

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



Form 990-PF Department of the Treasury Internal Revenue Service

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

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning and ending Name of foundation A Employer identification number GARCIA FAMILY FOUNDATION I, INC. 54-2085787 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 1700 S. MACDILL AVENUE 240 813-253-3999 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here TAMPA, FL 33629-5281 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: | X | Cash F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 976,627. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) Part I (a) Revenue and (b) Net investment (d) Disbursements (c) Adjusted net expenses per books income income (cash basi 66,228 N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 8,271 8,271 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain ** * Income modifications 10a and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 499 8,271. 12 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 3,200. 1,600 STMT 2 1,600 **b** Accounting fees c Other professional fees 17 Interest 96. STMT 3 0 42 18 Taxes 0. 19 Depreciation and depletion Occupancy 20 21 Travel, conferences, and meetings 22 Printing and publications STMT 4 4. 23 Other expenses 24 Total operating and administrative 3,300. 1,602. expenses. Add lines 13 through 23 1,602. 41,250. 25 Contributions, gifts, grants paid 41,250. 26 Total expenses and disbursements. 44,550. 1,602. 42,852. Add lines 24 and 25 27 Subtract line 26 from line 12; 29,949 8 Excess of revenue over expenses and disbursements 6,669. b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2015)

Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 19,511 3,232. 2 Savings and temporary cash investments 3,232. 3 Accounts receivable ► Less; allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations STMT 5 1,114,306. 1,160,534. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 1,133,817. 1,163,766. instructions. Also, see page 1, item I) 976,627. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 420. 420. 22 Other liabilities (describe STATEMENT 6 420. 420 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here ightharpoonsand complete lines 27 through 31. þ 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 1,133,397. ,163,346. 29 Retained earnings, accumulated income, endowment, or other funds 1,133,397. 1,163,346. 30 Total net assets or fund balances 1,133,817. 1,163,766 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 1,133,397. (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) 163,346. Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) 1,163,346. 6_ Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

GARCIA FAMILY FOUNDATION I, INC.

54-2085787

Page 2

Form **990-PF** (2015)

Form 990-PF (2015)

68,828. 625,749. 2013

.109993 19,500. .040171 485,424. 2012 20,992. 518,152. .040513 2011 530,040. .000000 0. 2010

2	Total of line 1, column (d)	2	.234144
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.046829
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	938,459.
5	Multiply line 4 by line 3	5	43,947.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	67.

7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

44,014.

42,852.

See the Part VI instructions.

	990-PF (2015) GARCIA FAMILY FOUNDATION I, INC. 54-2085 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in		tions	Page 4
b	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	**	1	33.
	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		1	$\frac{0.}{33.}$
_	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1	33.
	Credits/Payments:			
	2015 estimated tax payments and 2014 overpayment credited to 2015			
b	Exempt foreign organizations - tax withheld at source			
c	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			~ ~*
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1	33.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded 11 11 12 13 14 15 16 17 18 19 19 10			
		1 1	Yes	No
12	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	103	X
	any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1a 1b		X
U		10		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?	10		X
	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year:	<u> </u>		
•	(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		÷	
	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?	48		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
_	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:			
	 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 law 			
	remain in the governing instrument?	6	X	
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	7	X	
•	The title foundation have at least \$5,500 in account any time during the year. If year, Complete Fait II, Col (c), and Fait AV	<u> </u>		
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
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)		<u>-</u>	
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	_	X
10		<u> 10</u> rm 99 0)-PF	

Form	990-PF (2015) GARCIA FAMILY FOUNDATION I, INC. 54-2085	<u> 787</u>		Page 5
Ρ	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			ĺ
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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	X	
	Website address ► N/A			
14	The books are in care of ▶ KENNEDY R. GARCIA, SECRETARY Telephone no. ▶ (813)	253	-39	99
	Located at ►STE. 260, 1700 S. MACDILL AVE., TAMPA, FL ZIP+4 ►3	3629		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, 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		х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	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
18	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?			
	(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			ŀ
	for the benefit or use of a disqualified person)?			
	(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	1		
	termination of government service, if terminating within 90 days.)			
ı	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		· .
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2015?	16	1	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));	1		
	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X No			
	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,		1	
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		Ī	
	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		
4	f the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
i	b If "Yes," did it have excess business holdings in 2015 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	1	*	
	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.			1
	Form 4720, to determine if the foundation had excess business holdings in 2015) N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		Х
	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 2015?	4b	<u> </u>	X
		orm 99 6	0-PF	(2015)

Part VII-B Statements Regarding Activities for Which F		equired (continu	34-20037	0 /	<u>P</u>	age 6
5a During the year did the foundation pay or incur any amount to:	, , , , , , ,	continu	dea)		Т	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4045(a)\2	□ v.	s X No			
(2) Influence the outcome of any specific public election (see section 4955); or						
any voter registration drive?	to dairy on, amount or man o		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes'	>		s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo					
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 und	der the exceptions described i	n Regulations				,
section 53.4945 or in a current notice regarding disaster assistance (see instruc	ctions)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check he	ere					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					- 1	
expenditure responsibility for the grant?	N	「/A □ Y€	s L No		- 1	
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 p	pay premiums on			-		
a personal benefit contract?		Y6	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		 -	6Ь		<u> </u>
If "Yes" to 6b, file Form 8870			₩			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6	es X No L N/A	- -		
Part VIII Information About Officers, Directors, Truste		agers Highly	N/A	7b		
Paid Employees, and Contractors	oo, roundation mai	lagoro, riigiliy				
1 List all officers, directors, trustees, foundation managers and their of	compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expe	nșe
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation		ount, Iowan	
MARTIN L. GARCIA	PRESIDENT					
5216 NEPTUNE WAY						
TAMPA, FL 33609	1.00	0.	0.			0.
	SECRETARY/TRE	ASURER				
5216 NEPTUNE WAY						_
TAMPA, FL 33609	1.00	0.	0.	ļ		0.
				-		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, o	enter "NONE."	,			
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred compensation	(е) Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	acc	ount, Ilowan	otner ices
NONE						
				<u> </u>		
				ļ		
				1		
	-					
Table pumper of other ampleyees and over \$50,000	<u> </u>	L	L	L		0
Total number of other employees paid over \$50,000			Form	990-	PF /	
			1 0111		- (

Form 990-PF (2015) GARCIA FAMILY FOUNDATION I, INC. 54	<u>-20857</u>	787 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		(-, - , - , - , - , - , - , - , - , - ,
NONE]	
		
		· · ·
Total number of others receiving over \$50,000 for professional services	<u> </u>	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 information such as the		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		
1 N/A		
2		
3		
		,
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 N/A		
2		
All other program-related investments. See instructions.		•
3	ľ	
	7	
	\bot	
Total. Add lines 1 through 3		0.
	Forr	n 990-PF (2015)

	m 990-P (2015) GARCIA FAMILI FOUNDATION 1, INC.	34-2	2003/07 rage o
Ľ	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:		
а	Average monthly fair market value of securities	1a	944,160.
b	Average of monthly cash balances	1b	944,160. 8,590.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	952,750.
е	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	952,750.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14,291.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	938,459.
6	Minimum investment return. Enter 5% of line 5	6	46,923.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at	nd certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	46,923.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	133.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	46,790.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	46,790.
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	46,790.
F	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
8	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	42,852.
t	Program-related investments - total from Part IX-B	1b	0.
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:		
8	Suitability test (prior IRS approval required)	3a	
ŀ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	42,852.
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	42,852.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for ti	ne section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	*	· · · · ·	* * * * *	
line 7	, , , , , ,	, ·	*, , , , , , , , , , , , , , , , , , ,	46,790.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only	* # * * * * * * * * * * *		0.	n 11 (4 * * * * * * * * * * * * * * * * * *
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:		<u> </u>	7 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
a From 2010				
b From 2011				
c From 2012	1.			
d From 2013 13,772.	S \$ \$ *			Ž
e From 2014				
f Total of lines 3a through e	13,772.	. *		
4 Qualifying distributions for 2015 from			· · · · · · · · · · · · · · · · · · ·	
Part XII, line 4: ► \$ 42,852.	` * ;			
a Applied to 2014, but not more than line 2a	, ,,	3 18 3 318 .	0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.	, , , ,	
c Treated as distributions out of corpus	0.	\$ 1 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· , > * .	
(Election required - see instructions)	·	* * *	,	42,852.
d Applied to 2015 distributable amount e Remaining amount distributed out of corpus	0.	* **/{ ,		44,032.
5 Excess distributions carryover applied to 2015	3,938.	v >		3,938.
(If an amount appears in column (d), the same amount must be shown in column (a).)	*			7,5,5,5
6 Enter the net total of each column as indicated below:	* * * *			
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,834.	• * •	,	·**
b Prior years' undistributed income. Subtract	, , , , , , , , , , , , , , , , , , ,		* * * * * * * * * * * * * * * * * * * *	
line 4b from line 2b	` . · · · · · · · · · · · · · · · · · ·	0.	* ' ' ' ' '	*
c Enter the amount of prior years'	i		* * * 1	
undistributed income for which a notice of deficiency has been issued, or on which	4 8		*	
the section 4942(a) tax has been previously	* * * * * * * * * * * * * * * * * * * *			
assessed	* *	0.		, , ,
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions e Undistributed income for 2014. Subtract line	2		(v » . · · ·	
4a from line 2a. Taxable amount - see instr.		1 *	0.	
f Undistributed income for 2015. Subtract	1:2:	· · · · · · · · · · · · · · · · · · ·		***
lines 4d and 5 from line 1. This amount must				
be distributed in 2016			4 ⁴ 3 ⁷	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				, ,
section $170(b)(1)(F)$ or $4942(g)(3)$ (Election			*	
may be required - see instructions)	0.	3/33	* * * * * * * * * * * * * * * * * * * *	
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.		Y 17 40 6 3 1	
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	9,834.			
10 Analysis of line 9:	7,034.			
a Excess from 2011			, ,	
b Excess from 2012	, , ,	,	* ,	
c Excess from 2013 9,834.		,	i.	
d Excess from 2014		·		
e Excess from 2015		<u> </u>		Form 900 DE (0045)

	rt XIV Private Operating Fo		DATION I, II		N/A	85/8/ Page 10				
• •				-, question 3)	N/A					
1 8	If the foundation has received a ruling of									
	foundation, and the ruling is effective for 2015, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
		Tax year	ig touridation described it	Prior 3 years	4942(j)(3) or 49	042(1)(5)				
2 a	Enter the lesser of the adjusted net	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total				
	income from Part I or the minimum	(4) 2010	(B) 2014	(6) 2010	(4) 2012	(c) rotal				
	investment return from Part X for									
	each year listed									
-	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				 					
е	Qualifying distributions made directly									
	for active conduct of exempt activities.									
3	Subtract line 2d from line 2c Complete 3a, b, or c for the									
٠	afternative test relied upon:				İ					
а	"Assets" alternative test - enter:		ļ							
	(1) Value of all assets				 					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)									
b	"Endowment" alternative test - enter									
	2/3 of minimum investment return shown in Part X, line 6 for each year									
	listed									
C	"Support" alternative test - enter:									
	(1) Total support other than gross									
	investment income (interest, dividends, rents, payments on]							
	securities loans (section									
	512(a)(5)), or royalties)									
	(2) Support from general public									
	and 5 or more exempt organizations as provided in									
	section 4942(j)(3)(B)(iii)		<u></u>							
	(3) Largest amount of support from									
	an exempt organization									
<u> </u>	(4) Gross investment income art XV: Supplementary Info	motion (Comple	to this part aphy if	the foundation	had \$5 000 as man	o in coacte				
ŗ	at any time during t			the loundation	nau \$5,000 or moi	e in assets				
			uctions. _j							
1	Information Regarding Foundation	_	than 00/ of the total contr		f					
	 List any managers of the foundation wh vear (but only if they have contributed n 			ibutions received by the	touridation before the clos	e or any tax				
NΤΩ	NE	40,000,1 (0000								
	List any managers of the foundation wh	o own 10% or more of th	e etack of a corporation (or an equally large porty	on of the ownerchin of a na	ertnerehin or				
٠	other entity) of which the foundation ha			or arrequarry large portion	on or the ownership of a pa	i tiloi silip til				
NO	NE									
2	Information Regarding Contributi	on. Grant. Gift. Loan.	Scholarship, etc., Pro	ograms:						
	Check here ► X If the foundation of				not accept unsolicited requ	ests for funds. If				
	the foundation makes gifts, grants, etc.									
	The name, address, and telephone num	per or e-mail address of t	he person to whom applic	ations should be addres	sed:	· · · · · · · · · · · · · · · · · · ·				
	•									
	The Course had been been been been been									
	The form in which applications should b	e suomittea and informa	uon and materials they sh	ouid include:						
(Any submission deadlines:									
	Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors;					

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y		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		
Paid during the year				
MT CRESTED BUTTE PERFORMING ARTS CENTER	NONE	501(C)(3)	GENERAL OPERATIONS	
PO BOX 4403				5,000.
MT CRESTED BUTTE, CO 81225			1	3,000.
DAVIDSON COLLEGE ATHLETIC DEPARTMENT	NONE	501(C)(3)	GENERAL OPERATIONS	
PO BOX 7162				
DAVIDSON, NC 28035				6,000.
ON BIKES, INC.	NONE	501(C)(3)	GENERAL OPERATIONS	
PO BOX 2985				
TAMPA, FL 33601				250.
		1		
THE CLEVELAND CLINIC FOUNDATION	NONE	501(C)(3)	GENERAL OPERATIONS	
9500 EUCLID AVENUE NO JJ19				
CLEVELAND, OH 44195				12,500.
AMPRICAN ENIMPRINATED INCM. DIDLIC	NONE	501(C)(3)	GENERAL OPERATIONS	
AMERICAN ENTERPRISE INST. PUBLIC POLICY	HOME	501(0)(3)	SENERAL OFERALIONS	
1150 17TH STREET, N.W.				
WASHINGTON, DC 20036				12,500.
Total SEE CO	NTINUATION SHEE	T(S)	<u>▶ 3a</u>	41,250.
b Approved for future payment				
NONE				
	ļ			
-	+	+		
Total		ı	▶ 3b	0.
Total			F 30	<u> </u>

Part XV Supplementary Informatio	n		**	
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	Amount
THE JUNIOR LEAGUE OF TAMPA	NONE	501(C)(3)	GENERAL OPERATIONS	
87 COLUMBIA DRIVE		1		
TAMPA, FL 33606				5,000.
]
				İ
		1		
Total from continuation sheets				5,000

Jart XVI_A Analysis of Income_Drogs	ucina Activities	2			
Part XVI-A Analysis of Income-Produ			_		
ter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	Excluded b	(d) Amount	(e) Related or exempt function income
Program service revenue:	code		1		
a			1 1	-	
c	_	···			
d				İ	
e	I				
f					
Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			1		
Dividends and interest from securities			14	8,271.	
Net rental income or (loss) from real estate:					
a Debt-financed property			\bot		
Not debt-financed property					
Net rental income or (loss) from personal					
property			 		
Other investment income			 		
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events			+-+		
Gross profit or (loss) from sales of inventory			+ +		
Other revenue;					
å	_ 		+ + -	· · · · ·	
b	1				
c			+ +		
de			+ + -		
Subtotal. Add columns (b), (d), and (e)		0.	.†	8,271.	
Total. Add line 12, columns (b), (d), and (e)	<u>.</u>		<u></u>	13	8,27
e worksheet in line 13 instructions to verify calculations.	١				
art XVI-B Relationship of Activities		nlishment of Ex	remnt Pu	rnoses	
are Avi-B Trelationship of Additions		phonine or Ex			
ine No. Explain below how each activity for which in			A contributed	I importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other that	an by providing funds	for such purposes).			
					
				.	
		·			
				· · · · · · · · · · · · · · · · · · ·	
		-			

Form 990-PF (2015) GARCIA FAMILY FOUNDATION I, INC. 54-2085787 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								162	NO
the Co	de (other than section 501(c)	(3) organizations) or	in section 527	7, relating to political organ	izations?				
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash <u>1a</u>									X
	ther assets						1a(2)		x
• •	transactions:								
		ble evenuet errenuet					45/45		x
	ales of assets to a noncharital						1b(1)		
	urchases of assets from a nor	-	rganization				1b(2)		X
(3) Re	ental of facilities, equipment,	or other assets					1b(3)		X
(4) Re	eimbursement arrangements						1b(4)		X
(5) Lo	oans or Ioan guarantees						1b(5)		X
(6) Pe	(6) Performance of services or membership or fundraising solicitations								X
c Sharin	g of facilities, equipment, ma	uling lists, other asset	ts, or paid emp	oloyees			1c		X
	answer to any of the above is	· ·		-	wavs show the fair m	narket value of the oc	ods, other ass	ets.	
	vices given by the reporting fo							,	
	n (d) the value of the goods,			a toda tilali tan markat vala	io in any transaction	or onaring arrangem	o, o		
 	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions			
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(u) Description	or transfers, transactions	s, and snaring arra	ngemer	
			N/A		<u> </u>		 .		
		ļ							
					_				
		-							
				•					
 					- 				
		 					=		
\longrightarrow		 							
		 							
2a Is the	foundation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	zations described				
	tion 501(c) of the Code (other	•	-	· -	22		Yes	X	No
	• •		(0)) 01 111 3001	011 027			103		140
D II TES	," complete the following sch			(b) Type of organization		(a) Description of rel	ationehin		
	(a) Name of org	Janization		(b) Type of organization	<u> </u>	(c) Description of rel	attonship		
	N/A				ļ				
			Λ						
	//	///	/ /						
U	nder penalties of perjury, //declare ind belief, it is true, corregt, phylicon	that I have examined this	refirm, including	accompanying schedules and s	tatements, and to the bes	st of my knowledge	May the IRS o	hecuee :	thie
Sign ar	nd belief, it is true, correct, ging con	note:Declaration of pre	other than	taxpayer) is based on all informa	ition of which preparer ha	as any knowledge	return with the	e prepar	er
Here		120 (1 1)	1	15-5-1	PRESID	NENT!	shown below X Yes	_	_
	Signature of officer or trustee)	Date	Title	/1111	- III res		_ No
	Print/Type preparer's na		Preparer's si		Date	Check If	PTIN		
	Filliv Type preparer S III	31116		_	Date		114		
Doid	Paid 2 22 Color of E.Pa Color					self- employed	500105		
E. RAY CHARLES, CPA 05					05/09/16		P00183		
Prepare	THE STREET	REN AVERE	TT, LL/(ς)		Firm's EIN ► 45	5-40844	37	
Use On	•		(J					
	Firm's address ► 10	0 SOUTH A	SHLEY 1	DRIVE, SUITE	1650				
		MPA, FL 3				Phone no. 813	3-229-2	321	
	*					-	Form 99 6	_	(2015)

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

2015

Name of the organization

Employer identification number

G	ARCIA FAMILY FOUNDATION I, INC.	<u> 54-2085787</u>				
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	le See instructions.				
X For an organizati	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor.					
Special Rules						
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, itor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amous iz, line 1. Complete Parts I and II.	or 16b, and that received from				
year, total contri	non described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education of cruelty to children or animals. Complete Parts I, II, and III.	-				
year, contribution is checked, enter purpose. Do not	non described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the exclusively for religious, charitable, etc., purposes, but no such contributions totaled may refer the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box is, charitable, etc.,				
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule Bon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Feet 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) (2015)

Name of organization

Employer identification number

GARCIA FAMILY FOUNDATION I, INC.

54-2085787

GARCIA	A FAMILY FOUNDATION I, INC.		-2085/8/
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADELINE GARCIA REVOCABLE TRUST 1700 S MACDILL AVE., SUITE 240 TAMPA, FL 33629	- \$\$66,228.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll 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.)

Employer identification number

GARCIA FAMILY FOUNDATION I, INC.

54-2085787

Part II	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			
	142 SHARES OF BLACKROCK, INC. STOCK					
_1						
		s 46,228.	12/29/15			
(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			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		.				
		\$	00 990-E7 or 990-BE) (2			

me of organi	orm 990, 990-EZ, or 990-PF) (2015) zation	_	Employer identification number				
•		_					
ARCIA	FAMILY FOUNDATION I, IN	C. tions to organizations described in e	54-2085787 ection 501(c)(7), (8), or (10) that total more than \$1,000 for				
art III	the year from any one contributor. Complete colu	imps (a) through (e) and the following	0 line entry, For organizations				
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or less pace is needed.	for the year (Enter this into once)				
a) No. from		(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Purpose of gift (c) Use of gift		(a) Description of now girt is need				
-							
-			_				
		(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	mansieree's name, address, and	<u> </u>	relationship of transfer 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						
	Tourish and address and ZID . A						
	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						
	transieree's name, address, and	<u>ZIF T Y</u>	netationship of dansteror to dansteree				
-							
a) No.	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_			[
-		-	-				
-							
		(e) Transfer of gift					
	*	7ID . 4	Deletionabia of transferre to transferre				
1	Transferee's name, address, and	∠IF + 4	Relationship of transferor to transferee				

FORM 990-PF	DIVIDEND	S AND INTER	EST	FROM SECUR	ITIES ST	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	8,271	•	0.	8,271.	8,271.	
TO PART I, LINE 4	8,271		0.	8,271.	8,271.	
FORM 990-PF		ACCOUNTI	NG I	FEES	S	FATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) TINVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	_	3,200.		1,600.		1,600.
TO FORM 990-PF, PG	1, LN 16B	3,200.		1,600.	_	1,600.
FORM 990-PF		TAX	ES		S	FATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES	_	96.		0.		0.
TO FORM 990-PF, PG	1, LN 18 =	96.		0.		0.
FORM 990-PF	ORM 990-PF OTHER EXPENSES		S'	FATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES		4.		2.		2.
TO FORM 990-PF, PG	1, LN 23	4.	-	2.		2.

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
ENTERCOM COMMS. CORP. MARRIOTT INTL. BLACKROCK INC.	•	960,274. 9,104. 191,156.	
TOTAL TO FORM 990-PF, PART II, I	LINE 10B	1,160,534.	973,395.
FORM 990-PF C	OTHER LIABILITIES		STATEMENT 6
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
DUE TO PINEHILL CAPTIAL DUE TO MARTIN GARCIA DUE TO GARCIA FAMILY FOUNDATION	II	62. 50. 308.	62. 50. 308.
TOTAL TO FORM 990-PF, PART II, I	LINE 22	420.	420.