efile GRAPHIC print - DO NOT PROCESS As Filed Data -

990-PF

DLN: 93491272006230

## OMB No. 1545-0052

Department of the Treasury Internal Revenue Service			ection 4947(a)(1) Tr		rivat	e Foundation			2019		
				enter social security nur www.irs.gov/Form990PF						pen to Public Inspection	
			19, or tax yea	r beginning 01-01-20	)19 , a	nd er	nding 12-31-				
	e of fou ARTIN FA	ndation AMILY FOUNDATIO	ON				A Employer id 26-1416403	lentification nu	ımbeı	r	
				not delivered to street address)	Room/suite			ımber (see instr	uction	ns)	_
8	01 SOU	TH DELAWARE AVI	ENUE				(813) 478-7453	•		,	
	or town PA, FL		e, country, and ZIP o	r foreign postal code			<b>C</b> If exemption	application is pe	endinç	g, check here	_
G C	neck all	I that apply:	☐ Initial return	☐ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganizations, che	eck he	re	- 7
			Final return	Amended return				rganizations me ck here and atta			_ ]
H C	neck tv	pe of organizati	Address char	nge	foundation			undation status			- 7
	,		nexempt charitab		e private foundation		under section	on 507(b)(1)(A),	check	k nere	
of	year (f	tet value of all a rom Part II, col. >\$ 3,015,566	. (c),	J Accounting method:  Other (specify) (Part I, column (d) must	✓ Cash ☐ Accru	ıal		ation is in a 60-i in 507(b)(1)(B),			]
Pa	rt I	of amounts in c		Expenses (The total (d) may not necessarily ee instructions).)	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted income	net	(d) Disbursements for charitable purposes (cash basis only	
	1	Contributions, schedule)	gifts, grants, etc.	, received (attach	61	ı					
	2	Check ► ✓ if Sch. B	the foundation is	<b>not</b> required to attach							
	3		vings and tempor	ary cash investments							_
	4		interest from sec	urities	47,490	)	47,490	)			
	5a	Gross rents									_
<u>e</u>	b 6a	Net rental inco	, ,	ssets not on line 10	-34,121	L			-		_
Revenue	b			on line 6a11,962							-
Rev	7		et income (from P								_
	8	Net short-term	n capital gain .								
	9										_
	10a b	Gross sales les Less: Cost of d	ss returns and allo goods sold	owances	<u> </u>						_
	c	_	(loss) (attach scl	nedule)							_
	11	Other income	(attach schedule)		3,248	3					_
	12	Total. Add line	es 1 through 11		16,678	3	47,490	)			
	13		•	ors, trustees, etc.							
	14 15		ee salaries and wa employee benefit	_							_
156	16a		ach schedule) .								_
Expenses	ь	Accounting fee	es (attach schedul	e)	<b>9</b> 3,600					3,60	00
e Ei	С	Other profession	onal fees (attach	schedule)							_
atív	17	Interest									_
Operating and Administrative	18 19	•	schedule) (see in: attach schedule) a	•	1,213	3	208	3		1,00	 —
AG	20										_
ם u	21	•	ences, and meetir ublications	-							_
e G	23			e)	<b>9</b> 86	5	86	j			-
atin	24		-	rative expenses.	_						_
ber		Add lines 13 th	-		4,899	9	294	·		4,60	)5
ن	25		gifts, grants paid		432,200					432,20	10
	26	Total expense 25	es and disburse	ments. Add lines 24 and	437,099	9	294	ļ <u></u>		436,80	)5
	27		26 from line 12:								_
	a	disbursemen			-420,421	ι					
	ь	Net investme	ent income (if ne	gative, enter -0-)			47,196	·	I		

Adjusted net income (if negative, enter -0-) . . .

Form 990-PF (2019)

Pa	rt II	Balance Sheets	should be for end-of-year amounts only. (See instructions.)	(a) Book Value		(a) Fair Market Value
	1	Cash—non-interest		150,661	<b>(b)</b> Book Value 48,60	(c) Fair Market Value 48,609
	2		prary cash investments	993,795	49,1	<del></del>
	3	Accounts receivabl		333,733	+3,1.	15,112
	3		r doubtful accounts ▶			
			►			
	4		r doubtful accounts ▶			
	_					
	5					
	6		om officers, directors, trustees, and other			
		•	s (attach schedule) (see instructions)			
	7		ans receivable (attach schedule) ▶			
			r doubtful accounts <b>&gt;</b>			
2	8	Inventories for sale	e or use			
Assets	9	Prepaid expenses a	and deferred charges			
۶ ا	<b>10</b> a	Investments—U.S.	and state government obligations (attach schedule)			
	b	Investments—corp	orate stock (attach schedule)	1,501,623	2,033,16	2,643,599
	C	Investments—corp	orate bonds (attach schedule)			
	11	Investments—land	, buildings, and equipment: basis 🕨			
		Less: accumulated	depreciation (attach schedule) ▶			
	12	Investments-mor	tgage loans			
	13	Investments—othe	r (attach schedule)	179,125	274,19	93 274,193
	14	Land, buildings, an	nd equipment: basis 🕨		<u> </u>	
		<del>-</del> :	depreciation (attach schedule)			
	15		ribe ▶)	345	<b>∞</b> ,	53 🕦 53
	16		e completed by all filers—see the		٠	1 2 2
		•	see page 1, item I)	2,825,549	2,405,12	3,015,566
_	17		and accrued expenses	_,,-		-,,
	17	• •	,			_
٠,	18					4
iti e	19					_
Liabilities	20		s, directors, trustees, and other disqualified persons			_
Lia	21		er notes payable (attach schedule)			_
	22	•	escribe •)			_
	23	Total liabilities(a	dd lines 17 through 22)			0
or Fund Balances			es 24, 25, 29 and 30.			
틸	24	Net assets without	donor restrictions			
۵ŏ	25	Net assets with do	nor restrictions			7
밀			do not follow FASB ASC 958, check here			7
ᆲ			: do not follow FASB ASC 958, check here ▶			
٥	26	•	•	2 925 540	2.405.11	20
ste	26		principal, or current funds	2,825,549	2,405,12	
Assets	27	·	urplus, or land, bldg., and equipment fund			4
	28		accumulated income, endowment, or other funds	2 025 540	2.405.47	
Net	29		or fund balances (see instructions)	2,825,549	2,405,12	-
	30		nd net assets/fund balances (see instructions) .	2,825,549	2,405,12	28
	rt IIII		hanges in Net Assets or Fund Balances	20 / 1 "!		
1			balances at beginning of year—Part II, column (a), lin on prior year's return)	, -	end- . <b>1</b>	2,825,549
2	-	er amount from Part			. 2	-420,421
3			uded in line 2 (itemize)		3	,. <u></u>
4					. 4	2,405,128
5			in line 2 (itemize) 🕨		5	
6	Tota	al net assets or fund	balances at end of year (line 4 minus line 5)—Part II,	column (b), line 29	. 6	2,405,128
				<u> </u>		Form <b>990-PF</b> (2019)

Page **2** 

instructions.

Page **3** 

	(a) List and describ 2-story brick wa	(b) How acquired P—Purchase D—Donation		(c) te acquired o., day, yr.)	(d) Date sold (mo., day, yr.)		
<b>1</b> a	1						
	<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	<b>h)</b> r (loss) ) minus (g)
a							
b					_		
с							
d					_		
e							
	Complete only for assets	s showing gain in column (h) and ow	i				D
E M V as of 12/31/69 Adjusted basis Excess			<b>(k)</b> of col. (i) . (j), if any	со	ıl. (k), bùt not	h) gain minus less than -0-) <b>or</b> om col.(h))	
a							
b							
С							
d							
e					+		
2	Capital gain net income	, ,	If gain, also enter in P If (loss), enter -0- in I		2		
3	•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	. , , , ,	)- · · · · . }	3		
Pari	AV Qualification I	Under Section 4940(e) for Re	duced Tay on Net	Investment I	ncome		
	-					<u></u>	
	ptional use by domestic p ion 4940(d)(2) applies, le	private foundations subject to the sec eave this part blank.	ction 4940(a) tax on ne	et investment inco	me.)		
		ne section 4942 tax on the distributal ot qualify under section 4940(e). Do			d?	☐ Y	es 🗹 No
1	Enter the appropriate an	nount in each column for each year;	see instructions before	making any entr	es.		
	(a) se period years Calendar (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab		(col.	(d) Distribution rati (b) divided by c	ol. (c))
	2018	362,710		2,991,181			0.121260
	2017	1,008,322		2,707,307			0.372445
	2016	418,695		3,024,181			0.138449
	2015	471,145		3,374,700			0.139611
	2014	743,879		3,820,019			0.194732
	Total of line 1, column (			2	+		0.966497
		o for the 5-year base period—divide to the following for the follo		.0, or by the   3			0.193299
		incharitable-use assets for 2019 from		4			2,789,228
	Multiply line 4 by line 3		•	5			539,155
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)					472
							539,627
		ions from Part XII, line 4 ,					436,805
		eater than line 7, check the box in Pa			ing a 1º	% tax rate. Se	e the Part VI

Page **6** 

Ба	During the year did the foundation p	ay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ N	,		
	(2) Influence the outcome of any sp							
	on, directly or indirectly, any vot	<del>-</del>		· · 🔲 Yes	✓ N	o		
	(3) Provide a grant to an individual (	• • • • • • • • • • • • • • • • • • • •		Yes	✓ N	o		
	(4) Provide a grant to an organization in section 4945(d)(4)(A)? See in		· -					
	(5) Provide for any purpose other th			· · L Yes	✓ N	0		
	educational purposes, or for the	•		· · 🗌 Yes	✓ N	<b>。</b>		
b	If any answer is "Yes" to $5a(1)-(5)$ ,					l		
	Regulations section 53.4945 or in a c			uctions	•	5b		
_	Organizations relying on a current no							
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?								
	If "Yes," attach the statement requir	· · · · · · · · · · · · · · · · · · ·		· · L Yes	⊔ N•	o		
5a	•	· -		ime on				
——————————————————————————————————————								
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								No
_	If "Yes" to 6b, file Form 8870.	pa, promano, an out, or me			•	132		1
7a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter trai	nsaction?	✓ N			
b	If "Yes", did the foundation receive a			⊔ res	. N	o   7b		
3	Is the foundation subject to the secti	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🔲 Yes	<b>✓</b> №	, L		
	Information About O	fficers, Directors, Trus	tees, Foundation Ma				,	
Pa	and Contractors		·	,	•	•		
1	List all officers, directors, trustee	s, foundation managers a	nd their compensation	. See instructions				
		(b) Title, and average	(c) Compensation (If	(d) Contributions t		e) Exper	nse acc	ount.
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensati	sano   `	other a		
ee /	Additional Data Table	uevettu te pesitiei.	- ,	acioni da componida.	-			
2	Compensation of five highest-pai	d employees (other than t	hose included on line	L—see instructions). I	f none,	enter "	NONE	."
٠.,١	Name and address of each ampleyee	(b) Title, and average		(d) Contributions t		.) Evnon		
aj	Name and address of each employee p more than \$50,000	nours per week	(c) Compensation	employee benefit		Expen) <b>(e</b> other al		
		devoted to position		compensation				
ON	E							
oto	I number of other employees paid ove		1					
ota	i number of other employees paid ove	:: ф.50,000:		· · · · · · · · ·		orm <b>99</b>	0-PE	(2010
					Г	OIIII <b>3</b> 3	J-PF	(SOT)

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	"NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel- organizations and other beneficiaries served, conferences convened, research papers produ	evant statistical information such as the number uced, etc.	r of Expenses
1	,	
2		—
3		
4		
		_
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during t		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		<b>•</b>
Iotal. Add lines 1 through 3		Form 900 PE (2010)

1a

1b

2

3a 3b

4

5

436,805

436,805

436.805

Form 990-PF (2019)

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

b

2

3

4

5

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

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

138,517

Form **990-PF** (2019)

Page 9

Form 990-PF (2019)								
Part XIII Undistributed Income (see instruc								

- 1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019:
- a Enter amount for 2018 only. . . . . .
- Excess distributions carryover, if any, to 2019: a From 2014. . . . . 557.400
- 309,496 **b** From 2015. . . . . c From 2016. . . 269.060
- d From 2017. . . . .
- e From 2018. . . . .

c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

**b** Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract 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. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2014 not

indicated below:

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

- 214,109 f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$
- a Applied to 2018, but not more than line 2a
- **b** Applied to undistributed income of prior years
  - (Election required—see instructions). . . . .

309.496 269,060

874.355

214,109

298.288

874.355

298.288

2,522,708

557,400

1,965,308

2,224,420

(a)

Corpus

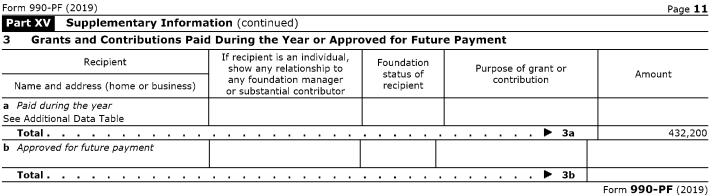
(b)

Years prior to 2018

(c)

2018

Forr	n 990-PF (2019)					Page 10
:	art XIV Private Operating Found	<b>ations</b> (see instr	uctions and Part \	/II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizat	ion is a private oper	ating foundation des	scribed in section $\Box$	4942(j)(3) or 🛚	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	- (e) iotai
	year listed					
b	85% of line 2a					
С	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.  Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"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					
	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					
Da	supplementary Information			foundation had	\$5,000 or more	in
	assets at any time during th		ructions.)			
1 a	<b>Information Regarding Foundation Man</b> List any managers of the foundation who have before the close of any tax year (but only if	e contributed more				on
	MARIE ALLAN MARTIN	,		, ,	, ,	
b	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the	
2	Information Regarding Contribution, Gr					
	Check here ▶ ☐ if the foundation only mak	es contributions to	preselected charitab	le organizations and	does not accept	
	unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr	ants, etc. to individu			
a	The name, address, and telephone number	or e-mail address of	the person to whom	n applications should	be addressed:	
	ALLAN AND MARIE MARTIN 801 S DELAWARE AVE					
	N/A					
	TAMPA, FL 33606					
	(813) 478-7453					
b	The form in which applications should be su	bmitted and informa	tion and materials t	hey should include:		
	BY LETTER DESCRIBING PURPOSES AND NE	EDS OF THE ORGAN	NIZATION.			
С	Any submission deadlines: NO SUBMISSION DEADLINES					
d	Any restrictions or limitations on awards, su	ch as by geographic	al areas, charitable	fields, kinds of instit	utions, or other	
	factors: THE FOUNDATION'S MISSION IS TO PROVID	DE FOR OPPORTUNI	TIES TO EXPAND CA	THOLIC EDUCATION	AND TO PROMOTE	PRO-LIFE
	INITIATIVES.					



Enter gros	s amounts unless otherwise indicated.	Unrelated bu	ısiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	m service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
c						
-	and contracts from government agencies					
_	ership dues and assessments					
3 Intere	st on savings and temporary cash ments					
4 Divide	nds and interest from securities			14	47,490	
	ntal income or (loss) from real estate:					
	-financed property.					
	debt-financed property					
	ntal income or (loss) from personal property investment income.					
	r (loss) from sales of assets other than					
invent	` ,			18	-34,121	
9 Net in	come or (loss) from special events:				,	
10 Gross	profit or (loss) from sales of inventory					
<b>11</b> Other						
	HANNON PARK LLC			16	3,248	
u						
	tal. Add columns (b), (d), and (e).				16,617	
	Add line 12, columns (b), (d), and (e)			13	3	16,617
(See w	orksheet in line 13 instructions to verify calcu	ılations.)				
Part XV	<del>-</del>					
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)					
	i					

Fo	rm 990-PF (20:	19)		Pa	ge <b>13</b>
	Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able		
1		ization directly or indirectly engage in any of the following with any other organization described in section 501 n section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
ä	a Transfers from	n the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash.		1a(1)		No
	(2) Other as	sets	1a(2)		No
ŀ	Other transac	tions:			

a iransi	rers from the reporting foun	dation to a nonchar	ritable exemp	ot organization	1 οτ:					
(1)	Cash								1a(1)	No
(2)	Other assets								1a(2)	No
<b>b</b> Other	transactions:									
	Sales of assets to a nonchar	itable evemnt organ	nization						1b(1)	No
	Purchases of assets from a r							• •	1b(2)	No
		·	_						<del>- ` '</del>	_
	Rental of facilities, equipmen	•						• •	1b(3)	No.
	Reimbursement arrangemen							•	1b(4)	No
	oans or loan guarantees.								1b(5)	No
( <b>6</b> ) P	erformance of services or m	embership or fundr	aising solicita	ations				•	1b(6)	No
	ng of facilities, equipment, r		•					•	1c	No
of the	answer to any of the above goods, other assets, or ser transaction or sharing arra	vices given by the r	eporting four	ndation. If the	foundation r	received	l less than fair ma	arket valu		
(a) Line N	o. <b>(b)</b> Amount involved	(c) Name of noncha	ritable exempt	organization	(d) Descrip	ption of t	ransfers, transaction	s, and sha	ring arranger	nents
	foundation directly or indire	•		•	·	-		F	<u>.</u>	
	bed in section 501(c) (other	•	c)(3)) or in s	ection 527? .			⊔`	Yes 🗅	<b>∠</b> l No	
<b>b</b> If "Ye	s," complete the following s									
	(a) Name of organization	on	(b) ⊤	ype of organizat	ion		(c) Description	on of relati	onship	
					<u> </u>					
	Under penalties of perjury, of my knowledge and belief which preparer has any knowledge.	, it is true, correct,						based on	all informa	tion of
Sign Here	*****		20	20-07-01	***	****		returr	he IRS discus า he preparer s	
	Signature of officer or t	rustee	Da	te	Title	е		below (see i	nstr.) 🗆 <b>Ye</b>	s □ No
	Print/Type preparer's	name Prepa	rer's Signatu	ıre	Date		Check if self-	PTIN		_
Paid	LUCIANO PRIDA JE	3			2020-07		employed ▶ □		P00154844	ţ
Prepai	rer Firm's name ▶ PRIC	A GUIDA & PEREZ	PA						TN 5 50 15	

			-			
	<u> </u>					
Is the f	foundation directly or indirectly affilia	ited with, or relate	d to, one or more	tax-exempt orga	nizations	
describ	ed in section 501(c) (other than sect	ion 501(c)(3)) or	in section 527? .		🗆	Yes 🗹 No
If "Yes,	," complete the following schedule.					
	(a) Name of organization	(	(b) Type of organization (c) Description			on of relationship
	Inder penalties of perjury, I declare that I have f my knowledge and belief, it is true, correct, a which preparer has any knowledge.		and complete. Declaration of prep		er than taxpayer) is	based on all information of  May the IRS discuss this
	Cianatura of officer or turnets			\		return with the preparer shown
	Signature of officer or trustee		Date	Title		with the preparer shown below
	Print/Type preparer's name	Preparer's Sig		Title	Check if self-	with the preparer shown below
aid		Preparer's Sig		1	Check if self- employed ▶ □	with the preparer shown below (see instr.) Yes No
epare	Print/Type preparer's name  LUCIANO PRIDA JR  er  Firm's name ▶ PRIDA GUIDA			Date		with the preparer shown below (see instr.) Yes No
aid repare se On	Print/Type preparer's name  LUCIANO PRIDA JR  er  Firm's name ▶ PRIDA GUIDA	& PEREZ PA		Date		with the preparer shown below (see instr.) Yes No
epar	Print/Type preparer's name  LUCIANO PRIDA JR  er  Firm's name ▶ PRIDA GUIDA	& PEREZ PA		Date		with the preparer shown below (see instr.) Yes No

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred

			compensation	
MARIE B MARTIN	PRESIDENT	0	0	C
801 S DELAWARE AVE TAMPA, FL 33606	2.00			

	TRESIDENT	·		·
801 S DELAWARE AVE TAMPA, FL 33606	2.00			
ALLAN S MARTIN	TREASURER	0	0	0
801 S DELAWARE AVE	2.00			

			l	
801 S DELAWARE AVE TAMPA, FL 33606	2.00			
ALLAN S MARTIN	TREASURER	0	0	0
TAMPA, FL 33606				

801 S DELAWARE AVE TAMPA, FL 33606	2.00	0	U	U
AMELJA MARTIN	DIRECTOR	0	0	0
4221 W AZEELE ST TAMPA, FL 33609	2.00			

TAMPA, FL 33606				
AMELJA MARTIN	DIRECTOR	0	0	0
4221 W AZEELE ST TAMPA, FL 33609	2.00			
SAMUEL MARTIN	DIRECTOR	0	0	0
712 C HOWARD AVE ART 412	2.00			1

712 S HOWARD AVE APT 412 TAMPA, FL 33606	2.00			
KATHERINE M SOGOLOW	DIRECTOR	0	0	0
801 S DELAWARE AVE	2.00			

KATHERINE M SOGOLOW	DIRECTOR	0	0	0
801 S DELAWARE AVE TAMPA, FL 33606	2.00			
BENJAMIN MARTIN	DIRECTOR	0	0	0

801 S DELAWARE AVE TAMPA, FL 33606	2.00			
BENJAMIN MARTIN	DIRECTOR	0	0	0
4221 W AZEFLE ST	2.00			

DIRECTOR 2.00

TAMPA, FL 33609 ZACHARY A SOGOLOW

801 S DELAWARE AVE TAMPA, FL 33606

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

A KID'S PLACE TAMPA BAY 1715 LITHIA PINECREST RD BRANDON, FL 33511	NONE	N/A	CHARITY	5,000
ACADEMY OF HOLY NAMES	NONE	N/A	CHARITY	2,500

ACADEMY OF HOLY NAMES 3119 BAYSHORE BLVD TAMPA, FL 33629	NONE	N/A	CHARITY	2,500
ALPHA HOUSE201 S TAMPANIA AVENUE	NONE	N/A	CHARITY	5,000

TAMPA, FL 33629				
ALPHA HOUSE201 S TAMPANIA AVENUE TAMPA, FL 33609	NONE	N/A	CHARITY	5,000

432,200

,				i
ALPHA HOUSE201 S TAMPANIA AVENUE TAMPA, FL 33609	NONE	N/A	CHARITY	5,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

AMERICAN ASSOCIATION OF PRO-LIFE PO BOX 395 EAU CLAIRE, MI 49111	NONE	N/A	CHARITY	5,000
BELMONT ABBEY COLLEGE 100 BELMONT-MT HOLLY RD	NONE	N/A	CHARITY	5,000

BELMONT ABBEY COLLEGE 100 BELMONT-MT HOLLY RD BELMONT, NC 28012	NONE	N/A	CHARITY	5,000
BOB GILBERTSON CENTRAL CITY FAMILY YMCA110 EAST PALM AVE TAMPA, FL 33602	NONE	N/A	CHARITY	5,000

BELMONT, NC 20012				
BOB GILBERTSON CENTRAL CITY FAMILY YMCA110 EAST PALM AVE TAMPA, FL 33602	NONE	N/A	CHARITY	5,000

432,200

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient

Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
BOSTON COLLEGE 140 COMMONWEALTH AVE	NONE	N/A	CHARITY	5,000

CHESTNUT HILL, MA 02467				
CARITAS IN VERITATE INTERNATIONAL 3443 N CENTRAL AVE 1002 PHOENIX, AZ 85012	NONE	N/A	CHARITY	75,000

CARITAS IN VERITATE INTERNATIONAL 3443 N CENTRAL AVE 1002 PHOENIX, AZ 85012	NONE	N/A	CHARITY	75,000
CENTRO TEPEYAC WOMEN'S CENTER 12247 GEORGIA AVE SILVER SPRING, MD 20902	NONE	N/A	CHARITY	10,000

1	Total			▶ 3a	432,200
	CENTRO TEPEYAC WOMEN'S CENTER 12247 GEORGIA AVE SILVER SPRING, MD 20902	NONE	N/A	CHARITY	10,00
	3443 N CENTRAL AVE 1002 PHOENIX, AZ 85012				,

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Hame and dadress (nome of basiness)	or substantial contributor			
a Paid during the year				
CRISTO REY TAMPA HIGH SCHOOL	NONE	N/A	CHARITY	5,000

6400 F CHELSEA ST

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

TAMPA, FL 33610				
DIVINE MERCY UNIVERSITY 2001 JEFFERSON DAVIS HWY ARLINGTON, VA 22202	NONE	N/A	CHARITY	5,000

DIVINE MERCY UNIVERSITY 2001 JEFFERSON DAVIS HWY ARLINGTON, VA 22202	NONE	N/A	CHARITY	5,000
HOUSTON COALITION FOR LIFE PO BOX 301094	NONE	N/A	CHARITY	2,500

ARLINGTON, VA 22202				
HOUSTON COALITION FOR LIFE PO BOX 301094 HOUSTON, TX 77230	NONE	N/A	CHARITY	2,500

HOUSTON COALITION FOR LIFE PO BOX 301094 HOUSTON, TX 77230	NONE	N/A	CHARITY	2,500
Total			▶ 3a	432,200

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Baid during the year

Total .

a Paid during the year				
JESUIT HIGH SCHOOL 4701 N HIMES AVE TAMPA, FL 33614	NONE	N/A	CHARITY	100,000
MARY'S MERCY CENTERPO BOX 7563	NONE	N/A	CHARITY	5,000

TAMPA, IL 33014				
MARY'S MERCY CENTERPO BOX 7563 SAN BERNADINO, CA 92411	NONE	N/A	CHARITY	5,
MEALS ON WHEELS	NONE	N/A	CHARITY	130,

SAN BERNADINO, CA 92411				
MEALS ON WHEELS 550 W HILLSBOROUGH AVENUE TAMPA FL 33603	NONE	N/A	CHARITY	130,000

432,200

TAMPA, FL 33603	MEALS ON WHEELS	NONE	N/A	CHARITY	130,00
	550 W HILLSBOROUGH AVENUE TAMPA, FL 33603				

N/A	CHARITY	13

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
METROPOLITAN MINISTRIES	NONE	N/A	CHARITY	5,000

TAMPA, FL 33602				
MONASTERY OF CHRIST IN THE DESERT PO BOX 270	NONE	N/A	CHARITY	2,500
ABIOUIU.NM 87510				

MONASTERY OF CHRIST IN THE DESERT PO BOX 270 ABIQUIU, NM 87510	NONE	N/A	CHARITY	2,500
ST PETER CLAVER SCHOOL 1401 N GOVENOR ST	NONE	N/A	CHARITY	10,000

ABIQUIU, NM 87510				
ST PETER CLAVER SCHOOL 1401 N GOVENOR ST TAMPA, FL 33602	NONE	N/A	CHARITY	10,000

432,200

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

ST THERESE OF THE LITTLE FLOWER WORLD MISSION 701 S HOWARD AV 106-423 TAMPA, FL 33606	NONE	N/A	CHARITY	5,700
ST MARY'S DOMINICAN HIGH SCHOOL	NONE	N/A	CHARITY	5,000

TAMPA, FL 33606				
ST MARY'S DOMINICAN HIGH SCHOOL 7701 WALMSLEY AVE NEW ORLEANS, LA 70125	NONE	N/A	CHARITY	5,000
STUDENTS FOR LIFE OF AMERICA	NONE	N/A	CHARITY	25,000

7701 WALMSLEY AVE NEW ORLEANS, LA 70125	NONE	N/A	CHARITY	5,000
STUDENTS FOR LIFE OF AMERICA 4755 JEFFERSON DAVIS HWY FREDERICKSBURG, VA 22408	NONE	N/A	CHARITY	25,000

3a

432,200

Total .

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Total.

a Paid during the year				
THE PIARIST FATHERSPO BOX 11822 FT LAUDERDALE, FL 33339	NONE	N/A	CHARITY	9,000

FT LAUDERDALE, FL 33339				
TRINITY CAFE1603 N FLORIDA AVE TAMPA, FL 33602	NONE	N/A	CHARITY	5,000

432,200

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
TY 2019 Accounting Fe		I FAMILY FOUNDATIO	ON						
<u> </u>									
efile GRAPHIC print - DO NOT P	ROCESS As Filed	Data -	DI	N: 93491272006230					

3,600

INDIRECT ACCOUNTING FEES

lote: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.	
TY 2019 Gain/Loss from Sale of Other Assets Schedule	
Name: MARTIN FAMILY FOUNDATION	

DLN: 93491272006230

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

COLETAYLOR

**EIN:** 26-1416403

Gain Loss Sale Othe	Gain Loss Sale Other Assets Schedule									
Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
OFFICE PPTYS INCOME TR	2014-12	PURCHASE	2019-06		11,890	46,083			-34,193	
5/3 PREV MBFI-		PURCHASE			72				72	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491272006230
TY 2019 Investments Corporat	e Stock Sche	iule

Name: MARTIN FAMILY FOUNDATION

CHARLES SCHWAB EQUITIES

MB FINANCIAL

CHARLES SCHWAB OTHER ASSETS

<b>EIN:</b> 26-1416403	
Investments Corporation Stock Schedule	

Name of Stock	End of Year Book	End of Year Fair
Investments Corporation Stock Schedule		
<b>EIN.</b> 20 1410403		

**Market Value** 

2,642,693

476

430

**Value** 

1,992,601 40,560

20 2120100		
Investments Corporation Stock Schedule		
Name of Stock End of Year	Book En	d

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491272006230
TY 2019 Investments - Other S	Schedule	
Name: N	MARTIN FAMILY F	OUNDATION

100,989

100,989

Hamer	MARCHINE TAMELLE TOOMDATE	•	
EIN:	26-1416403		
Investments Other Schedule 2			

FINBACK EVOLV

	110-103		
Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value

Category/ Item	FMV	Book value	Market Value
VW SHANNON PARK	AT COST	173,204	173,204

AT COST

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: MARTIN FAMILY FOUNDATION

UNDEPOSITED FUNDS FEDERAL TAX DEPOSIT

Other Assets Schedule

**EIN:** 26-1416403

Description Beginning of Year -End of Year - Book **Book Value** 

343

Value

End of Year - Fair Market Value

56

DLN: 93491272006230

56

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491272006230			
TY 2019 Other Expenses Schedule							
Name:	MARTIN FAMILY FOUNDATION						
EIN:	26-1416403						
Other Expenses Schedule			1				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							

86

BANK CHARGES

efile GRAPHIC print - DO NOT PROCESS

Name: MARTIN FAMILY FOUNDATION

As Filed Data -

**EIN:** 26-1416403

VW SHANNON PARK LLC

Other Income Schedule

Description

Revenue And

3,248

**Expenses Per Books** 

Net Investment

Adjusted Net Income

Income

DLN: 93491272006230

efile GRAPHIC print - DO NOT PROC	CESS As Filed Data	As Filed Data -		DLN: 93491272006230		
TY 2019 Taxes Schedule						
Name: MARTIN FAMILY FOUNDATION EIN: 26-1416403						
Catagami				1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Category  CY EXCISE TAX	Amount 944		_	for Charitable		
			_	for Charitable Purposes		