļ		
10 Gross profit or (loss) from sales of inventory			ļ	ļ	
11 Other revenue.			1		
a			 		
b			 -		
<u> </u>		 	├		
d			-		
8		0.	 	0.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>		J	13_	'
(See worksheet in line 13 instructions to verify calculations.)					
	- Al A			+ D	
Part XVI-B Relationship of Activities to	o the Acc	omplishment of E	kemp	ot Purposes 	
Line No. Explain below how each activity for which incor			contr	buted importantly to the accor	mplishment of
the foundation's exempt purposes (other than l	by providing fi	unds for such purposes)			
					····
					
	·				
			-	-	
				-	
					
					
		 			
		· · · · · · · · · · · · · · · · · · ·			
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Form 990-PF (20		E FAMILY				26-187			age 13
Part XVII		_	sfers To a	nd Transactions a	nd Relations	hips With Nonch	aritable	9	
1 Did the ere	Exempt Organ		of the following	g with any other organizatio	n described in sect	on 501/c) of		Yes	No
				7, relating to political organ		1011 301(0) 01			1.10
	from the reporting found						\ <u>`</u>		
(1) Cash	nom the reporting reamer		one onempt org				1a(1)	<u> </u>	Х
(2) Other	assets .	·	•	•	•		1a(2)		X
b Other trans		·					`		
	of assets to a noncharita	ble exempt organizat	ion			•	1b(1)		X
(2) Purch	ases of assets from a no	ncharitable exempt o	rganization				1b(2)	}	X
(3) Renta	l of facilities, equipment,	or other assets					1b(3)	<u> </u>	X
(4) Reimt	oursement arrangements						1b(4)	ļ	X
(5) Loans	or loan guarantees			• •			1b(5)	ļ	X
(6) Perfo	rmance of services or me	mbership or fundrais	sing solicitation	ns			1b(6)	ļ	X
	facilities, equipment, ma			ployees dule Column (b) shouid alv		•	10	<u>l</u> .	X
or services column (d		oundation. If the four other assets, or servi	ndation receive ices received	ed less than fair market values	e in any transaction		, show in		ents
<u>,-,</u>	****	(3) 112113	N/A						
					- 				
					-				
				····· · · · · · · · · · · · · · · · ·					
in section	501(c) of the Code (other	ir than section 501(c)		or more tax-exempt organi tion 527?	zations described		Yes	<u> </u>	∑ No
D II Yes, Co	omplete the following sch (a) Name of org			(b) Type of organization	<u> </u>	(c) Description of relation	nship		
	N/A	g					•		
·									
			·····						
	1								
Sign Here	elief, it is true, correct, and to	miplete Declaration of pr	s return, including sparer (other than	ng accompanying schedules and in texpayer) is based on all inform	Nuc Pres		May the IRS etum with technology Yes	he prepa v (see in	s this arer istr)?
Sign	nature of officer or trustee		Preparer's s	Date	Title Date	Check If PTII	N		
Paid	Print/Type preparer's n JIM WATERS		1 -	ution	5-6-13	self- employed	00162	2027	7
Preparer Use Only	Firm's name ► GAR		IZ, P.	Α.	<u> </u>	Firm's EIN ► 59-			
-,		88 EXECUTI		TER DR. W#10 L 33702	1	Phone no 727	-576-	-124	

3 Grants and Contributions Paid During the You			 	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
DAN MARINO FOUNDATION		PUBIC CHARITY		
400 NORTH ANDREWS AVE				
FORT LAUDERDALE, FL 33301				13,000
DE CONTROL DE LA		PUBIC CHARITY		
PLORIDA SHERIFFS YOUTH RANCHES, INC.		TOBIC CHARITI		
BOYS RANCH, FL 32064				1,000
3012 Maion, 12 9200				
HILLSBOROUGH EDUCATION FOUNDATION		PUBIC CHARITY		
2306 N HOWARD AVE				
TAMPA, FL 33607				10,93
HUMANE SOCIETY TAMPA BAY		PUBIC CHARITY		
3607 NORTH ARMENIA				2 50
TAMPA, FL 33607			·	2,500
METROPOLITAN MINISTRIES		PUBIC CHARITY		
2002 NORTH FLORIDA AVENUE		Toble chart		
TAMPA, FL 33675				5,00
PROJECT MANANA INTERNATIONAL		PUBIC CHARITY		
5105 E. LOS ANGELES AVE, SUITE 288				
SIMI VALLEY, CA 93063				2,00
ST. JOSEPH CATHOLIC SCHOOL		PUBIC CHARITY		
2200 N. GOMEZ AVE				
TAMPA, FL 33607				2,75
SAMANTHA'S PURPOSE PO BOX 770998		PUBIC CHARITY		
PO BOX 770998 MIAMI, FL 33177				10,00
		1		
SOUTHEASTERN GUIDE DOGS		PUBIC CHARITY		
4210 77TH STREET EAST				
PALMETTO, PL 34221				2,50
THE NATURE CONSERVANCY		PUBIC CHARITY		
4245 B, FAIRPAX DRIVE, SUITE 100				6.00
ARLINGTON, VA 22203 Total from continuation sheets	<u> </u>	<u> </u>	 	6,00 56,83

Part XV Supplementary Information 3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION	Aniount
ENTAGON FEDERAL CREDIT UNION		PUBIC CHARITY		
OUNDATION				
930 EISENHOWER AVENUE, 6TH FLOOR LEXANDRIA, VA 22314				1,00
DEAANDRIA, VA 22314				2,00
AMPA WOMEN'S CENTER		PUBIC CHARITY		
017 KINGSWAY ROAD				
RANDON, FL 33510				15
			 	
•	į			
				:
				L

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization

Employer identification number

F	UENTE FAMILY FOUNDATION INC.	26-1874008
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· · · · · · · · · · · · · · · · · · ·	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in m plete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contribution	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edictively to children or animals. Complete Parts I, II, and III.	
contributions for If this box is chec purpose. Do not	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contruse exclusively for religious, charitable, etc., purposes, but these contributions did not to cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because in the other of \$5,000 or more during the year	tal to more than \$1,000. By religious, chantable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule I on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer Identification number

FUENTE FAMILY FOUNDATION INC.

26-1874008

Part 1	Contributors	(see instructions).	Use duplicate copies	of Part I I	f additional sp	ace is needed.
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		· · · · · · · · · · · · · · · · · · ·	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CARLOS A FUENTE P O BOX 5175 TAMPA, FL 33675	\$ 61,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CARLOS P FUENTE P O BOX 5175 TAMPA, FL 33675	\$1,017,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2		\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer Identification number

FUENTE FAMILY FOUNDATION INC.

26-1874008

Noncash Property (see instructions). Use duplicate copies of Pa		
	(c)	
	FMV (or estimate)	(d)
Description of noncash property given	(see instructions)	Date received
	\$	
(b)	(c)	(d)
Description of noncash property given	(see instructions)	Date received
	\$	
43	(c)	7. n
(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)	(c)	(d)
Description of noncash property given	(see instructions)	Date received
	\$	
(b)	(c)	(d)
Description of noncash property given	(see instructions)	Date received
	\$	
(b)	(c)	(d)
Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (h) Description of noncash property given (c) FMV (or estimate) (see instructions)

Name of orga	nization			Employer identification number
ביו ובי <i>א</i> וחי בי	FAMILY FOUNDATION INC.			26-1874008
Part III	Exclusively religious, charitable, etc., individual to the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	following line entry. For organization contributions of \$1,000 or less for)(7), (8), or (10) organiz ns completing Part III, er the year. (Enter this information	ations that total more than \$1,000 for the
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		· · · · · · · · · · · · · · · · · · ·		
		(e) Transfer of gif	t	
	Transferee's name, address, and	1 ZIP + 4	Relationship of	transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(c) D	escription of how gift is held
Part I	(a) Fulpose of Bilt	(0) 030 01 8111	(0, 0	oscription of now git is now
		(e) Transfer of gif		
	Transferee's name, address, and			transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of git	+	
	Transferee's name, address, and			transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of git		
	Transferee's name, address, and	3 ZIP + 4	Helationship of	transferor to transferee

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	ert I and check this box			. ▶ 🗶
•	are filing for an Additional (Not Automatic) 3-Month Ex			this form).		
•	complete Part II unless you have already been granted				rm 8868.	
	ic filing (e-file). You can electronically file Form 8868 if		·	-		a corporation
	to file Form 990-T), or an additional (not automatic) 3-mo	•				
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in page	•				
	v.irs.gov/efile and click on e-file for Charities & Nonprofits		(300 matraotions). For more detailed	311 1110 0100	tionio ming t	7 1110 101111
Part I			submit original (no copies ne	eded).	· · · · · · · · · · · · · · · · · · ·	
	ation required to file Form 990-T and requesting an autor					
Part I onl				- С		▶ □
	orporations (including 1120-C filers), partnerships, REN	flCs. and t	rusts must use Form 7004 to reques	st an exten	sion of time	
	ome tax returns.					
Type or	Name of exempt organization or other filer, see instru	ictions.		Employer	identification	n number (EIN) or
print	Mario of oxompt organization of out of more section	.00				(2114)
211111	FUENTE FAMILY FOUNDATION I	NC.			26-18	74008
File by the	Niverbay street and norm attended to D.O. hours		tions	Social se	curity number	
due date for iling your	C/O P O BOX 20929		(IOII)	000,4,, 00	outing manner	, (OO, 1)
return See nstructions	City, town or post office, state, and ZIP code. For a f	oreign add	Iress see instructions	<u> </u>		
	ST PETERSBURG FL	oreign auc				
	DI ILILADONO IL					
Enter the	Return code for the return that this application is for (file	e a cenara	te application for each return)			0 4
	Thetain code for the rotain that this application is for the	o a sopaia	to application for each return			
Applicat	ion	Return	Application			Return
s For		Code	Is For			Code
) or Form 000.57	 	Form 990-T (corporation)			07
Form 990	or Form 990-EZ	01	Form 1041-A			08
		03	Form 4720		09	
	20 (Individual)	03	Form 5227	···		10
Form 990		05	Form 6069		,	11
	O-T (sec. 401(a) or 408(a) trust)	06				12
-orm 990	O-T (trust other than above) CORPORATION	1 00	Form 8870			
- The h	ooks are in the care of ► 1310 N. 22ND S	ਜਾਹ ਦਾ ਦਾ ਜਾ	_ тамра . рт. 33605			
	none No. ► 813-241-1907	11/11/1				
		46 - 11-	FAX No. D			▶ □
	organization does not have an office or place of busines				. 44	
	is for a Group Return, enter the organization's four digit	7			-	•
oox 🕨			ach a list with the names and EINs o		ers the exter	ision is for.
1 I re	quest an automatic 3-month (6 months for a corporation		•			
	•	ot organiza	tion return for the organization nam	ed above.	The extension	'n
	or the organization's return for:					
_	X calendar year 2012 or					
	tax year beginning	, an	d ending		_•	
2 f t	he tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	n	
L	☐ Change in accounting period					
				1		
3a If ti	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			•
	nrefundable credits. See instructions.		 	3a	\$	0.
b If ti	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
est	ımated tax payments made. İnclude any prior year over	payment a	llowed as a credit.	3b	\$`	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	ayment wit	th this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System).	=		3с	\$	0.
	If you are going to make an electronic fund withdrawal				O for payme	

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FESS	575.	0.	0.	575.	
TO FORM 990-PF, PG 1, LN 16B	575.	0.	0.	575.	
FORM 990-PF	OTHER E	XPENSES	Si	FATEMENT 2	
DESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTED		
BUSINESS REGISTRATION FEES PERMITS & LICENSES	10. 62.		0.	10. 62.	
TO FORM 990-PF, PG 1, LN 23	72.	0.	0.	72.	
	SUBSTANTIA	L CONTRIBUTORS	S SI	PATEMENT 3	
NAME OF CONTRIBUTOR	ADDR	ESS			
CARLOS P. FUENTE		BOX 5175 A, FL 33675			
CARLOS A. FUENTE		BOX 5175 A, FL 33675			
FORM 990-PF	PART XV - L OF FOUNDATI		Si	ratement 4	

NAME OF MANAGER

CARLOS A. FUENTE CARLOS P. FUENTE