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

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

OMB No 1545-0052

| Depar | tment | | Social Security numbers on m 990-PF and its separate | | | | Open to Public Inspection |
|------------------------------|-----------|--|--|--------------------|---------------|---|---|
| | | dar year 2013 or tax year beginning OCT | | , and e | | SEP 30, 2014 | |
| | | foundation | | | | A Employer identification | |
| | | • | | | | | |
| | | RAD MARTIN FAMILY FOUND | | | | 62-1548977 | 7 |
| | | nd street (or P O box number if mail is not delivered to street | address) | | Room/suite | B Telephone number | 126 |
| | | 5 CHERRY ROAD | and and a | | | 901/937-21 | |
| | | own, state or province, country, and ZIP or foreign posterior of the philosophy and ZIP or foreign posterior. | ostal code | | | C if exemption application is i | pending, check here |
| G C | heck | all that apply: 🗸 💹 Initial return | Initial return of a fo | ormer public o | harity | D 1. Foreign organization | s, check here |
| | | Final return Address change | Amended return Name change | | | Foreign organizations m check here and attach c | eeting the 85% test, omputation |
| H C | _ | type of organization: X Section 501(c)(3) exction 4947(a)(1) nonexempt charitable trust | xempt private foundation Other taxable private founda | ation | | E If private foundation sta under section 507(b)(1 | |
| I Fa | | | ing method: X Cash | Accr | ual | F If the foundation is in a | |
| | | Part II, col. (c), line 16) | ther (specify) | | | under section 507(b)(1 | |
| | \$ | 11,823,867. (Part I, coll. | ımn (d) must be on cash t | basis.) | | ``` | |
| Pa | rt I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net in | | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 1,008,497. | | | N/A | |
| | 2 | Check If the foundation is not required to attach Sch. B | | | | | |
| | 3 | Interest on savings and temporary cash investments | | _ | | | |
| | 4 | Dividends and interest from securities | 75,990. | 7 | <u>5,990.</u> | | STATEMENT 2 |
| | | Gross rents | | | | | |
| | 6a | Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 | 606,948. | | | | STATEMENT 1 |
| ne | b | Gross sales price for all assets on line 6a 2,832,556. | 000/5400 | | | | DIMIDRIDIU I |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | 1,52 | 4,029. | | |
| Œ | 8 | Net short-term capital gain | | | | | |
| | 9 | Income modifications Gross sales less returns | | | | | |
| | 10a | and allowances | | | | | |
| 7013 1 | | Gross profit or (loss) | | | | | |
| | 11 | Other income | | | | | |
| L(2) | 12 | Total. Add lines 1 through 11 | 1,691,435. | 1,60 | 0,019. | | - |
| <u>~</u> | 13 | Compensation of officers, directors, trustees, etc | 0. | | 0. | | 0. |
| <u>¥</u> | 14 | Other employee salaries and wages | | | | | |
| _ | ı | Pension plans, employee benefits | | | | | |
| رانيس pense: | 1 | Legal fees | 2 004 | | 1 407 | | 1 407 |
| ं राज्याच्या Expenses | | Accounting fees STMT 3 Other professional fees | 2,994. | | 1,497. | | 1,497. |
| | G 17 | Interest | | <u> </u> | | | |
| کہ ہی۔ and Administrative | 18 | Taxes STMT 4 | 10,484. | | 0. | | 0. |
| nistr | 19 | Depreciation and depletion | | | | | |
| Ē | 20 | Occupancy | | | | | |
| Ϋ́ | 21 | Travel, conferences, and meetings | | | | | |
| anc | 22 | Printing and gublications 2 4, 2015 | | | | - | |
| Operating | 23 | Other expenses | - | | | | |
| era(| 24 | Total operating and administrative expenses: AddHines: 43 through 23 | 13,478. | | 1,497. | | 1,497. |
| o | 25 | Contributions, gifts, grants paid | 933,451. | | <u> </u> | - | 933,451. |
| | | Total expenses and disbursements. | 2337.232. | | | | 2007401. |
| _ | | Add lines 24 and 25 | 946,929. | | 1,497. | , | 934,948. |
| | 27 | Subtract line 26 from line 12: | | | | | |
| | l . | Excess of revenue over expenses and disbursements | 744,506. | 4 = - | 0 = 5 = | | |
| | l | Net investment income (if negative, enter -0-) | - | 1,59 | 8,522. | N/A | |
| | . ^ | DELLETOR DOLLDROMO (if possible onless O.) | | | | . NI / A | |

R BRAD MARTIN FAMILY FOUNDATION

62-1548977

Page 2

Form **990-PF** (2013)

Form 990-PF (2013)

323521 10-10-13

| | n 990-PF (2013) R BRAD MARTIN FAMILY FOUNDATION extra VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940(c) | 62- 948 - | 1548 | 977 | ctio | Page 4 |
|----|---|--------------|-------|--------|--|--|
| | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | 000 . | | 0110 | 110) |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | 3 | 1 9 | 70. |
| | of Part I, line 27b | | - | | <u>+ , , , , , , , , , , , , , , , , , , ,</u> | 70. |
| C | 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 | | 3 | 1.9 | 70. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | <u> </u> | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | - | 3 | 1.9 | 70. |
| 6 | Credits/Payments: | | | | | |
| а | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 16,000. | | | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c 32,000. | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | 4 | 8,0 | 00. |
| 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 | | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | 1 | 6,0 | 30. |
| 11 | Enter the amount of line 10 to be: Credited to 2014 estimated tax | _11 | | | | 0. |
| 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 intervene | ın | | | Yes | No |
| | any political campaign? | | | 1a | | X |
| þ | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition) | ? | | _1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe | d or | | | | |
| | distributed by the foundation in connection with the activities | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| _ | managers. ▶ \$0. | | | | | |
| 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 | ſ | | | | |
| | 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? | | , . | 4a | | X |
| _ | If "Yes," has it filed a tax return on Form 990-T for this year? | N | /A | 4b | | - |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. | | | 5 | | X |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| v | 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 | love | | | | |
| | remain in the governing instrument? | Iaw | | | v | i |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | | 6 7 | X | |
| • | The the loanidation have at least \$5,000 in assets at any time during the year? If Tes, Complete Fart II, Col. (c), and Fart XV | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | |
| | TN | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | | |
| - | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for caler | ndar | | 00 | -42 | \vdash |
| - | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | , au | | 9 | | x |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | | 10 | | X |
| | n co, attach a scriedure name; and attuesses | | | 200 | DE | |

| | 990-PF (2013) R BRAD MARTIN FAMILY FOUNDATION 62-154 | <u>8977</u> | | Page 5 |
|----|---|---------------|----------|--|
| Pa | art 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) | 11 | | x |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | استنب | | |
| 14 | The books are in care of ► SCOTT IMORDE Telephone no. ► 901/9 | 37-2 | 115 | |
| | Located at ► 1025 CHERRY ROAD, MEMPHIS, TN ZIP+4 ►3 | 8117 | | |
| 15 | | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | 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 | | | |
| P | art 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): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (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 X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | | |
| | | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" If the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| | 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)? N/A | 1b | | |
| | 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 | | | |
| | before the first day of the tax year beginning in 2013? | 1c | | Х |
| 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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2013? Yes X No | | | |
| | If "Yes," list the years ,,,, | | | |
| | 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.) N/A | 2b | <u> </u> | <u> </u> |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | - | | |
| | Daths (south to be the south to be a control of the south to be a control | | | |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | 1 | |
| | · · · — · · — · · — · · — · · · — · | | | |
| | b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (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 2013.) N/A | 3ь | | |
| A | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | _ | X |
| | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2013? | 4b | 1 | x |
| | | orm 99 | 0-PF | ************************************* |

| If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (C) Compensation and deferred compensation allowance (If not paid, enter -0-) (C) Expension allowance (C) Compensation (If not paid, enter -0-) (C) Expension (If not paid, enter -0-) (C) Expension (If not paid, enter -0-) (C) Expension (C) Compensation (C) Compensatio | Form 990-PF (2013) R BRAD MARTIN FAMILY FOU | NDATION | | 62-15489 | 77 F | Page 6 |
|---|---|--|--|--|---------------------|---------------|
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crulety to children or animals? (6) If any answer is "Yes" to 54(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here (a) If "Yes," attach the statement required by Regulations section 53.4945-5(d) (b) If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (b) If the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (c) If "Yes" to 66, hie Form 8870. (a) It is the foundation during the year, was the foundation a party to a prohibited tax sheller transaction? (a) It is the foundation during the year, was the foundation a party to a prohibited tax sheller transaction? (b) If the statement required by Argundation aparty to a prohibited tax sheller transaction? (a) It is all officers, briectors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (b) Title, and average hours generally an extensive state statement remains a section of the paid, expensive statement remains and address of each employee paid more than \$50,000 (b) Title, and average hours per week. (c) Compensation of five highest-paid employees (other | Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be F | Required (contint | ued) | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (d) Combustions to employee and more than \$50,000 of the position of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expensions of the five highest paid employees (other than those included on line 1). If none, enter "NONE." | Part VII-B Statements Regarding Activities for Which F 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes: Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check he | form 4720 May Be F 1 4945(e))? 1 to carry on, directly or indirectly 2 In described in section 1 or educational purposes, or the 2 der the exceptions described a 3 ctions)? 8 ere | Required (continue) Ye ectly, Ye Ye Ye or Ye an Regulations | s X No | | <u>'age 6</u> |
| a personal benefit contract? b Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Combusique to the first of paid, enter -0-) SEE STATEMENT 8 0 0 0 . 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (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) Combusique to the first of paid, enter -0-) 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation (d) Combusique to the first of paid, enter -0-) allowance the first of the first of paid and deferred and deferred to the first of paid deferred to the first of th | expenditure responsibility for the grant? | N | I/A 🔲 Ye | s No | | |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position SEE STATEMENT 8 0 . 0 . 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter -0-) (d) Combutuous to enter wone. (d) Combutuous to enter very each paid employee solution allowance. (e) Expensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutuous to enter wone. (c) Compensation (d) Combutuous to enter wone. (d) Combutuous to employee benefit plans and deferred compensation and deferred compensation and deferred compensation allowance. | 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870. | | | 6b | х | |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) allowance (c) Compensation (If not paid, enter -0-) allowance (If not paid, enter -0 | | | | | 7b | |
| (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (If not paid, enter '0-) (d) Combulsons to end) of enter of the paid | Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highly | / | | |
| SEE STATEMENT 8 O. O. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (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 herefit plans and deterer account, or allowance account, or allowance devoted to position | List all officers, directors, trustees, foundation managers and their | | (c) Compensation | (d) Contributions to | (e) Exn | ense |
| 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (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 account, or allowance and deferred compensation allowance and devoted to position | (a) Name and address | hours per week devoted to position | | employee benefit plans and deferred compensation | account, allowar | other ices |
| (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 allowance | SEE STATEMENT 8 | | 0. | 0. | | 0. |
| devoted to position compensation allowance | Compensation of five highest-paid employees (other than those inc.) | | enter "NONE." | (d) Contributions to | (e) EXD | ense |
| | (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | account, | other |
| | NONE | devoted to position | | componsauon | diowa | |
| Total number of other employees hald over \$50,000 | | | | | | |

| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | | 548977 Page 7 |
|---|---|---------------------------------------|
| 3 Five highest-paid independent contractors for professional services. If none, enter "NOI | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 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 inf | | Expenses |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, | HG. | · · · · · · · · · · · · · · · · · · · |
| 1 <u>N/A</u> | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| <u></u> | | |
| 4 | | |
| | | |
| Part IX-B Summary of Program-Related Investments | · · · · · · · · · · · · · · · · · · · | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 | and 2. | Amount |
| 1 <u>N/A</u> | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | , | |
| 3 | | |
| | | |
| | | |
| Total Add lines 1 through 3 | • | 0. |

Form **990-PF** (2013)

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

Form **990-PF** (2013)

934

934,948.

3a

3b

4

6

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

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

a Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

b Cash distribution test (attach the required schedule)

Part XIII Undistributed Income (see instructions)

| | · · · · · · · · · · · · · · · · · · · | | | |
|--|---------------------------------------|----------------------------|-------------|-------------|
| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
| 1 Distributable amount for 2013 from Part XI, | 301,000 | 1 3 41 5 PHOT TO 2012 | 2012 | 2010 |
| line 7 | | | | 517,511. |
| 2 Undistributed income, if any, as of the end of 2013 | | | | <u> </u> |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years: | | | <u></u> | |
| g rotarior prior yours. | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013: | | | | |
| a From 2008 391,812. | | | | |
| b From 2009 311, 299. | | | | |
| c From 2010 644,884. | | | | |
| | | | | |
| | | | | |
| | 2 500 770 | | | |
| f Total of lines 3a through e | 2,590,779. | | | |
| 4 Qualifying distributions for 2013 from | | | | |
| Part XII, line 4: ►\$ 934,948. | | | • | |
| a Applied to 2012, 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. | | -1-1-11-1 | |
| d Applied to 2013 distributable amount | | | | 517,511. |
| e Remaining amount distributed out of corpus | 417,437. | | | |
| Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 3,008,216. | | | |
| b Prior years' undistributed income. Subtract | 3,000,220 | | | |
| 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 | | | | |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | _ | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2012. Subtract line | | | _ | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2013. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2014 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | , | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | - <u>-</u> |
| 8 Excess distributions carryover from 2008 | | | | |
| not applied on line 5 or line 7 | 391,812. | | | |
| 9 Excess distributions carryover to 2014. | | | | |
| Subtract lines 7 and 8 from line 6a | 2,616,404. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2009 311, 299. | | | | |
| b Excess from 2010 644,884. | | | | |
| c Excess from 2011 847,635. | | | | |
| d Excess from 2012 395,149. | | | | |
| e Excess from 2013 417, 437. | | | | |

| orm 990-PF (2013) R BRAD MARTIN FAMILY FOUNDATION 62-1548977 Page 1 | | | | | | |
|---|------------------------------|-----------------------------|----------------------------|------------------------------|---------------------|--|
| Part XIV Private Operating F | oundations (see in: | structions and Part VII | A, question 9) | N/A | | |
| 1 a If the foundation has received a ruling of | or determination letter that | it is a private operating | | | | |
| foundation, and the ruling is effective fo | or 2013, enter the date of t | he 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) 2013 | (b) 2012 | (c) 2011 | (d) 2010 | (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: | | ļ | | | | |
| a "Assets" alternative test - enter: | | | | | | |
| (1) Value of all assets | | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | |
| b "Endowment" alternative test - enter | | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year | | | | | | |
| listed | | | | | | |
| c "Support" alternative test - enter: | | | | | | |
| (1) Total support other than gross | | | | | İ | |
| 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 | | | | | | |
| Part XV Supplementary Info | ormation (Comple | te this part only | if the foundatio | n had \$5,000 or me | ore in assets | |
| at any time during | | | | • • | | |
| 1 Information Regarding Foundati | on Managers: | | | | | |
| a List any managers of the foundation w | | than 2% of the total cont | ributions received by th | e foundation before the clo | se of any tax | |
| year (but only if they have contributed | | | · | | • | |
| R BRAD MARTIN | | | | | | |
| b List any managers of the foundation w | ho own 10% or more of th | ne stock of a corporation | or an equally large por | tion of the ownership of a p | artnership or | |
| other entity) of which the foundation ha | | | (-y - | | | |
| NONE | | | | | | |
| 2 Information Regarding Contribu | tion, Grant, Gift, Loan | . Scholarship, etc., Pr | ograms: | , | | |
| Check here ► X If the foundation | | | | not accept unsolicited regi | uests for funds. If | |
| the foundation makes gifts, grants, etc | | | | | | |
| a The name, address, and telephone nur | nber or e-mail address of | the person to whom appl | cations should be addr | essed: | | |
| • | | | | | | |
| | | | | | | |
| b The form in which applications should | be submitted and informa | ation and materials they s | hould include; | | | |
| c Any submission deadlines: | | | | | | |
| d Any restrictions or limitations on awar | ds, such as by geographic | al areas, charitable fields | kinds of institutions of | r other factors: | | |
| 2 . my rosaroaons or miniations on awar | 20, coon as of goograpine | a. a. aaay aharmaala halaa | , 20 01 111011101101101101 | . 5 | | |

| 1 | (00.11.11.11.11.11.11.11.11.11.11.11.11.1 | | | |
|---|--|---------------------|----------------------------------|-----------|
| 3 Grants and Contributions Paid During the Ye | ar or Approved for Future | Payment | | |
| Recipient | If recipient is an individual, | Foundation | Purnose of grant or | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
| | | | | |
| | | | | |
| STATEMENT ATTACHED (CASH) | | PUBLIC | | |
| STATEMENT ATTACHED (CASH) | | FOBBIC | PROGRAM RELATED | 933,451, |
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| | | | <u> </u> | |
| Total | T | T | <u>▶ 3a</u> | 933,451, |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| | | | | |
| STATEMENT ATTACHED | | PUBLIC | PROGRAM RELATED | |
| | | | | 2,140,000 |
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| | 1 | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | ▶ 3b | 2 140 000 |

| Part XVI-A Analysis of Income-Producing Activit |
|---|
|---|

| Catal grand amounts welcome attraction and activity | Unrelated | business income | Evolu | ded by section 512, 513, or 514 | |
|--|--|------------------------|--------------------------|--|---------------------------------------|
| Enter gross amounts unless otherwise indicated. 1 Program service revenue: | (a) Business | (b) Amount | (C) Exclusion code | (d) Amount | (e) Related or exempt function income |
| | code | | code | | Tanodon moonio |
| a | | | | | |
| | 1 1 | | | | |
| c | | | | | |
| d | 1 1 | | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| e | | | | | |
| Fore and contracts from an example occurren | | | | | |
| 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 | ļ | | 14 | 75 000 | |
| | | | 14 | 75,990. | |
| 5 Net rental income or (loss) from real estate: | | · | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | <u> </u> | | <u> </u> | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | , . | ļ | | ***** |
| 7 Other investment income | | | - | | |
| 8 Gain or (loss) from sales of assets other | | | 1.0 | 606 040 | |
| than inventory | | | 18 | 606,948. | · |
| 9 Net income or (loss) from special events | | | | | ··· |
| 10 Gross profit or (loss) from sales of inventory | | | | ··· | |
| 11 Other revenue: | | | | | |
| a | 1 1 | | | | |
| b | 1 1 | | - | | |
| C | | | | | ··· |
| d | · | | | | |
| e | | 0. | | 682,938. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | <u> </u> | 0. | L: | | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | 13 | 682,938. |
| Part XVI-B Relationship of Activities | to the Acco | mplishment of Ex | cemp | t Purposes | |
| Line No. Explain below how each activity for which income the foundation's exempt purposes (other than | | | contrib | outed importantly to the accom | plishment of |
| the foundation's exempt purposes (other than | r by providing land | 3 101 3d011 parposes). | | | |
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Form 990-PF (2013) R BRAD MARTIN FAMILY FOUNDATION 62-1548977

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| 1 | | | | | g with any other organizatio 7, relating to political organ | | on 501(c) of | | Yes | No |
|----------|------------------------|---------------------------------------|----------------------------|-------------------|--|----------------------|---------------------------|---------------------------------------|---------|----------|
| | | from the reporting founda | | | | izations: | | | | |
| a | (1) Cash | , , | tion to a nonchantab | ic exempt org | amzanom on. | | | 1a(1) | | <u>x</u> |
| | (1) Odsir (2) Other | | | | | | | 1a(2) | | X |
| ь | Other tran | | | | | | | 14/2/ | | |
| U | | of assets to a noncharitat | hle evemnt organizati | οn | | | | 1b(1) | : | X |
| | | hases of assets from a nor | , - | | | | | 1b(2) | | X |
| | • • | al of facilities, equipment, (| | gamzanon | | | | 1b(3) | | X |
| | ٠, | bursement arrangements | 01 011101 400010 | | | | | 1b(4) | | X |
| | ` ' | s or loan guarantees | | | | | | 1b(5) | | X |
| | | ormance of services or mei | mhershin or fundrais | ına solicitatioi | ns | | | 1b(6) | | X |
| C | 1-7 | f facilities, equipment, mai | • | J | | | | 1c | | <u> </u> |
| - | _ | | | | dule. Column (b) should alv | ways show the fair n | narket value of the o | | ets. | |
| u | | | | _ | ed less than fair market valu | | | | 010, | |
| | | i) the value of the goods, (| | | a too man na man tan | | | | | |
| a)L | ine no | (b) Amount involved | | | exempt organization | (d) Description | of transfers, transaction | ns, and sharing an | rangeme | nts |
| <u> </u> | | · · · · · · · · · · · · · · · · · · · | | N/A | | | | - | | |
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| 2a | Is the fou | indation directly or indirect | tly affiliated with, or re | elated to, one | or more tax-exempt organi | zations described | | | | |
| | | n 501(c) of the Code (other | | | | | | Yes | X | No |
| b | If "Yes," c | omplete the following sch | edule. | , ,, | | | | | | |
| | • | (a) Name of org | | | (b) Type of organization | | (c) Description of re | lationship | | |
| | · | N/A | | | | | | | | |
| | | · | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | g accompanying schedules and | | | May the IRS | discuss | this |
| | gn | pelief, it is true correct, and cor | mplete Declaration of pre | parer (other thai | n taxpayer) is based on all inform | \ | | return with the shown below | e prepa | rer i |
| H | ere | 1 Center | L | | 4106/19/ | PEAS | VHER | X Yes | F | No |
| | Sig | nature of officer or trustee | , 7 | | Date | Title | | | | |
| | | Print/Type preparer's na | ame | Preparer's s | gnature | Date | Check if | PTIN | | |
| 1 ./ ,. | | | | | | self- employed | | | | |
| P | aid | SUSAN M. L | ATTIMORE | LHN | MUCHIMORE | 1-19-15 | | P00834 | 343 | i |
| P | reparer | Firm's name ► THE | | GROUP, | PLC | | Firm's EIN ▶ 2 | | | |
| U | se Only | | | | | | | | | |
| | | Firm's address ▶ 16 | 61 INTERN | ATIONA | L DRIVE, SUI | TE 250 | | | | |
| | | | MPHIS, TN | | | | Phone no. 90 | <u>1-761-3</u> | 003 | |
| | | | | | | | | Form 99 | | |

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organization

Employer identification number

| F | R_BRAD MARTIN FAMILY FOUNDATION | 62-1548977 | | | | | |
|---|---|------------|--|--|--|--|--|
| Organization type (check | | | | | | | |
| 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 | | | | | | |
| Note. Only a section 501 General Rule X For an organizat | n 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 tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in | | | | | | |
| | nplete Parts I and II. | | | | | | |
| Special Rules | | | | | | | |
| 509(a)(1) and 17 | 01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the in (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II | _ | | | | | |
| total contributio | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 lf 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 religious, charitable, etc., contributions of \$5,000 or more during the year | | | | | | | |
| but it must answer "No" | n that is not covered by the General Rule and/or the Special Rules does not file Schedu on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it eet 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) (2013)

Employer identification number

R BRAD MARTIN FAMILY FOUNDATION

62-1548977

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed | | | | | |
|------------|---|----------------------------|---|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| <u>1</u> | R BRAD MARTIN 1025 CHERRY ROAD MEMPHIS, TN 38117 | \$ 1,008,497. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Oncash (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 Payroli 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

R BRAD MARTIN FAMILY FOUNDATION

62-1548977

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed | | | | | |
|------------------------------|--|--|-----------------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| 1 | 10,987 | \$ <u>1,008,497</u> . | 12/12/13 | | | |
| (a) | SHS DILLARD'S INC | 1,000,4571 | | | | |
| No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received | | | |
| | | \$ | | | | |
| | | Cabadula D /F | 000 000 F7 a= 000 DE\ (0040 | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number MARTIN FAMILY FOUNDATION

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once)

\$\$\\$\$\$ Part III Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Contributions Paid R. Brad Martin Family Foundation Year ended September 30, 2014

| American Friends of the Louvre | 305 East 47th Street, 10th FI | New York, NY | 10017 | 10,000 00 |
|---|--|------------------|-------|---------------------|
| American Friends Musee d'Orsay | 1345 Avenue of the Americas | New York, NY | 10105 | 2,500 00 |
| Airways Middle School | 2601 Ketchum Road | Memphis, TN | 38114 | 100 00 |
| ALS Association | PO Box 6051 | Albert Lea, MN | 56007 | 100 00 |
| Arrow Academy of Excellence | 645 Semmes Street | Memphis, TN | 38111 | 10,000 00 |
| ArtsMemphis | PO Box 1000, Dept 882 | Memphis, TN | 38148 | 5,000 00 |
| The Baobob Home | 1309 Magnolia Lane | Branchburg, NJ | 08876 | 50,000 00 |
| Binghamption Development Corp | 280 Tillman | Memphis, TN | 38112 | 100 00 |
| Memphis Botanic Garden | 750 Cherry Road | Memphis, TN | 38117 | 1,000 00 |
| Boy Scouts of America-Chickasaw Council | 171 South Hollywood Street | Memphis, TN | 38112 | 2,500 00 |
| Boy Scouts of America-Grieckasaw Gouricii Boy Scouts of America-Great Smokey Mtn Council | PO Box 51885 | Knoxville, TN | 37950 | 5,000 00 |
| Boys & Girls Club of Greater Memphis | 44 South Rembert | Memphis, TN | 38104 | 1,150 00 |
| Briarcrest Christian School | 76 S Houston Levee, Bldg SC | Eads, TN | 38028 | 5,000 00 |
| Cabrillo College Foundation | 6500 Soquel Drive | Aptos, CA | 95003 | 100 00 |
| Campus Outreach | 4055 Poplar Avenue | Memphis, TN | 38111 | 1,000 00 |
| Center for Action and | PO Box 12464 | | 87195 | 31,000 00 |
| College Football Assistance Fund | 8930 W Sunset Road, Suite 240 | Albaquerque, NM | 89148 | 1,000 00 |
| Cystic Fibrosis Foundation | 2642 E 21st Street, Suite 100 | Las Vegas, NV | 74112 | 2,000 00 |
| · · · | 2525 Central Avenue | Tulsa, OK | | |
| Christ Mathedist Day School | | Memphis, TN | 38104 | 1,000 00 |
| Christ Methodist Day School | 411 Grove Park | Memphis, TN | 38117 | 10,600 00 |
| Christ United Methodist Church Church Health Center | 4488 Poplar Avenue | Memphis, TN | 38117 | 126,097 25 |
| | 1210 Peabody | Memphis, TN | 38104 | 64,000 00 |
| Coaching for Literacy/ Wiseheart Crossroads Baptist Church | PO Box 771049 2162 Cherryville Road | Memphis, TN | 38177 | 5,000 00 |
| Dixon Gallery and Gardens | • | Bells, TN | 38006 | 100 00 75,000 00 |
| Ducks Unlimited | 4339 Park Avenue | Memphis, TN | 38117 | • |
| | One Waterfowl Way | Memphis, TN | 38120 | 5,000 00 |
| East Tennessee Foundation | PO Box 31434 | Knoxville, TN | 37930 | 1,315 00 |
| FIT Foundation | 236 West 27th Street | New York, NY | 10001 | 7,500 00 |
| HARC, Inc | 561 S Prescott, Room 215 | Memphis, TN | 38111 | 500 00 |
| Homeless Animal Relief Project | PO Box 371 | Senatobia, MS | 38668 | 1,000 00 |
| House of Mews | 933 \$ Cooper Street | Memphis, TN | 38104 | 50 00 |
| Isabella Stewart Gardner Museum | 25 Evans Way | Boston, MA | 2115 | 1,000 00 |
| JDRF | 506 Halle Park Drive | Collierville, TN | 38017 | 1,000 00 |
| Lebonheur Foundation | PO Box 41817 | Memphis, TN | 38174 | 13,200 00 |
| Memphis Leadership Foundation | 1548 Poplar Avenue | Memphis, TN | 38104 | 10,000 00 |
| Memphis Museums Inc | 3050 Central Avenue | Memphis, TN | 38111 | 500 00 |
| Memphis Shelby Crime Commission | 600 Jefferson, Suite 400 | Memphis, TN | 38105 | 1,000 00 |
| Memphis Rock and Soul Museum | 191 Beale Street, Suite 100 | Memphis, TN | 38103 | 2,500 00 |
| Methodist Healthcare Foundation | PO Box 42048 | Memphis, TN | 38174 | 20,000 00 |
| Metro Inter Faith Association | 910 Vance Avenue | Memphis, TN | 38126 | 5,000 00 |
| Playhouse on the Square | 51 S Cooper Street | Memphis, TN | 38104 | 12,000 00 |
| Presbyterian Day School | 4025 Poplar Avenue | Memphis, TN | 38111 | 191,237 50 |
| Prince of Wales Foundation | 888 17th Street NW, Ste 201 | Washington, DC | 20006 | 75,000 00 |
| Reach Out Recovery Center | 1470 Elvis Presley Blvd | Memphis, TN | 38106 | 5,000 00 |
| Route 66 Theatre Company | 2257 N Lincoln Drive | Chicago, II | 60660 | 2,500 00 |
| Shelby County Books from Birth | PO Box 17008 | Memphis, TN | 38187 | 500 00 |
| Shelby County Drug Court Foundation | 201 Poplar Avenue LL-56 | Memphis, TN | 38103 | 3,500 00 |
| St John's United Methodist Church | 1207 Peabody Avenue | Memphis, TN | 38104 | 50,100 00 |
| St Mary's Episcopal School | 60 Perkins Extended | Memphis, TN | 38117 | 500 00 |
| Tennessee Clean Water Network | PO Box 1521 | Knoxville, TN | 37901 | 2,601 00 |
| Theatre Memphis | 630 Perkins Extended | Memphis, TN | 38117 | 6,000 00 |
| University of Memphis | PO Box 1000 | Memphis, TN | 38148 | 92,600 00 |
| Wycliff Bible Translators | PO Box 628200 | Orlando, FL | 32862 | 13,000 00 |
| 1 | | | | 933,450 75 |

933,450 75

Outstanding Pledges R. Brad Martin Family Foundation September 30, 2014

| Briarcrest Christian School | 76 S Houston Levee, Bldg SC | Eads, TN | 38028 | 20,000 00 |
|--------------------------------|-----------------------------|-----------------|--------|------------|
| Christ United Methodist Church | 4488 Poplar Avenue | Memphis, TN | 38117 | 50,000 00 |
| Church Health Center | 1210 Peabody | Memphis, TN | 38104 | 50,000 00 |
| Ducks Unlimited | One Waterfowl Way | Memphis, TN | √38120 | 10,000 00 |
| Hazelden Foundation | PO Box 11 BC2 | Center City, MN | 55012 | 75,000 00 |
| Mayo Foundation | 200 First Street SW | Rochester, MN | 55905 | 500,000 00 |
| Presbyterian Day School | 4025 Poplar Avenue | Memphis, TN | 38111 | 470,000 00 |
| The Baobab Home | 1309 Magnolia Lane | Branchburg, NJ | 08876 | 25,000 00 |
| University of Memphis | PO Box 1000 | Memphis, TN | 38148 | 940,000 00 |

2,140,000 00

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| FORM 990-PF | GAIN OR | (LOSS) | FROM | SALE O | F ASSE | TS | SI | ATEMENT | 1 |
|---|-----------------|----------------------|-----------|---------------|---------------------|-------|--------------------------|--------------------------|-----|
| (A) DESCRIPTION OF PROP | ERTY | | | _ | MANN ACQUI | | DATE ACQUIREI | DATE S | OLD |
| PUBLIC TRADED SECUR | ITIES THRO | UGH FIDE | LITY | | · | | | | |
| (B) | | C) | | (D) | _ | (E) | | (F) | |
| GROSS SALES PRIC | | T OR BASIS | | ENSE O | | EPREC | . GAI | N OR LOS | S |
| 2,832,5 | 56. 2, | 225,608. | , | | 0. | | 0. | 606,9 | 48. |
| CAPITAL GAINS DIVID | ENDS FROM | PART IV | | | | | | | 0. |
| TOTAL TO FORM 990-P | F, PART I, | LINE 6 | 7 | | , | | | 606,9 | 48. |
| FORM 990-PF | DIVIDEND | S AND IN | | T FROM | SECUR | ITIES | SI | CATEMENT | 2 |
| SOURCE | GROSS AMOUNT | CAPI GAI DIVII | INS | REV | A) ENUE BOOKS | | (B) INVEST- INCOME | (C) ADJUST NET INC | |
| FIDELITY INVESTMENTS (SILVERLEAFE) J P MORGAN | 72,615 3,375 | | 0. | | 2,615. 3,375. | | 72,615. 3,375. | | |
| TO PART I, LINE 4 | 75,990 | | 0. | 7 | 5,990. | | 75,990. | | |
| FORM 990-PF | | ACCOU | JNTING | FEES | | | SI | ATEMENT | 3 |
| | | (A) EXPENSE | | (B) ET INV | EST- | ADJ | C) USTED | (D) CHARITA | |
| DESCRIPTION | | PER BOO | OKS M | ENT IN | COME | 1451 | INCOME | PURPOS | CE |
| DESCRIPTION ————— PREPARATION OF FORM | - 990-PF | | OKS M | | ,497. | NEI | | | 97. |

| DESCRIPTION | FORM 990-PF | TAX | ES | | | STATEMENT | 4 |
|--|---|--|----------|--------------|------------------------|-------------|-----|
| TO FORM 990-PF, PG 1, LN 18 | DESCRIPTION | EXPENSES NET INVE | | ST- ADJUSTED | | CHARITABLE | |
| FORM 990-PF CORPORATE STOCK BOOK VALUE J P MORGAN (EQUITIES) FIDELITY INVESTMENTS (SILVERLEAFE) (EQUITIES) FORM 990-PF, PART II, LINE 10B CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET VALUE FIDELITY INVESTMENTS (SILVERLEAFE) (BONDS) TOTAL TO FORM 990-PF, PART II, LINE 10C TOTAL TO FORM 990-PF OTHER INVESTMENTS STATEMENT DESCRIPTION VALUATION METHOD BOOK VALUE FAIR MARKET VALUE TIGER VEDA GLOBAL LP INTEREST FMV TOTAL TO FORM 920-PF SSM CO-INVESTORS COST COST COST COST COST COST COST COS | FEDERAL EXCISE TAX | 10,484. | | 0. | | | 0. |
| DESCRIPTION BOOK VALUE FAIR MARKET VALUE J P MORGAN (EQUITIES) FIDELITY INVESTMENTS (SILVERLEAFE) (EQUITIES) FORM 990-PF, PART II, LINE 10B DESCRIPTION BOOK VALUE FAIR MARKET FORM 990-PF, PART II, LINE 10B STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET VALUE FORM 990-PF CORPORATE BONDS BOOK VALUE FAIR MARKET VALUE FAIR MARKET VALUE FAIR MARKET VALUE FAIR MARKET VALUE FORM 990-PF, PART II, LINE 10C 182,000. 218,500 FORM 990-PF OTHER INVESTMENTS STATEMENT DESCRIPTION WETHOD BOOK VALUE FAIR MARKET VALUE TIGER VEDA GLOBAL LP INTEREST FORM 990-PF SSM CO-INVESTORS COST COST COST COST COST COST COST COS | TO FORM 990-PF, PG 1, LN 18 | 10,484. | | 0. | | | 0. |
| DESCRIPTION | FORM 990-PF | CORPORAT | E STOCK | | | STATEMENT | 5 |
| FIDELITY INVESTMENTS (SILVERLEAFE) (EQUITIES) 5,452,830. 7,683,881 TOTAL TO FORM 990-PF, PART II, LINE 10B 5,605,975. 7,951,921 FORM 990-PF CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE VALUE FIDELITY INVESTMENTS (SILVERLEAFE) (BONDS) 182,000. 218,500 TOTAL TO FORM 990-PF, PART II, LINE 10C 182,000. 218,500 FORM 990-PF OTHER INVESTMENTS STATEMENT DESCRIPTION VALUATION BOOK VALUE FAIR MARKET VALUE TIGER VEDA GLOBAL LP INTEREST FMV 25,750. 10,292 SSM CO-INVESTORS COST 250,000. 250,000 REZVEN PARTNERS X FMV 75,000. 150,000 | DESCRIPTION | | | вос | OK VALUE | | T |
| FORM 990-PF CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET VALUE FIDELITY INVESTMENTS (SILVERLEAFE) (BONDS) 182,000. 218,500 TOTAL TO FORM 990-PF, PART II, LINE 10C 182,000. 218,500 FORM 990-PF OTHER INVESTMENTS STATEMENT DESCRIPTION VALUATION METHOD BOOK VALUE TIGER VEDA GLOBAL LP INTEREST FMV 25,750. 10,292 SSM CO-INVESTORS COST 250,000. 250,000 REZVEN PARTNERS X FMV 75,000. 150,000 | J P MORGAN (EQUITIES) FIDELITY INVESTMENTS (SILVER) | TIES) | į | | 268,040. 7,683,881. | | |
| DESCRIPTION BOOK VALUE FAIR MARKET VALUE FIDELITY INVESTMENTS (SILVERLEAFE) (BONDS) TOTAL TO FORM 990-PF, PART II, LINE 10C 182,000. 218,500 FORM 990-PF OTHER INVESTMENTS STATEMENT VALUATION METHOD BOOK VALUE FAIR MARKET VALUE TIGER VEDA GLOBAL LP INTEREST SM CO-INVESTORS COST SSM CO-INVESTORS REZVEN PARTNERS X FMV FAIR MARKET VALUE TIGER VEDA GLOBAL LP INTEREST FMV 25,750. 10,292 SSM CO-INVESTORS FMV 75,000. 150,000 | TOTAL TO FORM 990-PF, PART II, LINE 10B | | | | 5,605,975. | 7,951,921. | |
| DESCRIPTION FIDELITY INVESTMENTS (SILVERLEAFE) (BONDS) TOTAL TO FORM 990-PF, PART II, LINE 10C FORM 990-PF OTHER INVESTMENTS VALUATION METHOD DESCRIPTION TIGER VEDA GLOBAL LP INTEREST SSM CO-INVESTORS REZVEN PARTNERS X FMV PALUATION METHOD BOOK VALUE FAIR MARKET VALUE TOTAL TO FORM 990-PF, PART II, LINE 10C 182,000. 218,500 FAIR MARKET VALUE 10,292 25,750. 10,292 250,000 75,000. 150,000 | FORM 990-PF CORPORATE BONDS | | | | | STATEMENT | 6 |
| TOTAL TO FORM 990-PF, PART II, LINE 10C 182,000. 218,500 FORM 990-PF OTHER INVESTMENTS STATEMENT VALUATION METHOD BOOK VALUE VALUE TIGER VEDA GLOBAL LP INTEREST FMV 25,750. 10,292 SSM CO-INVESTORS COST 250,000. 250,000 REZVEN PARTNERS X FMV 75,000. 150,000 | DESCRIPTION | | | вос | OK VALUE | | T |
| FORM 990-PF OTHER INVESTMENTS STATEMENT DESCRIPTION VALUATION METHOD BOOK VALUE FAIR MARKET VALUE TIGER VEDA GLOBAL LP INTEREST SSM CO-INVESTORS COST REZVEN PARTNERS X FMV 75,000. STATEMENT FAIR MARKET VALUE FAIR MARKET VALUE FMV 25,750. 10,292 250,000. 250,000 150,000 | FIDELITY INVESTMENTS (SILVER | LEAFE) (BOND | S) | | 182,000. | 218,500. | |
| DESCRIPTION VALUATION METHOD BOOK VALUE VALUE TIGER VEDA GLOBAL LP INTEREST SSM CO-INVESTORS COST COST FMV 75,000. 10,292 250,000 250,000 150,000 | TOTAL TO FORM 990-PF, PART I | OTAL TO FORM 990-PF, PART II, LINE 10C | | | 182,000. | 218,5 | 00. |
| DESCRIPTION METHOD BOOK VALUE VALUE TIGER VEDA GLOBAL LP INTEREST FMV 25,750. 10,292 SSM CO-INVESTORS COST 250,000. 250,000 REZVEN PARTNERS X FMV 75,000. 150,000 | FORM 990-PF | OTHER INV | ESTMENTS | | | STATEMENT | 7 |
| SSM CO-INVESTORS COST 250,000. 250,000 REZVEN PARTNERS X FMV 75,000. 150,000 | DESCRIPTION | | | вос | OK VALUE | | T |
| | | | COST | | 250,000. | 250,000 | |
| | TOTAL TO FORM 990-PF, PART I | I, LINE 13 | - | | | 410,292. | |

| | T VIII - LIST OF OFFICERS, DIRECTORS ST TRUSTEES AND FOUNDATION MANAGERS | | | | | |
|--|---|----|---------------------------------|----|--|--|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | = | EMPLOYEE BEN PLAN CONTRIB | | | |
| R BRAD MARTIN 1025 CHERRY ROAD MEMPHIS, TN 38117 | DIR/PRES 3.00 | 0. | 0. | 0. | | |
| DINA M MARTIN 1025 CHERRY ROAD MEMPHIS, TN 38117 | DIR 1.00 | 0. | 0. | 0. | | |
| BRIAN J MARTIN 1025 CHERRY ROAD MEMPHIS, TN 38117 | DIR 0.50 | 0. | 0. | 0. | | |
| SCOTT IMORDE 4220 BELLE MEADE COVE MEMPHIS, TN 38117 | DIR/SECY 1.00 | 0. | 0. | 0. | | |
| C T COURTENAY 7260 DUCKHORN DRIVE GERMANTOWN, TN 38117 | DIR/TREAS 4.00 | 0. | 0. | 0. | | |
| RAWLEIGH B MARTIN 1025 CHERRY ROAD MEMPHIS, TN 38117 | VP 0.50 | 0. | 0. | 0. | | |
| TOTALS INCLUDED ON 990-PF, P | AGE 6, PART VIII | 0. | 0. | 0. | | |

Form **8868**

(Rev. January 2014)

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.

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

OMB No 1545-1709

| If you are | filing for an Automatic 3-Month Extension, comple | te only Pa | irt I and check this box | | | ightharpoonup LX. |
|-------------------------------|---|---------------|--|----------------|-------------|----------------------|
| If you are | filing for an Additional (Not Automatic) 3-Month Ex | tension, c | complete only Part II (on page 2 of | this form). | | |
| | plete Part II unless you have already been granted | | | | m 8868 | |
| Electronic fi | iling (e-file). You can electronically file Form 8868 if | you need a | a 3-month automatic extension of tir | ne to file (6 | months fo | or a corporation |
| equired to f | ile Form 990-T), or an additional (not automatic) 3-mo | nth extens | sion of time. You can electronically f | ile Form 88 | 68 to requ | uest an extension |
| | e any of the forms listed in Part I or Part II with the ex | | | | | |
| | nefit Contracts, which must be sent to the IRS in pap | | | | | |
| | gov/efile and click on e-file for Charities & Nonprofits | | , | | | , |
| Part I | Automatic 3-Month Extension of Time | | submit original (no copies ne | eded). | | |
| A corporatio | in required to file Form 990-T and requesting an auto | | | | | |
| Part I only | , , | | | • | | |
| | porations (including 1120-C filers), partnerships, REN e tax returns | AICs, and t | rusts must use Form 7004 to reque | | | |
| | | | | | | fying number |
| Type or print | Name of exempt organization or other filer, see instru | uctions. | | Employer | identifica | tion number (EIN) or |
| File by the | R BRAD MARTIN FAMILY FOUND | | | | | 548977 |
| due date for filing your | Number, street, and room or suite no. If a P O box, s 1025 CHERRY ROAD | see instruc | tions. | Social se | curity num | nber (SSN) |
| 1 | City, town or post office, state, and ZIP code. For a f MEMPHIS, TN 38117 | oreign add | dress, see instructions | | | |
| Entartha Da | turn and for the return that this application is for (fil | la a conoro | to application for each return) | | | 0 4 |
| | eturn code for the return that this application is for (fil | e a separa | tte application for each return) | | | |
| Application | ı | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 or | r Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form <u>9</u> 90-BI | L | 02 | Form 1041-A | | | |
| Form 4720 (| (individual) | 10 (B) | Fpm) 4720 other than individual) | | | 09 |
| Form 990-PI | F | と | Eprm 52/27 | | | 10 |
| Form 990-T | (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form <u>9</u> 90-T | (trust other than above) | 06 | Form 8870 | | | 12 |
| | SCOTT IMORDE | | | | | |
| The book | s are in the care of > 1025 CHERRY RO | AD - 1 | MEMPHIS, TN 38117 | | | |
| Telephor | ne No ▶ 901/937-2115 | | Fax No ▶ 901/937-21 | .41 | | |
| If the org | anization does not have an office or place of busines | ss in the Ur | nited States, check this box | | | ▶ □ |
| | for a Group Return, enter the organization's four digit | | | If this is fo | r the whole | e group, check this |
| box 🛌 | 7 | 7 | ach a list with the names and EINs o | | | |
| | est an automatic 3-month (6 months for a corporation | • | | | | |
| • | 45 0045 | | ation return for the organization nam | | The exten | sion |
| ıs for t | the organization's return for | J | | | | |
| ▶ | calendar year or | | | | | |
| ► X | tax year beginning OCT 1, 2013 | , ar | nd ending SEP 30, 2014 | ļ | | |
| , | | | | - , | | |
| 2 If the | tax year entered in line 1 is for less than 12 months, | check reas | son: Initial return | Final retur | n | |
| | Change in accounting period | 2000 | | | | |
| | application is for Forms 990-BL, 990-PF, 990-T, 4720 | J, or 6069, | enter the tentative tax, less any | 1_ | _ | 40 000 |
| | fundable credits See instructions. | 0 | | 3a | \$ | 48,000. |
| | application is for Forms 990-PF, 990-T, 4720, or 606 | | • | | | 16 000 |
| | ated tax payments made Include any prior year over | | | 3b | \$ | 16,000. |
| | nce due. Subtract line 3b from line 3a Include your p | - | • | | _ | 20 000 |
| | ing EFTPS (Electronic Federal Tax Payment System) | | | 3c | \$ | 32,000. |
| Caution. If y instructions | you are going to make an electronic funds withdrawa | ai (direct de | ebit) with this Form 8868, see Form | 8453·EO a | nd Form 8 | 879-EO for payment |