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Form 990-PF

Department of the Treasury Internal Revenue Service **Return of Private Foundation**

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

٦,

2010

rur c	41611	uar year 2010, or tax year beginning		, and endin	<u>y</u>		
G C	neck	all that apply: Initial return	Initial return of a for	•	ty	Final return	
[N		Amended return	Address chang	je		Name change	
Nan	ie ot	foundation JACK C. & BETTY A. DI	титери			A Employer identification	numper
1		FAMILY FOUNDATION	SMETKEE			59-3407379	
Num	hor o	nd street (or P O box number if mail is not delivered to street	t addmas)	Poo	m/suite		
Non	Der al	1551 ATLANTIC BOULEVA		30		8 Telephone number 904-398-73	50
Cabr		*		50	<u> </u>	†	
Uity	or tt	own, state, and ZIP code JACKSONVILLE, FL 322	207			C If exemption application is p D 1. Foreign organizations	
L			exempt private foundation			2. Foreign organizations me check here and attach co	eting the 85% test,
Ϊ-	٠.	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundar	tion		ł	
L Fa			ting method X Cash	Accrual		E If private foundation sta under section 507(b)(1)	
		·	Other (specify)			1	• • •
.		10,319,147. (Part I, cold		pasis)		F If the foundation is in a under section 507(b)(1)	
	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net invest	ment	(c) Adjusted net	(d) Disbursements
<u></u>	•	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	ment	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,683,345.			N/A	
		Check I if the foundation is not required to attach Sch. B		***************************************			
	3	Interest on savings and temporary cash investments	157,822.	157,	822.		STATEMENT 1
	4	Dividends and interest from securities	178,502.	178,			STATEMENT 2
	5a	Gross rents		•			1131 1111
	b	Net rental income or (loss)					
•	6a	Net gain or (loss) from sale of assets not on line 10	178,351.				
Revenue	b	Gross sales price for all assets on line 6a 387,002.					
946	7	Capital gain net income (from Part IV, line 2)		178,	351.		
Œ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	_	Less Cost of goods sold			······		
	C	Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 through 11	2,198,020.	514,			
	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
	14	Other employee salaries and wages					
õ	15	Pension plans, employee benefits					1
enses		Legal fees					
χbe		Accounting fees Other professional fees STMT 3	43,487.	12	487.		0.
Ü			43,407.	43,	40/.		<u> </u>
Ě	17	Interest			-F	RECEIVED	-
perating and Administrative Exp	18	Taxes	· · · · · · · · · · · · · · · · · ·		1 1	112021021	19
į	19	Depreciation and depletion Occupancy				050 1 0 0044	
₽	20 21	Travel, conferences, and meetings			301	SEP 1 9 2011	8
٦	22	Printing and publications					1 8
ā	23	Other expenses			_	OGDEN, UT	···
ă	24	Total operating and administrative					
ere	-	expenses. Add lines 13 through 23	43,487.	43,	487.		0.
ŏ	25	Contributions, gifts, grants paid	656,735.				656,735.
	26	Total expenses and disbursements.					
]	Add lines 24 and 25	700,222.	43,	487.	,	656,735.
	27	Subtract line 26 from line 12					
6	a	Excess of revenue over expenses and disbursements	1,497,798.				
	b	Net investment income (if negative, enter -0-)		471,	188.		
_		Adjusted net income (if negative, enter -0-)				N/A	

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

Page 2

		Polonica Chapter Attached schedules and amounts in the description	Beginning of year	End of	year
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	270,521.	1,134,022.	1,134,022.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			·····
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts			
əts	8	Inventories for sale or use			
Assets	1	Prepaid expenses and deferred charges .			
•	10a	Investments - U S and state government obligations			
	b	Investments - corporate stock STMT 6	5,480,984.	6,228,299.	7,465,816.
	C	Investments - corporate bonds STMT 7	1,518,016.	1,529,312.	1,719,309.
	11	Investments - land, buildings, and equipment basis			
		Less. accumulated depreciation			
		Investments - mortgage loans			
	13	Investments - other			,
	14	Land, buildings, and equipment basis	1	1	
		Less. accumulated depreciation			
	15	Other assets (describe)		· · · · · · · · · · · · · · · · · · ·	
			7 260 521	0 001 622	10 210 147
_		Total assets (to be completed by all filers)	7,269,521.	8,891,633.	10,319,147.
	17	• • • • • • • • • • • • • • • • • • • •			
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
	22	Total lightlituse (add lugge 17 through 22)	0.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	•		
	1	and complete lines 24 through 26 and lines 30 and 31.	ł		
ΘS	24	Unrestricted			
auc	25	Temporarily restricted			
3ai	26	Permanently restricted			
Net Assets or Fund Balances	-"	Foundations that do not follow SFAS 117, check here	-		
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	7,255,438.	8,877,550.	
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	14,083.	14,083.	STATEMENT 5
<u>e</u>	30	Total net assets or fund balances	7,269,521.	8,891,633.	
~					
	31	Total liabilities and net assets/fund balances	7,269,521.	8,891,633.	
		Analysis of Changes in Net Assets or Fund B			
_					
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		7 060 501
	•	st agree with end-of-year figure reported on prior year's return)		1	7,269,521. 1,497,798.
2		r amount from Part I, line 27a	CDD CM	A DEMENIO 4	1,49/,/98.
3		er increases not included in line 2 (itemize)	SEE STA	ATEMENT 4 3	124,314.
4		lines 1, 2, and 3		4	8,891,633.
5		reases not included in line 2 (itemize)	L (b) b 60	5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	8,891,633.

023511 12-07-10

PEAMERY	FOUNDATION
P AIVI I I V	POUNDATION

			IIICOIIIE					
2-story brick wa	ribe the kind(s) of property sold (e g irehouse, or common stock, 200 sh			(b) H	ow acquired Purchase Donation	(c) Date (mo , d		(d) Date sold (mo , day, yr)
1a FIDELITY STCG				U.	P	VARI	-	VARIOUS
b FIDELITY STCL					P	VARI		VARIOUS
c FIDELITY LTCG					P	VARI		VARIOUS
d FIDELITY LTCL				-	P	VARI		VARIOUS
e CAPITAL GAINS	DIVIDENDS		<u> </u>			AUIL	000	VARIOUS
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		-		ain or (loss s (f) minus	
a 46,695.								46,695.
b			127,11	4.				-127,114.
c 338,904.								338,904.
d			81,53	7.				-81,537.
e 1,403.		<u></u>						1,403.
Complete only for assets shown	ng gain in column (h) and owned by	the foundation	on 12/31/69		(!) Gains (C	ol (h) gain	minus
(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (I) col (J), if any		CO		not less tha (from col	
a								46,695.
b	11. 1 10. 10. 10. 10. 10. 10. 10. 10. 10							-127,114.
C								338,904.
<u>d</u>								-81,537.
е		į						1,403.
2 Capital gain net income or (net ca	apital loss) { If gain, also ente If (loss), enter -0	r in Part I, line)- in Part I, line	7 7	}[2	- 		178,351.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ai							
If (loss), enter -0- in Part I, line 8					3		N/A	Δ
	Inder Section 4940(e) for	r Reduced	Tax on Net	Inve	estment Inc	ome		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment in	ncome)			
Manakan 40.40(4)(0) anakan lasar h	ber and blank							
If section 4940(d)(2) applies, leave t	nis part diank							
Was the foundation liable for the sec	tion 4942 tax on the distributable ar	nount of any ye	ar in the base per	rıod?				Yes X No
If "Yes," the foundation does not qua		omplete this na	rt					
1 Enter the appropriate amount in	each column for each year, see insti							
(a) Base period years	each colditin for each year, see hist			es				
	(b)	ructions before	making any entri	(c)	tabla-una senata		Distri	(d)
Calendar year (or tax year beginni	(b) Ing In) Adjusted qualifying dis	ructions before stributions	making any entri	(c) enchar	table-use assets		Distri (col (b) di	(d) bution ratio vided by col (c))
2009	ng in) Adjusted qualifying dis	stributions 22,359.	making any entri	(c) enchar	256,373		Distri (col (b) di	(d) bution ratio vided by col (c)) • 113329
2009 2008	(b) Adjusted qualifying dis 82 63	stributions 22,359.	making any entri	(c) enchar 7 ,	256,373 735,454		Distri (col (b) di	(d) bution ratio vided by col (c)) • 113329 • 065174
2009 2008 2007	Adjusted qualifying dis	stributions 22,359. 34,499. 08,800.	making any entri	(c) enchar 7 , 9 ,	256,373 735,454 897,358	•	Distri (col (b) di	(d) bution ratio vided by col (c)) .113329 .065174 .102143
2009 2008 2007 2006	(b) Adjusted qualifying dis 82 63 90	stributions 22,359. 34,499. 08,800.	making any entri	(c) enchar 7 9 8	256,373 ,735,454 ,897,358	•	Distri (col (b) di	(d) button ratio vided by col (c)) • 113329 • 065174 • 102143 • 047929
2009 2008 2007	(b) Adjusted qualifying dis 82 63 90	stributions 22,359. 34,499. 08,800.	making any entri	(c) enchar 7 9 8	256,373 735,454 897,358	•	Distri (col (b) di	(d) bution ratio vided by col (c)) • 113329 • 065174 • 102143
2009 2008 2007 2006 2005	(b) Adjusted qualifying dis 82 63 90	stributions 22,359. 34,499. 08,800.	making any entri	(c) enchar 7 9 8	256,373 ,735,454 ,897,358		Distri (col (b) di	(d) bution ratio vided by col (c)) • 113329 • 065174 • 102143 • 047929 • 096836
2009 2008 2007 2006 2005 2 Total of line 1, column (d)	Adjusted qualifying dis 82 63 90 29	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	•	Distri (col (b) di	(d) button ratio vided by col (c)) • 113329 • 065174 • 102143 • 047929
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the	Adjusted qualifying dis 82 63 90 29 37	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990		Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836
2009 2008 2007 2006 2005 2 Total of line 1, column (d)	Adjusted qualifying dis 82 63 90 29 37	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2	Distri (col (b) di	(d) bution ratio vided by col (c)) • 113329 • 065174 • 102143 • 047929 • 096836
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2	Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2	Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836 .425411 .085082 8,945,481.
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2	Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836 .425411 .085082
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2	Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836 .425411 .085082 8,945,481. 761,099.
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2	Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836 .425411 .085082 8,945,481.
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharital 5 Multiply line 4 by line 3	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2 3 4 5	Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836 .425411 .085082 8,945,481. 761,099.
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharital 5 Multiply line 4 by line 3 6 Enter 1% of net investment incor 7 Add lines 5 and 6	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years ble-use assets for 2010 from Part X, me (1% of Part I, line 27b)	ructions before stributions 22,359. 34,499. 08,800. 03,161. 71,366.	Met value of no	(c) onchar 7 , 9 , 8 , 6 ,	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2 3 4 5 6 7	Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836 .425411 .085082 8,945,481. 761,099. 4,712. 765,811.
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharital 5 Multiply line 4 by line 3 6 Enter 1% of net investment incor 7 Add lines 5 and 6 8 Enter qualifying distributions from	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years ble-use assets for 2010 from Part X, me (1% of Part I, line 27b)	ructions before stributions 22,359. 34,499. 38,800. 33,161. 71,366.	Net value of no	(c) onchara	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2 3 4 5 6	Distri (col (b) di	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836 .425411 .085082 8,945,481. 761,099. 4,712.
2009 2008 2007 2006 2005 2 Total of line 1, column (d) 3 Average distribution ratio for the the foundation has been in existe 4 Enter the net value of noncharital 5 Multiply line 4 by line 3 6 Enter 1% of net investment incor 7 Add lines 5 and 6 8 Enter qualifying distributions from	Adjusted qualifying dis 82 63 90 29 37 5-year base period - divide the total ence if less than 5 years ble-use assets for 2010 from Part X, me (1% of Part I, line 27b)	ructions before stributions 22,359. 34,499. 38,800. 33,161. 71,366.	Net value of no	(c) onchara	256,373 ,735,454 ,897,358 ,116,557 ,834,990	2 3 4 5 6 7	(col (b) dr	(d) button ratio vided by col (c)) .113329 .065174 .102143 .047929 .096836 .425411 .085082 8,945,481. 761,099. 4,712. 765,811.

	JACK C. & BETTY A. DEMETREE	1	- 0 1 1	. 4 0 7 0 7 0		
	990-PF (2010) 'FAMILY FOUNDATION	,2		<u>3407379</u>		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	940(e), or	1948 -	see instru	ictio	<u>15)</u>
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A" on line 1	Ì				
	Date of ruling or determination letter (attach copy of letter if necessary-see instruction					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 📖 and enter 1%	•	1		9,4	<u>24.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col	(b) J				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2			0.
3	Add lines 1 and 2		3		9,4	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5		9,4	24.
6	Credits/Payments					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a	11,024				
	Exempt foreign organizations - tax withheld at source 6b		1 1			
	Tax paid with application for extension of time to file (Form 8868) 6c		1 1			
	Backup withholding erroneously withheld 6d		1 1			
	Total credits and payments Add lines 6a through 6d	-	7 7	1	1.0	24.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		·	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		1.6	00.
		Refunded -	11		_,-	0.
	rt VII-A Statements Regarding Activities	Included P_				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participates.	nate or interven			Yes	No
	any political campaign?	pate of interven	C 111	1a		X
		for definition\2		1b		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions			10		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any main	tenais publish	ea or			
	distributed by the foundation in connection with the activities.				1	Х
	Did the foundation file Form 1120-POL for this year?			10		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	0		ŀ		
	(1) On the foundation. ► \$ (2) On foundation managers ► \$	0	<u>-</u>			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	foundation				
	managers > \$.,
	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	f incorporation,	or			,,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
_	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3.7	/ 4a	_	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N.	/A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that confi	flict with the sta	te law			1
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	ļ
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or d	esignate)				
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4	942(j)(5) for ca	lendar			
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		_	9	<u></u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	d addresses	STMT	8 10	X	L .

Form **990-PF** (2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

orm 990-PF (2010) FAMILY FOUNDATION			<u>59-34073</u>	<u>79</u>	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued) [•]		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire	ectly,			
any voter registration drive?		_ Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes:	>	☐ Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described i				
section 53 4945 or in a current notice regarding disaster assistance (see instru		······································	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶ □		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		- ined			
expenditure responsibility for the grant?		/A Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945		.,	.3		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
	Day premiums on		s X No		
a personal benefit contract?		L 1 t		e .	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal denem contract?			6b	^ _
If "Yes" to 6b, file Form 8870			₩.		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	S X No	<u></u>	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	<i>'</i>		
List all officers, directors, trustees, foundation managers and their	compansation				
List all Officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(0)	Evnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred	accou	Expense unt, other
· · · · · · · · · · · · · · · · · · ·	to position	enter -0-)	compensation	allo	wances
					•
SEE STATEMENT 9		0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	enter "NONE."	(4)		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) (Expense unt, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allo	wances
NONE					
				<u> </u>	
				l	
Total number of other employees paid over \$50,000			•		0
- Came control of other stripes and pare and paralage			Form	990-P	F (2010)
					, /

JACK C. & BETTY A. DEMETREE

Part VIII Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		T-1-2
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	rice	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	•	• 0
Part IX-A Summary of Direct Charitable Activities		-
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 NONE - GRANT-MAKING IS THE ONLY ACTIVITY		-
		0.
2		
3		
4		
3		
Part IX-B Summary of Program-Related Investments	l .	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
	···	
All other program-related investments. Can instructions		
All other program-related investments See instructions 3		
3		
Total. Add lines 1 through 3	•	0.

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	8,573,421. 508,286.
þ	Average of monthly cash balances	1b	508,286.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	9,081,707.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,081,707.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	136,226.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,945,481.
6	Minimum investment return. Enter 5% of line 5	6	447,274.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part)	id certain	
1	Minimum investment return from Part X, line 6	1	447,274.
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	9,424.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	437,850.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	437,850.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	437,850.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		656 725
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	656,735. 0.
	Program-related investments - total from Part IX-B	1b 2	· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	-	
3	Amounts set aside for specific charitable projects that satisfy the	20	
	Suitability test (prior IRS approval required) Coal distribution test (attach the required schedule)	3a 3b	
	Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	656,735.
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		030,733.
J	Income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	656,735.
U	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	·	
	4940(e) reduction of tax in those years		

Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2009 2009 2010 Corpus 1 Distributable amount for 2010 from Part XI, 437,850. line 7 2 Undistributed income, if any, as of the end of 2010 0 a Enter amount for 2009 only **b** Total for prior years 0. 3 Excess distributions carryover, if any, to 2010 196,690. a From 2005 **b** From 2006 494,027 c From 2007 148,677 d From 2008 479,964. e From 2009 1,319,358. f Total of lines 3a through e 4 Qualifying distributions for 2010 from 656,735. Part XII, line 4 > \$ 0 a Applied to 2009, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0. (Election required - see instructions) 437,850. d Applied to 2010 distributable amount 218,885 e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 1,538,243 3 Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 0 line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2009 Subtract line 0. 4a from line 2a Taxable amount - see instr f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2011 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by 0 section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2005 196,690 not applied on line 5 or line 7 9 Excess distributions carryover to 2011. 1,341,553 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2006 494,027. b Excess from 2007 148,677. c Excess from 2008 479,964. d Excess from 2009 218,885 e Excess from 2010

JACK C. & BETTY A. DEMETREE

Form **990-PF** (2010)

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'FAMILY FOUNDATION Form 990-PF (2010) 5943407379 Page 11 Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
			:	
SEE STATEMENT 11				
Total			▶ 3a	656,735
b Approved for future payment				
NONE				
			<u> </u>	
Total			► 3b	0.

023611 12-07-10

ruiii 990-FF (2010)	LWITH	TOUNDATION	 . <u></u>
Part XVI-A	Analysis of Inc	come-Producing Activities	

nter gross amounts unless otherwise indicated	Unrelated t	ousiness income		y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
•	Code		1		
	- 	· · · · ·		-	
	-				
A	l I		 		744
ρ	_				
f	-			•	·-
g Fees and contracts from government agencies	-				
Membership dues and assessments			 - 	-	
Interest on savings and temporary cash			-		
investments			14	157.822.	
Dividends and interest from securities			14	157,822. 178,502.	
Net rental income or (loss) from real estate	1			7.7.07.3.02.0	
a Debt-financed property			_		
b Not debt-financed property					
Net rental income or (loss) from personal			-		
property					
Other investment income					
Gain or (loss) from sales of assets other		• • • • • • • • • • • • • • • • • • • •	- -		
than inventory			18	178,351.	
Net income or (loss) from special events			 	2.0,0020	
Gross profit or (loss) from sales of inventory				-	 -
Other revenue					-
a					
b					· · · · · · · · · · · · · · · · · · ·
C					- · · · · · · · · · · · · · · · · · · ·
d					
e					****
Subtotal Add columns (b), (d), and (e)			0.	514,675.	
Total. Add line 12, columns (b), (d), and (e)	•			13	514,67
ee worksheet in line 13 instructions to verify calculations)				
re No. Explain below how each activity for which in		· ·			olishment of
the foundation's exempt purposes (other th					
		· · · · · · · · · · · · · · · · · · ·			
	 				- .
					1000
				<u></u>	
				-	
					11-

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	10/	
Part XVII	Information Regarding Transfers To and Transactions and Relation	ships With Noncharitable
•	Exempt Organizations	-

1	Did the or	ganization directly or indir	ectly engage in any o	of the followin	g with any other organization	on described in sect	ion 501(c) of	-	Yes	No
	the Code	(other than section 501(c)	(3) organizations) or	ın section 52	?7, relating to political organ	izations?				
a	Transfers	from the reporting founda	ation to a noncharitat	ole exempt or	ganization of					
	(1) Cash							1a(1)		_X_
	(2) Other	rassets						1a(2)		X
b	Other tran	sactions								
	(1) Sales	of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
	(2) Purcl	hases of assets from a nor	nchantable exempt o	rganization				1b(2)		X
	(3) Renta	al of facilities, equipment, (or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
		s or loan guarantees					•	1b(5)		X
		rmance of services or me	mbership or fundrais	ing solicitatio	ens .			1b(6)		X
C		f facilities, equipment, mai		=		•		10		X
	-		-			wavs show the fair r	narket value of the goods, ot		ets	
_							or sharing arrangement, sh		,	
		i) the value of the goods, (o a, transastio.	or one my arrangement, on	•		
a) L	ine no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and sh	anna an	rangeme	nts
		(,	(4)	N/A		(2) 5000.500	, or transfer, transactions, and or	g can	ungun	
				14/11						
						 				
						<u>.</u>		<u> </u>		
							 			
		·			· · · · · · · · · · · · · · · · · · ·					
					 					
		<u>_</u>								
	Is the fou	ndation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
		501(c) of the Code (other	-					Yes	X	l No
h		omplete the following sch		(0), 0: 000.						
	11 703, 0	(a) Name of org		 	(b) Type of organization		(c) Description of relationshi	n		
		N/A		· · · · · · · · · · · · · · · · · · ·	(-) -)		(-,			
		21, 22								
									<u> </u>	
										
	tind	er penalties of penury. I declare	e that I have examined th	us return includ	ing accompanying schedules an	d statements and to the	e best of my knowledge and belie	f. it is to	Je. com	ct.
٥:	and				ased on all information of which			, 11 13 U	JC, 00110	- ,
	gn	Mad C ()	1 and the		1 9/12/	'	TRUCT 1500			
п	ere	Street was of officer and the	me cu		1 1121	"	TRUSTEE			
	- · · · · · · · · · · · · · · · · · · ·	Signature of officer or tru		D	Date		Chook Drin			
	U	Print/Type preparer's na	ıme	Preparer's s	ignature	Date	Check if PTIN			
_						!	self- employed			
	aid			L						
	eparer	Firm's name					Firm's EIN			
Us	se Only				<u></u>					
		Firm's address					Phone no.			
							Forr	- 00n	-PF	2010)

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Employer identification number

Name of the organization

JACK C. & BETTY A. DEMETREE FAMILY FOUNDATION

501(c)(3) taxable private foundation

59-3407379

 Organization type (check one).

 Filers of:
 Section:

 Form 990 or 990-EZ
 501(c)() (enter number) organization

 □ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

 □ 527 political organization

 Form 990-PF
 ▼ 501(c)(3) exempt private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

Ш	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections
	509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year,

aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Page 1 of 1 of Part I

Name of organization

JACK C. & BETTY A. DEMETREE
FAMILY FOUNDATION

Employer identification number

59-3407379

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JACK C. DEMETREE, LP P.O. BOX 47050 JACKSONVILLE, FL 32247	\$1,700,349.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	JACK C. DEMETREE, LP P.O. BOX 47050 JACKSONVILLE, FL 32247	\$	Person Payroli Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

JACK C. & BETTY A. DEMETREE

FAMILY FOUNDATION

<u>59-3</u>407379

Employer identification number

Part II	Noncash	Property	(see instructions)
---------	---------	----------	--------------------

THE REPORT	oncash Property (see instructions)			
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1 78	,000 SH BBVA COMPASS COMMON STOCK	_		
		_ \$_	993,720.	11/04/10
(a) No. rom	(b) Description of noncash property given	t t	(c) FMV (or estimate) (see instructions)	(d) Date received
2	,040 SH TPC GROUP COMMON STOCK	_		
		_ \$_	706,629.	11/04/10
(a) No. From	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$		
(a) No. rom	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$		
(a) No. rom art I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$		
(a) No. rom art i	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
		_		
53 12-23-10		\$	0.1-4 . 7.17	30, 990-EZ, or 990-PF) (2

ne of organ	990, 990-EZ, or 990-PF) (2010)	-	Employer identification	or or P		
_	& BETTY A. DEMETREE					
	FOUNDATION		59-34073			
rt III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religions, \$1,000 or less for the year. (Enter this info	columns (a) through (e) and the follows, charitable, etc., contributions of	owing line entry. For organizations comple	gating ting		
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held		
_ -						
-		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transfere	e		
No.						
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held		
_ -						
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere	e		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held		
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferor	e		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	s held		
-	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transfere	ee		
-						
-						

FORM .990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
FIDELITY				157,8	22.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		157,8	22.
FORM 990-PF DIVIDEND	S AND INTER	EST FROM SEC	URITIES	STATEMENT	2
SOURCE	GROSS		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
FIDELITY STOCKS		179,905.	1,403.	178,5	02.
TOTAL TO FM 990-PF, PART I, I	N 4	179,905.	1,403.	178,5	02.
FORM 990-PF C	THER PROFES	SIONAL FEES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
OTHER PROFESSIONAL FEES	43,487.	43,487	•		0.
TO FORM 990-PF, PG 1, LN 16C	43,487.	43,487	•		0.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND	BALANCES	STATEMENT	4
DESCRIPTION	1			AMOUNT	
FMV > COST FOR CURRENT YEAR O	CONTRIBUTION	S		124,3	14.
TOTAL TO FORM 990-PF, PART II	II, LINE 3			124,3	14.

FORM .990-PF	OTHER FUNDS		STATEMENT	5
DESCRIPTION		(A) BEGINNING OF YEAR	(B) END OF YEAR	
ENDOWMENT FUND		14,083.	14,08	33.
TOTAL TO FORM 990-PF, PAR	T II, LINE 29	14,083.	14,08	33.
FORM 990-PF	CORPORATE STOCK		STATEMENT	6
DESCRIPTION		BOOK VALUE	FAIR MARKET	r
VARIOUS PUBLICLY TRADED C	ORPORATE STOCKS	6,228,299.	7,465,83	16.
TOTAL TO FORM 990-PF, PAR	T II, LINE 10B	6,228,299.	7,465,81	16.
FORM 990-PF	CORPORATE BONDS		STATEMENT	7
DESCRIPTION		BOOK VALUE	FAIR MARKET	[
VARIOUS CORPORATE BONDS		1,529,312.	1,719,30	9.
TOTAL TO FORM 990-PF, PAR	T II, LINE 10C	1,529,312.	1,719,30	9.

LIST OF SUBSTANTIAL CONTRIBUTORS FORM .990-PF STATEMENT 8 PART VII-A, LINE 10 NAME OF CONTRIBUTOR **ADDRESS** JACK C. DEMETREE 1551 ATLANTIC BLVD SUITE 300 JACKSONVILLE, FL 32207

FORM 990-PF PART VIII - LI TRUSTEES AN	STATEMENT 9			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
JACK C. DEMETREE 1551 ATLANTIC BLVD STE 300 JACKSONVILLE, FL 32207	DIRECTOR/PRESID	PENT 0.	0.	0.
BETTY A. DEMETREE SAME AS ABOVE	DIRECTOR 0.00	0.	0.	0.
MARK C. DEMETREE SAME AS ABOVE	DIRECTOR 0.00	0.	0.	0.
JACK C. DEMETREE, JR. SAME AS ABOVE	DIRECTOR/V.P. 0.00	0.	0.	0.
ELISA A. DEMETREE SAME AS ABOVE	DIRECTOR/SEC/TR 1.00	REAS	0.	0.
LESLIE A. DEMETREE-DOHERTY SAME AS ABOVE	DIRECTOR 0.00	0.	0.	0.
CHRISTOPHER C. DEMETREE SAME AS ABOVE	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.

FORM .990-PF PART XV - LINE 1A STATEMENT 10 LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

JACK C. DEMETREE ELISA A. DEMETREE

	ANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STAT	EMENT 11
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSH AND PURPOSE OF GRAN		AMOUNT
CRUDEM FDTN - HAITI	NONE CHARITABLE	PUBLIC	10,000.
JOHN PAUL II CATHOLIC HIGH SCHOOL -TALLAHASSEE FL	NONE CHARITABLE	PUBLIC	10,000.
JACKSONVILLE COMMUNITY FDTN - JACKSONVILLE, FL	- NONE CHARITABLE	PUBLIC	5,000.
ASSOC OF FUNDRAISING - JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
DLC NURSE & LEARN - JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	3,000.
ST JUDES CHILDRENS HOSPITAL	NONE CHARITABLE	PUBLIC	3,000.

JACK C. & BETTY A. DEMETREE FAMILY FOUN 59-340737			
ARA PARSEGHIAN MEDICAL FDTN TUCSON, AZ	NONE CHARITABLE	PUBLIC	1,000.
LUMEN ENTERTAINMENT, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	5,000.
BISHOP KENNY JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	10,000.
SENIORS ON A MISSION - JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	1,000.
BOY SCOUTS OF AMERICA, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	4,000.
BOYS HOME ASSOCIATION JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	1,000.
CATHOLIC CHARITIES BUREAU JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
CHILDRENS CHRISTMAS PARTY JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
CHILDRENS HOME SOCIETY, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
CITY RESCUE MISSION JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	3,000.

JACK C. & BETTY A. DEMETREE FA	MILY FOUN		59-3407379
DIOCESE OF ST AUGUSTINE, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	100,750.
DREAMS COME TRUE, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	5,000.
EMERGENCY PREGNANCY SERVICES JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
FRATERNUS, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
FLORIDA SCHOOL FOR THE DEAF & BLIND, ST AUGUSTINE, FL	NONE CHARITABLE	PUBLIC	2,500.
FLORIDA SHERIFFS YOUTH RANCH BOYS RANCH, FL	NONE CHARITABLE	PUBLIC	500.
FLORIDA STATE UNIVERSITY, TALLAHASSEE, FL	NONE CHARITABLE	PUBLIC	5,000.
FOOD FOR THE POOR DEERFIELD BEACH, FL	NONE CHARITABLE	PUBLIC	5,000.
FRANCISCAN FRIARS OF THE RENEWAL LARCHMONT, NY	NONE CHARITABLE	PUBLIC	1,000.
GUARDIAN OF DREAMS JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	10,000.

JACK C. & BETTY A. DEMETREE FA	AMILY FOUN		59-3407379
HOLY FAMILY HOSPITAL FDTN WASHINGTON, DC	NONE CHARITABLE	PUBLIC	30,000.
HOSPICE OF N.E. FLORIDA, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	25,000.
HUBBARD HOUSE JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	1,500.
I.M. SULZBACHER CENTER JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	10,000.
JAY FUND, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	10,000.
L'ARCHE HARBOR HOUSE JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	1,000.
MARINE TOYS FOR TOTS FDTN QUANTICO, VA	NONE CHARITABLE	PUBLIC	2,500.
MEMORIES OF LOVE FDTN, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
MERCY SHIPS - CALIFORNIA	NONE CHARITABLE	PUBLIC	5,000.
METRO KIDS KONNECTION, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	

JACK C. & BETTY A. DEMETREE FA	MILY FOUN		59-3407379
PINE CASTLE SCHOOL, INC. JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	1,000.
POLICE ATHLETIC LEAGUE, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
PONTICAL COLLEGE OF ROME, WASHINGTON, DC	NONE CHARITABLE	PUBLIC	5,000.
PROJECT SOS, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	5,000.
QUEEN OF PEACE RADIO - JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	1,000.
RODEHAVER FOUNDATION, INC. PALATKA, FL	NONE CHARITABLE	PUBLIC	2,500.
RONALD MCDONALD HOUSE OF JAX JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	5,000.
SHRINE CIRCUS, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	360.
SISTERS OF REPARATION, NEW YORK, NY	NONE CHARITABLE	PUBLIC	3,000.
SISTERS OF ST. JOSEPH ST. AUGUSTINE, FL	NONE CHARITABLE	PUBLIC	5,000.

JACK C. & BETTY A. DEMETREE FA	59-3407379		
SPECIAL OLYMPICS, JACKSONVILLE, FL .	NONE CHARITABLE	PUBLIC	1,000.
ST GERARD CAMPUS, ST AUGUSTINE FL	NONE CHARITABLE	PUBLIC	2,500.
ST MARYS CATHOLIC CHURCH, MACCLENNY, FL	NONE CHARITABLE	PUBLIC	
ST MARYS HOME, NORFOLK, VA	NONE CHARITABLE	PUBLIC	5,000.
ST VINCENT FOUNDATION, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	100,000.
UNIVERSITY OF NORTH FLORIDA, JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	20,000.
UNIVERSITY OF SOUTHERN MISSISSIPPI,	NONE CHARITABLE	PUBLIC	5,000.
WOLFSON CHILDRENS HOSPITAL JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	202,125.
WOMEN'S HELP CENTER JACKSONVILLE, FL	NONE CHARITABLE	PUBLIC	2,500.
WOMEN'S REFUGE, ST AUGUSTINE, FL	NONE CHARITABLE	PUBLIC	
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A	-	656,735.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

¹ 'Application for Extension of Time To File an '` Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

. 16	(ib f A.A 41. 0 88 41. F. 4 i	D .	and and the allesters bear.			_	X
	are filing for an Automatic 3-Month Extension, complete			form\			LA
	are filing for an Additional (Not Automatic) 3-Month Ex				~ 9969		
	complete Part II unless you have already been granted a					for a corne	rotion
	nic filing (e-file). You can electronically file Form 8868 if y						
•	d to file Form 990-T), or an additional (not automatic) 3-moi						
	to file any of the forms listed in Part I or Part II with the exc						
	al Benefit Contracts, which must be sent to the IRS in pap		(see instructions) For more details on ti	ne elec	tronic iiii	ig or this to	orm,
Part	w.urs.gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time		hmit original (no copies pooded)				
	pration required to file Form 990-T and requesting an autor						
		natic offic	offitt extension - check this box and con	ibiere		•	
Partio	nıy ır corporations (including 1120-C filers), partnerships, REM	IICa and t	musta must usa Farm 7004 ta mauast ar	ovton	oron of tim	•	
	r corporations (including 1120-C lilers), partiterships, helvi ncome tax retums.	iics, and t	rusts must use Form 7004 to request ar	exteri	SIOTI OF UIT	æ	
			_	E	avan ida		
Туре о	r Name of exempt organization JACK C. & BETTY A. DEMETREI	F		Emp	oyer ider	itification	number
print	FAMILY FOUNDATION	<u>.</u>		5	9-340	7370	
File by the			A	, ,	J-340	1313	
due date filing your							
return Se	e						
nstructio	or Stry, town or post office, state, and ZIP code. For a for JACKSONVILLE, FL 32207	oreign add	iress, see instructions.				
	TOACROONVILLE, IL 32207			-			
Entar +1	as Batura and for the return that this application is far /file	a cenara	te application for each return)				0 4
⊏nter ti	ne Return code for the return that this application is for (file	e a separa	te application for each return)				تت
Applica	ation	Return	Application				Return
	ation .	Code	Is For				Code
<u>Is For</u> Form 9	00	01	Form 990-T (corporation)				07
Form 9		02	Form 1041-A		·		08
Form 9		03	Form 4720		 		09
Form 9		04	Form 5227				10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
	90-T (trust other than above)	06	Form 8870				12
1 01111 3	MS. ELISA A. DI						, <u>, ,</u>
• The	books are in the care of ▶ 1551 ATLANTIC			. F	L -	32207	
	phone No. ► 904-398-7350		FAX No. ▶	··			
	e organization does not have an office or place of business	s in the Ur	· · · · · · · · · · · · · · · · · · ·				
	is is for a Group Return, enter the organization's four digit			is is fo	r the whol	e aroup, c	heck this
box >		-	ach a list with the names and EINs of all				
	request an automatic 3-month (6 months for a corporation					· · ·	
			ition return for the organization named a		The exter	sion	
- 19	s for the organization's return for:	J	•				
	X calendar year 2010 or						
_	tax year beginning	, an	nd ending				
2 l	f the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fina	al retur	n		
	Change in accounting period						
3a l	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
r	onrefundable credits. See instructions.			3a	\$	4	,712.
b i	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	estimated tax payments made. Include any prior year overp			3ь	\$	11	,024.
_	Balance due. Subtract line 3b from line 3a. Include your pa						
t	by using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	\$		0.
Cautio	n. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for pa	yment inst	ructions.
LIIA	For Panenwork Reduction Act Notice see Instructions						v 1.2011)

023841 01-03-11

Form 8868 (Rev. 1-2011)					Page 2
 If you are filing for an Additional (Not Automatic) 3-Mo 	onth Extension,	complete only Part II and check this b	юх .		▶ X
Note. Only complete Part II if you have already been grant	ted an automatic	3-month extension on a previously file	d Form	8868.	
 If you are filing for an Automatic 3-Month Extension, or 	complete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Mo	nth Extensio	n of Time. Only file the original (no	copies r	needed).	
Name of exempt organization JACK C. & BETTY A. DEMET	REE	Employer identification num		cation number	
rint			9-3407	379	
File by the extended Number, street, and room or suite no. If a P O	. box. see instruc	tions			
due date for 1551 ATLANTIC BOULEVARD,					
filing your return See City, town or post office, state, and ZIP code.		lress, see instructions.			
JACKSONVILLE, FL 32207					
Enter the Return code for the return that this application is	s for (file a separa	te application for each return)	<i></i>		0 4
					
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01	<u> </u>			
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already of			usly file	d Form 8868	3.
MS. ELISA A			_		
• The books are in the care of ► 1551 ATLANT	IC BLAD	,	E, F	L - 32	2207
Telephone No. ► 904-398-7350		FAX No. ►			
 If the organization does not have an office or place of b 			-	•	L
If this is for a Group Return, enter the organization's for	_ []				
box If it is for part of the group, check this box		ch a list with the names and EINs of al	l memb	ers the exten	sion is for.
4 I request an additional 3-month extension of time un		BER 15, 2011.			
5 For calendar year 2010, or other tax year beginn	-	, and ending	1		·
6 If the tax year entered in line 5 is for less than 12 mo	nths, check reas	on: Initial return	Final r	eturn	
Change in accounting period	1	DIE MAN DROGETE	-	· L •	
7 State in detail why you need the extension TO /// For MATW > For A	427 EV	ISCE AND PILOCESS	1	ME	
MADRIMATION FOR A	COMPL	ETE MAS ACCUR	472		
TAX DETURE.	· · · · · · · · · · · · · · · · · · ·				
0	4700 0000				
8a If this application is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, e	nter the tentative tax, less any	1 _ 1		9,424.
nonrefundable credits. See instructions.		material and the same distance of the same distance	8a	\$	7,424.
b If this application is for Form 990-PF, 990-T, 4720, or	•	•			
tax payments made. Include any prior year overpayr	nent allowed as a	credit and any amount paid	-		11 024
previously with Form 8868.		h Alexa da como de la	8ь	\$	11,024.
c Balance due. Subtract line 8b from line 8a. Include y		n this form, it required, by using		•	0.
EFTPS (Electronic Federal Tax Payment System). Se		d Varification	8c	\$	<u> </u>
	-	d Verification	a bask s	f moulemands 4 :	a and halise
Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepar	i, including accomp re this form.	anying schedules and statements, and to tr	e nest 0	i niy knowleag	e and beliet,
		AGENT	Date	· 8/1	0/11
Originature 111	ue P	, , , , , , , , , , , , , , , , , , , ,	Date		368 (Rev. 1-2011)
1/				FOILII 6 0	1.5011)