Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

▶Do not enter social security numbers on this form as it may be made public. ▶Go to www irs gov/Form990PF for instructions and the latest information.

Open to Public Inspection

F	or calen	dar year 2019 or tax year beginning ,	and ending				
_	Name of fo	oundation			A Emple	oyer identification number	
	Mart	in Family Foundation		}	91	-2089435	
=		d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		hone number (see instruction:	5)
		H Avenue			360	0-982-2991	
	-	n, state or province, country, and ZIP or foreign postal code			C If exer	mption application is pending,	check here
_		ortes WA 98221					
ク ^G	Check		rn of a former public c	hanty	D 1 Fo	reign organizations, check he	re 🕨 📙
5		Final return Amended		1		reign organizations meeting t	
<u> </u>		Address change Name cha			85	% test, check here and attach	computation
゚゚゚゚゚゚゚゚゚゚゚゚	•	type of organization X Section 501(c)(3) exempt private		1	-	ate foundation status was tem	ninated under
$I \perp$		n 4947(a)(1) nonexempt chantable trust Other taxab			section	n 507(b)(1)(A), check here	• 🗆
ı		rket value of all assets at J Accounting method	X Cash Acc	rual		foundation is in a 60-month te	
	•	/ear (from Part II, col (c), Other (specify)		{	under	section 507(b)(1)(B), check h	ere
_	line 16)						(d) Disbursements
L	ranı_	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inves	tment	(c) Adjusted net	for chantable
		the amounts in column (a) (see instructions))	books	income		income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	8,239		3,239	8,239	
	4	Dividends and interest from securities	54,191	54	1,191	54,191	
S	5a	Gross rents	<u> </u>				!
P	b b	Net rental income or (loss)	400.000				
Z	€ 6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	130,858				
2	ا آھِ	Gross sales price for all assets on line 6a 704,030					
SCAININES	F 7	Capital gain net income (from Part IV, line 2)		84	1,872	0	
۲.	8	Net short-term capital gain					
JAN	9 10a	Income modifications					
	b	Gross sales less returns and allowances Less Cost of goods sold					
_ 	٦	Gross profit or (loss) (attach schedule)					
~	11	Other income (attach schedule) Stmt 2	295,656			295,656	
2 202	12	Total. Add lines 1 through 11	488,944	147	,302	358,086	<u></u>
۲,-	42	Compensation of officers, directors, trustees, etc	0				 :
C C 1 AFR	14	Other employee salanes and wages				Recei	ed In Corres
→ §	15	Pension plans, employee benefits		<u></u>			- OSC 06
,	16a	Legal fees (attach schedule)			1		
_	l b	Accounting fees (attach schedule) Stmt 3	910			DF	1 5 2020
J4 C J C C U Administrative		Other professional fees (attach schedule) Stmt 4	16,891	16	,891		
֓֞֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֓	17	Interest					len, Utah
ر ب	18	Taxes (attach schedule) (see instructions) Stmt 5	1,618				- Can
<u> </u>	19	Depreciation (attach schedule) and depletion		-			
† ₹ •	20	Occupancy					
בי קייני	21	Travel, conferences, and meetings			\longrightarrow		
		Printing and publications Other expenses (att sch) Stmt 6	15		+		
2	23	Other expenses (att sch) Total operating and administrative expenses.	1,0				
Operating	! -	Add lines 13 through 23	19,434	16	,891	o	0
ءِ ج	25	Contributions, gifts, grants paid See Statement 7	244,000		,		244,000
C	26	Total expenses and disbursements. Add lines 24 and 25	263,434	16	,891	0	244,000
	27	Subtract line 26 from line 12			<u>, </u>		1
4601	a	Excess of revenue over expenses and disbursements	225,510				
2	b	Net investment income (if negative, enter -0-)		130	,411		
2	l c	Adjusted net income (if negative, enter -0-)			$\neg \neg$	358,086	

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2019)

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with		
end-of-year figure reported on prior year's return)	1	3,277,959
2 Enter amount from Part I, line 27a	2	225,510
3 Other increases not included in line 2 (itemize) ▶	3	•
4 Add lines 1, 2, and 3	4	3,503,469
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	3,503,469

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91-2089435 Form 990-PF (2019) Martin Family Foundation Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired (d) Date sold (a) List and describe the kind(s) of property sold (for example, real estate, (c) Date acquired P - Purchase 2-story bnck warehouse, or common stock, 200 shs MLC Co) (mo , day, yr) (mo , day, yr) D - Donation Trust Company TIAA CREF 1a SW Multifamily Portfolio fund b C d е (a) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price ((e) plus (f) minus (a)) olus expense of sale (or allowable) 84,872 84,872 а b C d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (I) FMV as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col (j), if any 84,872 а C d е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 84,872 If (loss), enter -0- in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0- in Part I, line 8 Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (d) (b) (c) Base period years Distribution ratio Adjusted qualifying distributions Net value of nonchantable-use assets (col (b) divided by col (c)) Calendar year (or tax year beginning in) 3,361,928 221,000 0.065736 2018 211,000 3,310,854 0.063730 2017 220,094 3,152,734 0.069811 2016 223,000 2015 225,231 2014 0.199277 0.066426 3 IRS-OSC 06 4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 DEC 1 5 2020 5 5 Multiply line 4 by line 3 Ogden, Utah 1,304 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 1,304 7 7 Add lines 5 and 6 244,000 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. See the

Part VI instructions

For	n 990-PF (2019) Martin Family Foundation 91-2089435					Page ·
I P	art VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<u> </u>	see in	struc	tion	<u>s)</u>
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1	} }	J			
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	l I	_			304
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here X and enter 1% of Part I, line 27b	}				
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	l	_			
	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	<u> </u>			
3_	Add lines 1-and 2	3			1,	304
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	<u> </u>			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	<u> </u>		1,	304
6	Credits/Payments	j				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a		1			
ь	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868)	┙	1			
d	Backup withholding erroneously withheld 6d]	_			
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				49
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			1,	353
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶	11	<u> </u>			
l Pa	art 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			L	Yes	No
	participate or intervene in any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			ł		}
	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					1
	published 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			Ì	ł	
	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 Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed, on foundation managers \$ 4000 His "Yes" attach a detailed description of the activities.	<u>ල</u> ුද		1	1	1
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed,	000	જ	1		1
	on foundation managers \\$ Has the foundation engaged in any activities that have not previously been reported to the IRS? The "Yes" attach a detailed description of the activities.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	in res, attach a detailed description of the activities			Ì		i
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles 1/2					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		_	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		L
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T			i		1 '
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	Ь—
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 P.	art XV		7	X	_
8a	Enter the states to which the foundation reports or with which it is registered. See instructions WA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					لا
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					لا
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"					
	complete Part XIV			9	X	— —
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10	لنسر	X

If "Yes," did it have excess business holdings in 2019 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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the

foundation had excess business holdings in 2019)

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X

3b

4a

4b

N/A

Form 990-PF (2019) Martin	Family Foundation	91-2	2089435			P	age (
Part VII-B Statements R	egarding Activities for Which Fo	rm 4720 May Be	Required (conf	tinued)			
5a During the year did the foundation	on pay or incur any amount to					Yes	No
(1) Carry on propaganda, or oti	nerwise attempt to influence legislation (see	ction 4945(e))?	□ ٧	es 🛛 No			
(2) Influence the outcome of an	y specific public election (see section 4955), or to carry on,	_				
directly or indirectly, any vot	er registration drive?		□ Υ	es 🗓 No			
(3) Provide a grant to an individ	ual for travel, study, or other similar purpos	ses?	∐ Y	es X No			
(4) Provide a grant to an organi	zation other than a charitable, etc , organiz	ation described in	_				
section 4945(d)(4)(A)? See	•	-	Y	es X No			
• • • • • • • • • • • • • • • • • • • •	er than religious, charitable, scientific, litera	ary, or educational	_				
• • • • • • •	on of cruelty to children or animals?			es X No			
• • • • • • • • • • • • • • • • • • • •	5), did any of the transactions fail to qualif	•		4-			
	or in a current notice regarding disaster as:		ns	N/A	5b		
· ·	nt notice regarding disaster assistance, chi			▶ [_]			ĺ
· ·	n 5a(4), does the foundation claim exemption	on from the tax	(- 🗔				l
because it maintained expenditu			N/A 🔲 Y	es 📙 No			İ
	quired by Regulations section 53 4945-5(d	,					l
	ear, receive any funds, directly or indirectly,	to pay premiums					
on a personal benefit contract?				es X No			
- ·	ear, pay premiums, directly or indirectly, on	a personal benefit cont	ract?		6b		X
If "Yes" to 6b, file Form 8870							!
	was the foundation a party to a prohibited t		اسسا	es X No			
	ve any proceeds or have any net income a		ction?	N/A	7b		
	ection 4960 tax on payment(s) of more that	n \$1,000,000 in		[V]			
remuneration or excess parachu		5 14: 34		es X No		j	
	out Officers, Directors, Trustees	, Foundation Man	agers, Highly	Paid Employ	ees,		
and Contractor	s es, and foundation managers and their	aammanaatian Saa ir					
List all officers, directors, truste	es, and foundation managers and their	compensation. See in	Tistructions.		ı		
(a) N	ame and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit	(e) Ex	pense ac	count,
(4)	arre and address	devoted to position	enter -0-)	plans and deferred compensation	othe	r allowan	nces
Roy W Martin	Anacortes	Trustee	 	compensation	<u> </u>		
818 H Avenue	WA 98221	0.00	اها	0	İ		0
Darlene E Martin	Anacortes	Trustee	1	<u>~</u>			<u>`</u>
818 H Avenue	WA 98221	0.00	اها	0			0
		3.00					
2 Compensation of five highest-r	paid employees (other than those includ	led on line 1 – see ins	structions). If none	enter	L		
"NONE."	^		,	,, 0			
	employee paid more than \$55/000 Company Compan	(b) Tile and average		(d) Contributions to			
(a) Name and address of each e	employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense ac	
	10. O. 10	devoted to position		plans and deferred compensation	other	allowan	œs
NONE	UFC SC OFF						
	15 06	³					
	On 2020						
	Scott in the second sec						
	Mel						
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			<u></u>		•		
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			i -				
			1	ı			

Part VIII Information About Officers, Directors, Trustees, Foundation M	-2089433 anagers. Highly Paid F	Page <i>i</i> imployees
and Contractors (continued)		p.cycco,
3 Five highest-paid independent contractors for professional services. See instructions. If	none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	 	
	<u> </u>	•
Total 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 relevant statistical information such as the nun organizations and other beneficianes served, conferences convened, research papers produced, etc.	nber of	Expenses
1 Support cheritable activities		
~~		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)	· · · · · · · · · · · · · · · · · · ·	<i>'</i>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
(Sein)	_	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	9/	
	<i>S</i> C.	
	00,00	
	2//2-	
All other program-related investments. See instructions		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1 N/A  All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	•	

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions

Adjusted qualifying distributions. Subtract line 5 from 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 the section 4940(e) reduction of tax in those years

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244,000

3b

4

Form	990-PF (2019) Martin Family Fo	undation	91-20894	35	Page 9		
_	art XIII   Undistributed Income (see in						
		(a)	(b)	(c)	(d)		
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019		
	line 7						
2	Undistributed income, if any, as of the end of 2019	)					
	Enter amount for 2018 only			<u> </u>	ļ		
b	Total for prior years 20 , 20 , 20						
_3_	Excess_distributions_carryover, if any, to 2019	<del></del>			İ		
-	From 2014						
b	From 2015				'		
С	From 2016						
d			İ				
	From 2018						
	Total of lines 3a through e	··			ļ		
4	Qualifying distributions for 2019 from Part XII,		İ				
_	line 4 <b>\$ 244,000</b>						
	Applied to 2018, but not more than line 2a						
D	Applied to undistributed income of prior years						
^	(Election required – see instructions)  Treated as distributions out of corpus (Election				1		
Ü	required – see instructions)						
d	Applied to 2019 distributable amount				'		
	Remaining amount distributed out of corpus	244,000					
5	Excess distributions carryover applied to 2019			-			
	(If an amount appears in column (d), the same						
	amount must be shown in column (a)						
6	Enter the net total of each column as						
	indicated below:						
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	244,000					
b	Prior years' undistributed income. Subtract						
	line 4b from line 2b						
С	Enter the amount of prior years' undistributed						
	income for which a notice of deficiency has		_				
	been issued, or on which the section 4942(a)		<b>1</b>	2.			
	tax has been previously assessed			<b>9</b> 6.			
d	Subtract line 6c from line 6b Taxable		^	2,60			
	amount – see instructions			10 m			
е	Undistributed income for 2018 Subtract line		0				
	4a from line 2a Taxable amount – see	]	**************************************	20 1 RE			
	Instructions	<u> </u>	37.	· 03	<u> </u>		
ı	Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be		000 V	3			
	distributed in 2020						
7	Amounts treated as distributions out of corpus	10			1		
•	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						
	applied on line 5 or line 7 (see instructions)		_		<u> </u>		
9	Excess distributions carryover to 2020.						
	Subtract lines 7 and 8 from line 6a			· · · · · · · · · · · · · · · · · · ·			
10	Analysis of line 9						
а	Excess from 2015		l				
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018				]		
<u>e</u>	Excess from 2019	<u> </u>					

	art XIV Private Operating Foundation			rt VII-A guestion C			Page 10
1a	If the foundation has received a ruling or				<u>'}</u>		
ıa	foundation, and the ruling is effective for a			iurig			N/A
<b>h</b>	Check box to indicate whether the found			shod in costion 🔽 40	42(j)(3) or	4942(	
b		Tax year	ning loundation descr	Prior 3 years	42()(3) or	49420	])(5)
2a	Enter the lesser of the adjusted net	(a) 2019	(b) 2018	(c) 2017	(d) 201		(e) Total
	income from Part I or the minimum	(u) 2010	(6) 2010	(6) 2017	(u) 201	<del>'                                    </del>	
	investment return from Part X for	o	52,391	41 221	E 1	605	145 407
_	each year listed		44,532	41,331 35,131		,685	145,407 123,595
b	85% of line 2a  Qualifying distributions from Part XII,		44,332	33,131		,,932	123,393
С	line 4, for each year listed	244,000	221,000	211,000	221	.,300	897,300
d	Amounts included in line 2c not used directly	244,000	221,000	211,000		,300	
u	for active conduct of exempt activities						
_	` <u>'</u>		<del></del>			<del></del>	
е	Qualifying distributions made directly						
	for active conduct of exempt activities  Subtract line 2d from line 2c	244,000	221,000	211,000	221	.,300	897,300
2	<u> </u>	244,000	221,000	211,000	221	,300	697,300
3	Complete 3a, b, or c for the						
_	alternative test relied upon						
а	"Assets" alternative test – enter	ļ					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under</li></ul>	<del></del>	<del></del>		<del></del>	-	
	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test – enter 2/3	<del></del>					
_	of minimum investment return shown in						
	Part X, line 6, for each year listed		112,064	110,362	105	,091	327,517
С	"Support" alternative test – enter					<del></del>	
	(1) Total support other than gross						
	investment income (interest,		j	Teo.			
	dividends, rents, payments on			400		j	
	securities loans (section		^	(0, 0);			
	512(a)(5)), or royalties)	<del></del> +		- 0,2c -		<del></del>	
	(2) Support from general public and 5 or more exempt		O. `	12 00/20		ĺ	
	organizations as provided in		80%	1 2 2 2 2 2 W		1	
	section 4942(j)(3)(B)(iii)			180		L	
	(3) Largest amount of support from			As of of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state			
	an exempt organization	<u>_</u>					
	(4) Gross investment income						<del></del>
_Pa	rt XV Supplementary Informa	ation (Complete 1	this part only if t	the foundation ha	d \$5,000 o	r more i	in assets at
	any time during the ye		ions.)				<del></del>
1	Information Regarding Foundation Mai	_					
а	List any managers of the foundation who				*	on	
	before the close of any tax year (but only	if they have contribute	d more than \$5,000)	(See section 507(d)(2)	)		
	See Statement 9	100/		<del></del>			<del></del>
b	List any managers of the foundation who o		•		portion of the		
	ownership of a partnership or other entity) $\mathbf{N/A}$	or which the foundation	on nas a 10% or grea	ter interest			
2	Information Regarding Contribution, Gi	ant Gift Loan Sch	plarship etc. Progr	ame.			<del></del>
-	Check here ► X if the foundation only				es not accent		
	unsolicited requests for funds. If the found						
	complete items 2a, b, c, and d See instru		, oto , to marriada.	J. Organizationo di luc	, 50.101 CONDITI	2.10,	
	The name, address, and telephone number		the person to whom	applications should be	addressed		
	N/A		•				
b	The form in which applications should be	submitted and informa	tion and materials the	y should include.			
	N/A	_ <del></del>					
С	Any submission deadlines:						<del></del>
	N/A	<u>-</u>					
d	Any restrictions or limitations on awards, s	uch as by geographic	al areas, chantable fie	elds, kinds of institutions	s, or other		
	factors						
	N/A		<del></del>				

Part XV   Supplementary Information (c				
3 Grants and Contributions Paid During		r Future Payment	<del>,</del> -	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid duning the year Alzheimer's Association		_		u.
Alzheimer's Association		C	haritable	400
American Cancer Society		C	haritable	400
		c	haritable	500
American Canceer Society		c	haritable	500
American Red Cross			į	
American Red Cross		С	haritable	1,000
		С	haritable	1,000
Anacortes Family Center	No.	CO IS	haritable	2,000
Call to Serve as Christ Ca	mpaign Oggan Ugan	Secondary Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contract	haritable	12,000
Catholic Community Services	S S S S S S S S S S S S S S S S S S S		haritable	5,000
Catholic Community Services	5			-,,,,,
		C	haritable	10,000
Total b Approved for future payment			▶ 3a	244,000
N/A				
Total			<b>&gt;</b> 3b	000 05

Part XV   Supplementary Information	(continued)		<del></del>	
3 Grants and Contributions Paid Durin		r Future Paymen	<u>t</u>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid duning the year Catholic Relief Services			Chamitable	20.000
Catholic Relief Services			Charitable	30,000
Compass Housing Alliance			Charitable	30,000
			Charitable	1,000
Compass Housing Alli9ance			Charitable	1,000
Covenant House			Charitable	1,000
Covenant House				
Food Lifeline	P	Receive	Charitable	1,000
Food Lifeline	Ogden.	led in Chines	Charitable	1,000
Friendship House	Ukari	DEN COST	Charitable	1,000
rriendship House			Charitable	5,000
Friendship House			Charitable	5,000
, Total			<u>▶ 3a</u>	
b Approved for future payment N/A				
		,		
Total	<del></del>		<b>▶</b> 3b	50m 990-PF (2010)

Part XV   Supplementary Information (c		r Euturo Paym	ont		, age_v
3. Grants and Contributions Paid During	If recipient is an individual,	ĺ	eni	T	
Recipient	show any relationship to any foundation manager	Foundation status of recipient		Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor				
a Paid duning the year  Habitat for Humanity - Skad	git				
Habitat for Humanity - Sea	ttle		C.	haritable	2,000
			C	haritable	2,000
Helping Hands Food Bank			C	haritable	2,000
Helping Hands Food Bank	er.				·
Holy Cross Mission	DE DE	ajwe.	C	naritable	2,000
-	DEC 15 2020 Ogden, Utah		Cl	haritable	10,000
Holy Cross Mission	ian DO		Cl	haritable	10,000
Intercommunity Peace & Just	cice Ctr		CI	haritable	1,000
Intercommunity Peace & Just	cice Ctr				
KNKX 88.5 FM			CI	haritable	1,000
		Public	Bro	adcasting	500
KNKX 885 FM		Public	Bro	adcasting	500
Total				▶ 3a	
b Approved for future payment N/A					
Total				<b>▶</b> 3b	5 990-PF (2010)

Part XV Supplementary Information (c					r age 11
3 Grants and Contributions Paid During		r Future Paym	ent	<del>                                     </del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient		Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapent			<u> </u>
a Paid duning the year KCTS Public Broadcasting					
		Public	Bro	adcasting	500
KCTS Public Broadcasting		Dublic	Dwa	ndanatina	500
LCMS World Mission		Public	BIO	adcasting	500
			CI	naritable	2,000
LCMS World Mission					
			CI	naritable	2,000
LCMS World Relief			CI	naritable	12,500
LCMS World Relief		Rec			
	O DEL	RS-(	CI	naritable	12,500
Lighthouse Mission Ministr	DEU 1. Ogden, Utah	in corres	C	naritable	1,500
Lighthouse Mission Ministr	ies	SS 68		arr cable	1,300
	,		CI	naritable	1,500
Lutheran Hour Ministries					
Lutheran Hour Ministries			CI	naritable	300
			CI	naritable	300
Total				▶ 3a	
b Approved for future payment N/A					
Total		<del></del>		<b>▶</b> 3b	
	<del></del>				5 000 PE (0040)

Supplementary Information (continued) 3. Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Lutheran Ministries Seattle Charitable 2,000 Lutheran Ministires Seattle Charitable 2,000 Maybelle Center for Community Charitable 1,000 Maybelle Center for Community Charitable 1,000 Mercy Beyond Borders Charitable 7,000 Mercy Beyond Borders Charitable 7,000 Mercy Corp Charitable 3,000 Mercy Corp Charitable 3,000 Mercy Home for Boys & Girls Charitable 2,000 Mercy Home for Boys & Girls Charitable 2,000 Total b Approved for future payment N/A Total **▶** 3b

Form 990-PF (2019) Martin Family Fou		91-208943	<u>5</u>	Page 1'
Part XV   Supplementary Information (d		- F. 4 D 4		
3 Grants and Contributions Paid During	1	r Future Payment	<del>                                     </del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor		<del> </del>	
Mercy Ships		-		
sacci curic				
			Charitable	2,000
Mercy Ships				
		_	Charitable	2,000
			mail cable	2,000
Missionaries of Charity				
-				
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Missionaries of Charity			1	
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Seattle Goodwill		<u> </u>		
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	len Len	, 500 000 000		
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	OEL 1	Se se s		
St. Andre Bissette Catholic	Church			
			haritable	1 000
			haritable	1,000
St. Vincent De Paul of Sea	ttle			
		C	haritable	3,000
St. andre Bissette Catholic	Church			
St. andre bissette Catholic	Church			
		C	haritable	1,000
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St. Vincent De Paul Society	- Seatt			
		0	 	2 000
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b Approved for future payment				
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Total			▶ 3b	
1 Otal	***			50m 990-PF (2010)

Part XV | Supplementary Information (continued) 3. Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year UNICEF 4,300 Charitable UNCEF Charitable 4,300 Union Gospel Mission Charitable 1,000 Union Gospel Mission Charitable 1,000 USA for UNHCR Charitable 5,000 White Center Food Bank Charitable 2,500 White Center Food Bank Charitable 2,500 World Vision Charitable 1,000 World Vision Charitable 1,000 ▶ 3a Total b Approved for future payment N/A Total ▶ 3b

Part XVI-A	Analysis of Income-Producing Act	tivities				
	nounts unless otherwise indicated	1	ed business income	Exclude	1 by section 512, 513, or 514	
, -		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program s	ervice revenue	ļ				(See instructions)
a						
b	<u> </u>			↓		
r				<b>↓</b>		
		ļ		<b>_</b>		
e		<b>-</b>		-		
f		ļ		ļ		
•	nd contracts from government agencies					<del></del>
	p dues and assessments	ļ				<del></del>
	savings and temporary cash investments			25	8,239	
	and interest from securities	ļ		25	54,191	
	ncome or (loss) from real estate		•			
	nanced property	ļ	<del>-</del> -	<del></del>		
	bt-financed property			<del> </del>		
	ncome or (loss) from personal property	\	<del></del>	+		
	stment income	<del></del>		25	120 050	<del></del> -
•	ss) from sales of assets other than inventory			25	130,858	<del>_</del>
	or (loss) from special events			<del>-</del>		<del></del>
	t or (loss) from sales of inventory			<del>-</del>		<del></del>
11 Other rever	Multifamily Portfolio Fd			25	295,656	
		<del></del>		23	293,636	<del></del>
				1		<del></del>
e ——						
	dd columns (b), (d), and (e)			5	488,944	0
	line 12, columns (b), (d), and (e)			<u> </u>	13	488,944
	: in line 13 instructions to verify calculations)					1007211
Part XVI-B		complishm	ent of Exempt	Purpose	<u></u>	<del></del>
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpose	s reported in c	olumn (e) of Part XV	I-A contrit	outed importantly to the	
N/A						
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# Form 990-PF (2019) Martin Family Foundation 91-2089435 Page Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

ın	section 5	01(c) (other than section				other organization described elating to political			Yes	No
0	rganızatıor	15?								9
a T	ransfers fr	om the reporting found	dation to a ne	oncharitable exem	ipt organization of	of				1.5
(1	) Cash							1a(1)	<u> </u>	X
(2	2) Other a	ssets						1a(2)		X
b O	ther transa	actions							TAKE.	
(1	) Sales o	f assets to a noncharit	able exempt	organization				1b(1)		X
(2	) Purchas	ses of assets from a no	oncharitable	exempt organizat	ion			1b(2)		$\mathbf{x}_{-}$
(3	) Rental o	of facilities, equipment	, or other as:	sets				1b(3)		X
•	•	rsement arrangements						1b(4)		X
•	,	r loan guarantees	-					1b(5)		х
		ance of services or mi	emhershin o	r fundraising solic	itations			1b(6)		X
•	•	acilities, equipment, m	-	•				1c		X
						mn (b) should always show the	for market		<u></u>	
		-	-		-	the foundation received less th				
			T			the goods, other assets, or se				
	une no	(b) Amount involved	(с) Nал	e of nonchantable exem	pt organization	(d) Description of transfers,	transactions, and sharing	j arrangeme	nts	
N/A										
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						37				
2a Is	the founda	ation directly or indirec	tly affiliated	with or related to	One or more tax	exempt organizations				
		section 501(c) (other				-exempt organizations			s X	A1-
		plete the following sch		501(0)(3)) 01 111 50	SCHOIT 527 7			16	s A	NO
<u> </u>			legule	(b) T ( -		<del></del>	<del> </del>			
		) Name of organization		(b) Type of o	rganization	(c) Desc	ription of relationship			
N/	<u> </u>									
						·				
`										
			Į.							
				<del></del>						
	Under pena	alties of perjury, I declare tha	it I have examin	ed this return, including	accompanying sche	dules and statements, and to the best o	f my knowledge and beli	af, it is true,		
	correct, an	d complete Declaration of p	reparer (other th	nan taxpayer) is based	on all information of w	hich preparer has any knowledge	May the IRS d	scues this re	turn	$\neg$
Sign		_					with the prepar			- 1
-	(			Λ		. 1	See instruction	ıs 🗶	Yes	No
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1			1 100	~	/_/	S/ & UXU Tru	stee			
	▼ Signat	ture of officer or trustee			Dafe	Title				
	Print/Typ	e preparer's name			Preparer's signatur	9	Date		Check	<b>X</b> if
Date:	1				$\bigcirc a$ .	A A A A A	1		self-emp	_
Paid	John	P. Baker CPA			Shu I	P Blue CPA	05/0	08/20	<b>F</b>	
Prepare	Firm's ne		P. Bak	er, CPA	1	<del></del>	<del></del>	1393	191	
Use Onl	y Firm's ad			cial Ave.	, Suite	2		-146		5
	rim s ao		rtes,			-		0-29		
		Alaco		JOZZ			Phone no 30			
					•			Form 99	U-FF	(2019)

208 5/8/2020 10:57 AM 45,778 45,986 Gain / Loss <u>ჯ</u> 295,656 295,656 Adjusted Net Charitable Purpose Income Ś Depreciation Net Investment Adjusted Ś Income Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets Statement 2 - Form 990-PF, Part I, Line 11 - Other Income Expense Ś 295,656 295,656 Revenue per 555,605 17,567 573,172 Investment Federal Statements Books Š Cost Ś Received Purchase Purchase 601,383 619,158 ĕ 910 910 Sale Price Total Various Various Date Sold MARTINFAMIL Martin Family Foundation Received in Corres IRS - OSC 06 Ogden, Utah DEC 1 5 2020 FBS (S-Term Covered Sales)
Various (L-Term Covered Sales) Date Acquired Various Description SW Multifamily Portfolio Fd Description Description Preparation FYE: 12/31/2019 Whom Sold Total 91-2089435 Total Total FBS TIAA TIAA Tax

5/8/2020 10:57 AM <b>nts</b>	0-PF, Part I, Line 16c - Other Professional Fees	et         Adjusted Net         Charitable Purpose           16,891         \$         \$           16,891         \$         0	Part I, Line 18 - Taxes	tment Adjusted Charitable Purpose \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	23 - Other Expenses	tment Adjusted Charitable Net S	0 \$ 0 \$	- Noncash Contributions, Gifts, Grants	alue Book Value Date  400 400 400 500 500 500 11/17/19 4/06/19 500 11/17/19 11/17/19
Federal Statements	Statement 4 - Form 990-PF, Part I, Line 16c -	Net     Investment	Statement 5 - Form 990-PF, Part I, L	Net   Investment   S   S   S   S   S   S   S   S   S	Statement 6 - Form 990-PF, Part I, Line 23	Total Investment \$	\$ 15 \$	- Form 990-PF, Part I, Line 25 - Noncas	Explanation Amount Cash Cash Cash Cash Cash Cash Cash Cash
MARTINFAMIL Martin Family Foundation 91-2089435 FYE: 12/31/2019	Statemen	Description TIAA CREF Agency Fees Total		Description IRS Payment Total .uepbO		Description SO SWI  Seconses  Expenses  Bank Charges	Total	Statement 7 - F	Amount Description 400 400 500 500 1,000 1,000

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	ibutions, Gifts, Grants	Book Value Explanation					<b>⊣</b>	7	1		₹	1	ı	•	-1	1	1			<b>⊣</b>	1		1	
al Statements	Line 25 - Noncash Contributions. (continued)	Book Value Amount	2,000	5,000	30,000	1,000	1,000	1,000	1,000	5,000	2,000	2,000	000'7 <b>Qgden, Utah</b>	10,	000,01 DEC 1 2 2020	1,	<u>ي</u>	500	2,000	2,000 12,500	12,500 1,500	1,500	300	2,000
Federal	Form 990-PF, Part I, I	FMV Explanation	Cash Cash	Cash Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash	Cash				Cash	Cash	Cash Cash		ر د المحالية . -ر ۴ Cash	Cash Cash	Cash	Cash	Cash
Martin Family Foundation	7-	Noncash Description															Odden, Utah	DEL 19 2020	. '	(				
MARTINFAMIL Mar 91-2089435 FYE: 12/31/2019		Amount	2,000 12,000	5,000 10,000					1,000	5,000	2,000	2,000	2,000	10,000	1,000	1,000	200	500	2,000	12,500	12,500 1,500	1,500	300	2,000

Noncash   Explanation   Explanation   Coatinued	MARTINFAMIL Martin 91-2089435 FYE: 12/31/2019	Martin Family Foundation	Federal	Statements		5/8/2020 10:57 AM
Noncash		7	990-PF, Part I.	25 - Noncash Conti	Giffs,	1ts ====================================
000 (1	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
	•		Cash	2,000		/17/1
	1,000		Cash Cash	1,000 1,000		
0000 0000 0000 0000 0000 0000 0000 0000 0000	7,000		Cash	7,000		4/09/1
000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000 Cash 000	3,000		Cash	3,000		
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Federal Statements

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## Statement 8 - Form 990-PF, Part II, Line 15 - Other Assets

Description	 Beginning of Year	<u></u>	End of _Year	****	Fair Market _ Value
SW Multi Family Portfolio Fund	\$ 372,546	\$	346,090	\$	
Total	\$ 372,546	\$	346,090	\$	0

### Statement 9 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
Roy W Martin Darlene E Martin	\$
Total	\$ 0