/	CRE	
	(1786	
/	300	

	EXTENDED TO SE					()
Fo'3≠ 990-T	Exempt Organization E	Busine	ss Income T	ax Returr	<u>۱۱۲۲</u>	OMB No 1545 0687
,	(and proxy tax i			21 001	_	0040
	For calendar year 2016 or other tax year beginning NOV 1, 2016, and ending OCT 31, 2017					
Department of the Treasury	Information about Form 990-1 and its instructions is available at www.irs.gov/form990t.					
Internal Revenue Service	Do not enter SSN numbers on this form as it			ation is a 501(c)(3)		(c)(3) Organizations Only
A Check box if address changed	Name of organization (L Check box if na	ime changed	and see instructions.)			identification number les' trust, see
	DOWN THE MADELIN W ALONZO	EAMTI:	v ecinidamic	NT.	Į.	-1623392
B Exempt under section 501()()	Print THE MARTIN V ALONZO			<u> </u>		business activity codes
	Type Number, street, and room or suite no If a P (U. DOX, See Ir	istructions.		(See instri	
	J ————————————————————————————————————	71D av (ava)			┧	
408A530(a) 529(a)	City or town, state or province, country, and GREENWICH, CT 06831				52592	20
Book value of all assets	1.0	1-3300			32392	20
at end of year 276 983	G Check organization type ► X 501(c) corpo	ration	501(c) trust	401(a) trust		Other trust
H Describe the organization	n's primary unrelated business activity.		STATEMENT 6			J Other trust
	the corporation a subsidiary in an affiliated group or a				Yes	X No
	and identifying number of the parent corporation.	parent subs	idially controlled group.		1 103	(<u>41</u>) NO
	► MARLENE ALONZO		Telenh	one number 🕨 2	03-62	22-0113
	d Trade or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale			·- /			
b Less returns and allow		▶ 1c		Ì `		
2 Cost of goods sold (S		2				
3 Gross profit. Subtract	• •	3				
4 a Capital gain net incom		4a				
	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	* *	4c				
5 Income (loss) from pa	artnerships and S corporations (attach statement)	5	-7,593.	STMT 7	,	-7,593
6 Rent income (Schedul	,	6				
7 Unrelated debt-finance	red income (Schedule E)	7				
8 Interest, annuities, roy	yalties, and rents from controlled organizations (Sch. F	8				
9 Investment income of	f a section 501(c)(7), (9), or (17) organization (Schedu	ıle G) 9				
10 Exploited exempt activ	vity income (Schedule I)	10				
11 Advertising income (S	Schedule J)	11				
12 Other income (See ins	structions; attach schedule)	12		* .t *		
13 Total. Combine lines	3 through 12	13	-7,593.			-7,593
	ons Not Taken Elsewhere (See instruction					
	contributions, deductions must be directly conn	ected with	the unrelated busines	s income)		
•	ficers, directors, and trustees (Schedule K)				14	
15 Salaries and wages					15	
16 Repairs and maintena					16	
17 Bad debts	edule) RECEIVED				17	
18 Interest (attach schei						
19 Taxes and licenses	enses 9 2019 9					
20 Charitable contribution	tributions (See instructions (or Umitatida) rules)					
21 Depreciation (attach I22 Less depreciation cla	aimed on Schodule-Arant alsowhere as return		21		226	
22 Less depreciation da 23 Depletion	aimed on Schedule-Arand elsewhere on return		22a		23	
23 Depletion	erred compensation plans				24	
25 Employee benefit pro					25	
26 Excess exempt exper					26	
27 Excess readership co	,				27	
28 Other deductions (att	,				28	
,	dd lines 14 through 28				29	0
	avable income before net operating loss deduction. Su	ihtraet line oi	9 from line 12		30	-7,593
	, ,	aviract iiiie Zi		емеит в	31	,,,,,
, ,	deduction (limited to the amount on line 30) SEE STATEMENT 8 31 -7,593.					
	tion (Generally \$1,000, but see line 33 instructions for exceptions) 32 -7,333. 1,000.					
•	taxable income Subtract line 33 from line 32 If line 3		than line 32, enter the so	naller of zero or	 " -	
line 32	Table 10 Control Control of Horn into 32 Hillie C	JJ IJ GIVAIDI	andir into Oz, Ontor tile Sil	14.101 OF 2010 UI	34	-7,593
	or Panerwork Reduction Act Notice see instructions					Form 990-T (2016

990-T	(2016) THE MARTIN V ALONZO FAMILY FOUNDATION	26-162	3392 Page 2
Part I	Tax Computation		
35	Organizations Taxable as Corporations See instructions for tax computation.		
·	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions a	nd:	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that ord	er)]
	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
	(2) Additional 3% tax (not more than \$100,000)		
C	Income tax on the amount on line 34	<u> </u>	35c 0.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amoun	t on line 34 from;	
	Tax rate schedule or Schedule D (Form 1041)	>	36
37	Proxy tax See instructions	>	37
38	Alternative minimum tax		38
39	Tax on Non-Compliant Facility Income See instructions		39
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40 0.
Part I	V Tax and Payments		
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b]
c	General business credit. Attach Form 3800	41c	7
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d]
е	Total credits Add lines 41a through 41d		41e
42	Subtract line 41e from line 40		42 0.
43	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8	866 Other (attach schedule)	43
44	Total tax Add lines 42 and 43		44 0.
45 a	Payments A 2015 overpayment credited to 2016	45a	
b	2016 estimated tax payments	45b	1 1
	Tax deposited with Form 8868	45c	1
	Foreign organizations Tax paid or withheld at source (see instructions)	45d	1 1
	Backup withholding (see instructions)	45e	1 1
	Credit for small employer health insurance premiums (Attach Form 8941)	45f	1
	Other credits and payments: Form 2439		i -
3	☐ Form 4136 ☐ Other Total ►	45g	
46	Total payments. Add lines 45a through 45g		46
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		47
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	•	48 0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49 0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax	Refunded	50
Part \			
51	At any time during the 2016 calendar year, did the organization have an interest in or a signatur		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organizatio		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the		
	here >	,	X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to, a foreign trust?	X
	If YES, see instructions for other forms the organization may have to file.		
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$		
	Under penalties of perjury. I declare that I have examined this return. including accompanying schedules and		wledge and belief, it is true
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which prep	_	
Here	TRUSTE	E. Im	ay the IRS discuss this return with e preparer shown below (see
	Signature of officer Date Title		structions)? Yes No
	Print/Type preparer's name Prepager's signature D		f PTIN
Б	Tropaga 3 Signature	self- employed	
Paid	FRAN ZEISS JAM (um (614/18	P00045025
Prepa	DCM IIC TID	Firm's EIN ▶	42-0714325
Use C	200 ELM STREET, SUITE 200	- IIIII JEIN	
	Firm's address > STAMFORD, CT 06902	Phone no. (203)327-3112
			Form 990-T (2016)
			101111 000 1 (2010)

623711 01-18-17

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A				
1 Inventory at beginning of year			6 Inventory at end of year			6	
2 Purchases	2	7 Cost of goods sold Sub			ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs		<u> </u>	line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to	, , , , , , , , , , , , , , , , , , , ,	
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	erty) 	
1 Description of property							
(1)							
(2)					<u></u>		
(3)							
(4)					,		
		ed or accrued			3/2) Deductions directly of	connected with the income in	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.]		
(c) Total income Add totals of columns		ter			(b) Total deductions Enter here and on page 1,		
here and on page 1, Part I, line 6, column		<u> </u>		0.	Part I line 6 column (B)	<u>0.</u>	
Schedule E - Unrelated Del	bt-Financed	l Income (see	instructions)				
			2 Gross income from	Ì	 Deductions directly connected to debt-finance 		
1 0			or allocable to debt-	(a) Straight line depreciation		(b) Other deductions	
1 Description of debt-fi	manced property		financed property	` ′	(attach schedule)	(attach schedule)	
				<u> </u>			
(1)							
(2)			<u> </u>	<u> </u>		<u> </u>	
(3)				<u> </u>		<u> </u>	
(4)	,		<u> </u>	ļ		<u></u>	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5	reportable (column (column 6 x total of c		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1 Part I, line 7 column (A)	Enter here and on page 1 Part I, line 7 column (B)	
Totals			•	}	0.	0.	
Total dividends-received deductions in	ncluded in column	18	·			0.	
						Form 990-T (2016)	

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Page 4

Form 990-7 (2016) THE MARTIN V ALONZO FAMILY FOUNDATION 26-16233

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1	
(2)							
(3)							
(4)							
Totals from Part I		0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		-		0_

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2016)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 6
BUSINESS ACTIVITY

PASSTHROUGH FROM K-1'S
ARCHROCK PARTNERS
ENERGY TRANSFER PARTNERS
SUNOCO LOGISTICS PARTNERS LO
SUNOCO LP
PENNTEX MIDSTREAM PARTNERS LP

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 7
DESCRIPTION	AMOUNT
ARCHROCK PARTNERS LP ARCHROCK PARTNERS LP - PY LIMITED ALLOWED ON SALE ENERGY TRANSFER PARTNERS LP ENERGY TRANSFER PARTNERS LP - PTP LIMITATION SUNOCO LOGISTICS PARTNERS LP SUNOCO LOGISTICS PARTNERS LP - PTP LIMITATION SUNOCO LP PENNTEX MIDSTREAM PARTNERS PENNTEX MIDSTREAM PARTNERS - PTP LIMITATION	-7,371. -498. -6,127. 6,127. -85. 85. 276. -16.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-7,593.