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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation OMB No 1545-0052

2011 Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 20 2011, and ending For calendar year 2011 or tax year beginning A Employer identification number Name of foundation 47-0836951 LYNN P DEMARCO CHARITABLE FOUNDATION B Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) (402) 253-2785 12701 FAIRVIEW ROAD City or town, state, and ZIP code C If exemption application is pending, check here SPRINGFIELD, NE 68059 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col (c), (Part I, column (d) must be on cash basis) line 16) ▶ \$ 152,807 Part " Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and for charitable (b) Net investment (c) Adjusted net amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes income hooks the amounts in column (a) (see instructions)) (cash basis only) 1,000 1 Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is not required to attach Sch B 2 Interest on savings and temporary cash investments 3 3,864 3,864 4 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10. 6a Gross sales price for all assets on line 6a Capital gain net income (from Part ly ine 3,026 7 Net short-term capital gain Income modifications . . OSC 10a Gross sales less returns and allowan Less Cost of goods sold. Gross profit or (loss) (attach schedule GDEN Other income (attach schedule) 11 6,891 4,865 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 14 Pension plans, employee benefits 'STM107 15 160 16a 735 b Other professional fees (attach schedule) C 17 98 18 Depreciation (attach schedule) and depletion 19 20 Travel, conferences, and meetings...... Printing and publications....... 23 Total operating and administrative expenses. 24 993 30,000 9,139 25 30,000 10,132 26 Total expenses and disbursements. Add lines 24 and 25. 27 Subtract line 26 from line 12 (5,267) Excess of revenue over expenses and disbursements . 6,891 Net investment income (if negative, enter -0-)

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

P	ort II	Balance Sheets 'Attached schedules and amounts in the description column	Beginning of year	End o	f year
	211	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	2,686	250	250
	3	Accounts receivable			
	1	Less allowance for doubtful accounts			-
	4	Pledges receivable			
		Less allowance for doubtful accounts		N — 1	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
Α		Less allowance for doubtful accounts			
s	8	Inventories for sale or use			-
s e	9	Prepaid expenses and deferred charges			
t	10a	Investments - U S and state government obligations (attach schedule)			
S		Investments - corporate stock (attach schedule) STM1.37	160,832	140,166	152,557
	c	Investments - corporate bonds (attach schedule)		110,100	202/551
	11	Investments - land, buildings, and equipment basis	A COLON OF CHART OF THE COLON O	بالواسيس بمحاجب الحاسيات الواجي الواجيد الواجيد	The Thirt sanders a
	١	Less accumulated depreciation (attach schedule)		The control of the co	The parties of
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)		 .	
	14	Land, buildings, and equipment basis			
	'*	Less accumulated depreciation (attach schedule)			
	4.5	Other assets (describe			
	15				
	16	Total assets (to be completed by all filers - see the	162 510	140 416	150 007
_	47	Instructions Also, see page 1, item I)	163,518	140,416	152,807
i	17	Accounts payable and accrued expenses	(60, 700)	(02 (14)	, %,
a	18	Grants payable	(62,783)	(83,644)	
Ĭ	19	Deferred revenue			6.
!	20	Loans from officers, directors, trustees, and other disqualified persons			•
ţ	21	Mortgages and other notes payable (attach schedule)			
ė	22	Other liabilities (describe	460 700	100 011	
<u>s</u>	23	Total liabilities (add lines 17 through 22)	(62,783)	(83,644)	
	1	Foundations that follow SFAS 117, check here			
NF		and complete lines 24 through 26 and lines 30 and 31.			:
tu	24	Unrestricted			
ď	25	Temporarily restricted			
Α	26	Permanently restricted			
S B		Foundations that do not follow SFAS 117, check here \blacktriangleright $\boxed{\chi}$			
S B a e i		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
t a s n		Paid-in or capital surplus, or land, bldg, and equipment fund			
C	29	Retained earnings, accumulated income, endowment, or other funds	226,301	224,060	
o e s	30	Total net assets or fund balances (see instructions)	226,301	224,060	
•	31	Total liabilities and net assets/fund balances (see			
	ļ	instructions)	163,518	140,416	
Pa	art II		es		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), lir	ne 30 (must agree with		
	end-	of-year figure reported on prior year's return)		1	226,301
2		r amount from Part I, line 27a			(5,267)
3	Othe	r increases not included in line 2 (itemize) STM115		3	3,026
4	Add	lines 1, 2, and 3		4	224,060
		eases not included in line 2 (itemize)		5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	224,060

Page 3

Partive Capital Gains	and Losses for Tax on Inve	stment Income			
	e the kınd(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs MLC Co.)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yr , mo , day)
1a See STM~134					
b					
С					
<u>d</u>			ļ	·	
е			<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense			ain or (loss) (f) minus (g)
a 27,636			24,610		3,026
<u>c</u>					
<u>d</u>					
Complete only for exects shi	owing gain in column (h) and owned	by the foundation or	12/31/60		
Complete only for assets shi		T			Col (h) gain minus t less than -0-) or
(i) FMV as of 12/31/69	Adjusted basisas of 12/31/69	(k) Excess of over col (j),			(from col (h))
a					3,026
b					
С				 .	
d					
е					
2 Capital gain net income or (r	ier canital inssi	lso enter in Part I, lir enter -0- in Part I, lir		2	3,026
3 Net short-term capital cain o	or (loss) as defined in sections 1222(ie /		3,020
, -	ne 8, column (c) (see instructions)		_		
*			}	3	
Part V Qualification U	Inder Section 4940(e) for Re	duced Tay on	Net Investme		
	ivate foundations subject to the sect				
(1 of optional use by domestic pr	ivate roundations subject to the sect	ion 4540(a) tax on n	ct mycsunont mo	onic)	
If section 4940(d)(2) applies, lea	ve this part blank				
Was the foundation liable for the	section 4942 tax on the distributable	e amount of any yea	r in the base peri	od?	Yes X No
	qualify under section 4940(e) Do no				
1 Enter the appropriate amour	nt in each column for each year, see	the instructions befo	ore making any ei	ntries	
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in	A divinta di no colofora di nicola di conse	Net value of no	ncharitable-use assets		stribution ratio) divided by col (c))
2010	30,4	402	204,7		0.148478
2009	23,	389	190,5	34	0.122755
2008	15,	000	204,3	324	0.073413
2007	22,		226,2		0.101485
2006	17,	464	174,4	14	0.10013
				. 2	0.54626
3 Average distribution ratio for	the 5-year base period - divide the t	otal on line 2 by 5, o	or by the		
number of years the foundat	tion has been in existence if less that	n 5 years		. 3	0.109252
4 Enter the net value of nonch	aritable-use assets for 2011 from Pa	irt X, line 5		. 4	184,167
5 Multiply line 4 by line 3		• • • • • • • • •	• • • • • • •	. 5	20,121
	(40) of Book Libra (77b)				60
6 Enter 1% of net investment	income (1% of Part I, line 27b)	• • • • • • • • • •	• • • • • • • •	6	69
7 Add lines 5 and 6				,	20 100
Add lines 5 and 6		• • • • • • • • • •		7	20,190
8 Enter qualifying distributions	from Part XII, line 4			8	30,000
· · · · · ·	r than line 7, check the box in Part V				
Part VI instructions	, shoot the box in r dit v	.,	.5.0 mar part dom	3	
1 411 41 11301 40010113					

4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

X

Form	990-PF (2011) LYNN P DEMARCO CHARITABLE FOUNDATION 47-083	6951	F	Page 5
Pa	t VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address N/A	L		
14	The books are in care of ▶ PETER R DEMARCO Telephone no ▶	402-25	53-27	785
		3059		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of	<u> </u>	Ь	
	the foreign country			
Pai	TVII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u>''</u>
L	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))))
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2011?		}	
	If "Yes," list the years , , , ,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)]	1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶		1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		1	
b	If "Yes," did it have excess business holdings in 2011 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]
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		1	1 !
	foundation had excess business holdings in 2011)	3b		i
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		\Box	
	charitable number that had not been removed from jeonardy before the first day of the tay year beginning in 2011?	4h	1	V

Form	1990-PF (2011) _ ' LYNN P DEMARCO CHARI	TABLE	FOUNDATi()N				47-083	6951	Page
Pa	rt VII-B Statements Regarding Activitie	s for V	Vhich Forn	1 4720	May Be F	Requir	ed (cont	inued)		
5a	During the year did the foundation pay or incur any a				<u>, , , , , , , , , , , , , , , , , , , </u>				Π	
	(1) Carry on propaganda, or otherwise attempt to inf			tion 494	5(e))?		Yes	X No	-	
	(2) Influence the outcome of any specific public elec		-			,		(4.2)		
	directly or indirectly, any voter registration drive?	-		-	•	İ	Yes	X No		
	(3) Provide a grant to an individual for travel, study,						Yes	X No		
						• • •		X NO	1	
	(4) Provide a grant to an organization other than a c		-				□ .	[]		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)						Yes	X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational										
	purposes, or for the prevention of cruelty to child						Yes	X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the tra-	nsaction	s fail to qualify	under t	he exception	is descri	bed in		-	
	Regulations section 53 4945 or in a current notice re							• • • • •	5b	
	Organizations relying on a current notice regarding d	isaster a	assistance che	ck here					ı	
С	If the answer is "Yes" to question 5a(4), does the fou	ındatıon	claım exemptı	on from	the tax					
	because it maintained expenditure responsibility for	the grant	٠				Yes	No	1	
	If "Yes," attach the statement required by Regulation	s sectio	n 53 4945-5(d)			_	_		
6a	Did the foundation, during the year, receive any fund				premiums					
	on a personal benefit contract?						Yes	X No		
b	Did the foundation, during the year, pay premiums, o						لسسا		6b	X
	If "Yes" to 6b, file Form 8870	, -	,,,,							 '`
7a	At any time during the tax year, was the foundation a	narty to	a prohibited t	av shelt	er transactio	n?	Yes	X No		
	If yes, did the foundation receive any proceeds or ha						_		7b	
b										VOOS
Pa		ctors,	Trustees,	rounu	ation ivia	layers	, nıyııı	y Faiu	Empic	yees,
	and Contractors									
1 1	ist all officers, directors, trustees, foundation man			pensati	on (see insi	ruction	5).			
				(c) Co	mnensation	(4)	Contribution	is to		
	(a) Name and address	hour	e, and average s per week d to position		mpensation paid, enter -0-)	emplo	Contribution yee benefit arred compe	plans		ense account, allowances
SEE	(a) Name and address STATEMENT ATTACHED	hour	s per week		pand, enter	emplo	yee benefit	plans		
SEE		hour	s per week		pand, enter	emplo	yee benefit	plans		
SEE ,		hour	s per week d to position		paid, enter -0-)	emplo	yee benefit	plans nsation		allowances
SEE '		hour	s per week d to position		paid, enter -0-)	emplo	yee benefit	plans nsation		allowances
SEE ,		hour	s per week d to position		paid, enter -0-)	emplo	yee benefit	plans nsation		allowances
SEE		hour	s per week d to position		paid, enter -0-)	emplo	yee benefit	plans nsation		allowances
SEE ,		hour	s per week d to position		paid, enter -0-)	emplo	yee benefit	plans nsation		allowances
SEE ,		hour	s per week d to position		paid, enter -0-)	emplo	yee benefit	plans nsation		allowances
	STATEMENT ATTACHED	hour	s per week d to position	(If not	paid, enter -0-)	emplo and defe	yee benefit	plans nsatron	other :	allowances
2 (STATEMENT ATTACHED Compensation of five highest-paid employees (oth	hour	s per week d to position	(If not	paid, enter -0-)	emplo and defe	yee benefit	plans nsatron	other :	allowances
2 (STATEMENT ATTACHED	hour	s per week d to position	(If not	paid, enter -0-)	emplo and defe	yee benefit irred compe	one, enter	other :	allowances
2 (STATEMENT ATTACHED Compensation of five highest-paid employees (oth NONE."	hour	s per week d to position O those include	d on lin	0 et 1 - see in:	emplo and defe	yee benefit	O One, enter	other:	allowances
2 (STATEMENT ATTACHED Compensation of five highest-paid employees (oth	hour	those include (b) Title, and a hours per we	ed on lin	paid, enter -0-)	emplo and defe	ns). If no	O One, enter	other:	0
2 (STATEMENT ATTACHED Compensation of five highest-paid employees (oth NONE."	hour	s per week d to position O those include	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
2 (Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour	those include (b) Title, and a hours per we	ed on lin	0 et 1 - see in:	emplo and defe	ns). If no	O One, enter	other:	allowances 0
NON	Compensation of five highest-paid employees (oth NONE." (a) Name and address of each employee paid more than \$50,000	hour devote	those include (b) Tille, and a hours per widevoted to pos	d on lin	pand, enter -0-) 0 ne 1 - see in:	emplo and defe	ns). If no (d) Contri employee plans and comper	one, enter	other:	allowances 0

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
ONE		
al number of others receiving over \$50,000 for professional services		>
art IX-A Summary of Direct Charitable Activities		
are 17471 Garminary of Direct Charles 164711166	· · · · · · · · · · · · · · · · · · ·	.
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc		
	· · · · · · · · · · · · · · · · · · ·	
art IX-B Summary of Program-Related Investments (see inst	ructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1		Amount
Il other program-related investments. See instructions		
stal. Add lines 1 through 3		•

EEA

га	see instructions)	undations,	
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	183,152
b	Average of monthly cash balances	1b	3,820
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	186,972
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	186,972
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1	
	instructions)	4	2,805
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	184,167
6	Minimum investment return. Enter 5% of line 5	6	9,208
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here 🏓 🔲 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	9,208
2a	Tax on investment income for 2011 from Part VI, line 5	3	
b	Income tax for 2011 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	69
3	Distributable amount before adjustments Subtract line 2c from line 1	3	9,139
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,139
6	Deduction from distributable amount (see instructions)	6	· · · · · · · · · · · · · · · · · · ·
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	9,139
Da			
·Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	30,000
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4.	4	30,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	69
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	29,931
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the found	lation
	qualifies for the section 4940(e) reduction of tax in those years		

1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7				9,139
2	Undistributed income, if any, as of the end of 2011				9,139
а	Enter amount for 2010 only				
b	Total for prior years 0 0 0				
3	Excess distributions carryover, if any, to 2011				
а	From 2006				
b	From 2007				
С	From 2008 8,783				
d	From 2009				
e	From 2010				
f	Total of lines 3a through e	62,783			
4	Qualifying distributions for 2011 from Part XII,	,			
	line 4 ▶\$ 30,000				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years		····		
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)	30,000			*
d	Applied to 2011 distributable amount				
е	Remaining amount distributed out of corpus		,	*	, ° 1,
5	Excess distributions carryover applied to 2011 .	9,139		* '	9,139
	(If an amount appears in column (d), the same	*****	*	, h, , , , , , , , , , , , , , , , , ,	3
	amount must be shown in column (a))			, , , , , , , , , , , , , , , , , , ,	The same of the sa
6	Enter the net total of each column as				3, 3
	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5.	83,644	· * * * * * * * * * * * * * * * * * * *	*	·
b	Prior years' undistributed income Subtract	17. P.A.		, <u>, , , , , , , , , , , , , , , , , , </u>	, , ,,,,,
	line 4b from line 2b	* \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
C	Enter the amount of prior years' undistributed	* 24.			\$
	income for which a notice of deficiency has			,	*
	been issued, or on which the section 4942(a)	,			
	tax has been previously assessed				>
d		,			
	amount - see instructions				
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1. This amount must be				
7	distributed in 2012				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
8	170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2006 not				
0	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2012.				
•	Subtract lines 7 and 8 from line 6a	83,644	1		·
0	Analysis of line 9	03,044			
a	Excess from 2007				1
ь	Excess from 2008	j		ļ	
c	Excess from 2009 23,144				1
d	Excess from 2010	ĺ			
	Excess from 2011				

Part	XIV Private Operating Four	idations (see instru	ctions and Part VII-A	, question 9)				
1a	If the foundation has received a ruling	or determination letter	that it is a private ope	erating				
•	foundation, and the ruling is effective for	or 2011, enter the date	of the ruling		<u> </u>			
b	Check box to indicate whether the four	ndicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)						
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years				
	income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total		
	each year listed							
b	85% of line 2a							
				 	t			
С	Qualifying distributions from Part XII, line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt activities			ļ	-			
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					,		
3	Complete 3a, b, or c for the alternative test relied upon		:					
а	"Assets" alternative test - enter							
_	(1) Value of all assets							
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test - enter 2/3			 	-			
	of minimum investment return shown in Part X, line 6 for each year listed							
С	"Support" alternative test - enter							
	(1) Total support other than gross							
	investment income (interest,							
	dividends, rents, payments on securities loans (section							
	512(a)(5)), or royalties)							
	(2) Support from general public							
	and 5 or more exempt							
	organizations as provided in section 4942(j)(3)(B)(III)							
	• • • • • • • • • • • • • • • • • • • •			- 				
	(3) Largest amount of support from an exempt organization							
	(4) Gross investment income							
Part	<u> </u>	tion (Complete th	is part only if th	ne foundation had	\$5.000 or more in	assets at		
	any time during the yea				. , , , , , , , , , , , , , , , , , , ,	. 455515 41		
1	Information Regarding Foundation I							
a	List any managers of the foundation w	•	ore than 2% of the to	tal contributions receive	ed by the foundation			
_	before the close of any tax year (but or							
	LYNN I & DIANNE DEMARCO,	PETER R & LORET	A DEMARCO, ROM	ANO T DEMARCO				
b	List any managers of the foundation w				rge portion of the			
.,	ownership of a partnership or other en				go portion of the			
			3					
	NONE,							
2	Information Regarding Contribution	Grant Gift Loan S	cholarship etc. Pro	ourame:		.		
-	ř ř		• • •	•				
	Check here ►if the foundation on							
	unsolicited requests for funds. If the fo		grants, etc. (see instr	uctions) to individuals of	or organizations under			
	other conditions, complete items 2a, b		whom applications of	sould be addressed				
а	The name, address, and telephone nu	mber of the person to v	whom applications sr	ioula de addressed				
	990APP							
b	The form in which applications should	be submitted and infor	mation and materials	they should include				
	Any submission deadlines							
-								
	Any restrictions or limitations on award	ls, such as by geograp	hical areas, charitable	le fields, kinds of institu	tions, or other			
-	factors	-, , ggp			,			

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipi		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			
Paid during the year						
FRANCISCAN MONASTERY	OF ST	CLA			BUILDING PROJECT	
3626 N 65TH AVE						
Omaha	NE	68104	NONE	PUBLIC		3,000
HOLY SPIRIT ADORATIO	N SIST	ERS			EDUCATION	
1040 S COTNER BLVD						
Lincoln	NE	68501	NONE	PUBLIC		1,000
MICC CAMUALTA COLOMB	TCAMTO	NC			CONGRETAN	
KVSS CATHOLIC COMMUN 5829 N 50TH ST	ICATIO	NS			COMMUNICATION	
Omaha	NE	68105	NONE	PUBLIC		3,500
						•
CATHOLIC ARCHDIOCESE					PRO-LIFE	
12615 PARALLEL PARKW		66100	27027			
Kansas City	KS	66109	NONE	PUBLIC		1,500
VITAE CARING FOUNDAT	CION				COMMUNICATION	
621B E MCCARTY STREE	T					
Jefferson City	MO	65102	NONE	PUBLIC		2,000
CATHOLIC RADIO NETWO	OF REA	c			COMMUNICATION	
201 N INDUSTRIAL PAR		•			COMMONICATION	
Excelsior Springs	MO	64024	NONE	PUBLIC		1,000
						·
FOCUS VISION FOR LIF	TE.				EDUCATION	
700 E 8TH ST 15J		64106	NONE	D:::::::::::::::::::::::::::::::::::::		2 222
Kansas City	MO	64106	NONE	PUBLIC		2,000
IMMACULATE HEART RAD	oio				COMMUNICATION	
3256 PENRYN RD STE 1	.00					
Loomis	CA	95650	NONE	PUBLIC		2,000
Total						
b Approved for future paymen	it					
				E .]	
				1		
			1			
Total						

Part XV	/I-A Analysis of Income-Producing A	ctivities				
	s amounts unless otherwise indicated		d business income	Excluded by se	ection 512, 513, or 514	(e)
4. Dans		(a) Business	(b) Amount	(C) Exclusion	(d) Amount	Related or exempt function income (See instructions)
-	am service revenue	code		code		
a				 		
b				 	ļ <u> </u>	
c		<u> </u>				<u> </u>
e				 		
				-		
n Fee	es and contracts from government agencies			 		
	ership dues and assessments					
	st on savings and temporary cash investments .	-		14	1	·
	nds and interest from securities	·		14	3,864	
	ntal income or (loss) from real estate	- CHÁC PART PHARTON	Them his committee of the said.	A separate de la companie de vinage		Frenchistana and a series
	bt-financed property					
	t debt-financed property					
	ntal income or (loss) from personal property			-		··· ·· ·
	investment income					
8 Gain d	or (loss) from sales of assets other than inventory					
9 Net in	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
b		-		T		
c						
d						
е						
12 Subto	tal Add columns (b), (d), and (e)			*	3,865	
13 Total.	Add line 12, columns (b), (d), and (e)				13	3,865
(See work	sheet in line 13 instructions to verify calculations)				<u></u>	
Part XV	/I-B Relationship of Activities to the	Accompl	ishment of Exe	mpt Purpo	ses	
Line No	Explain below how each activity for which inc	come is repo	orted in column (e) o	of Part XVI-A co	intributed importantly to	the
▼	accomplishment of the foundation's exempt	purposes (o	ther than by providir	ng funds for suc	ch purposes) (See inst	ructions)
	<u> </u>					
						
			<u> </u>			
			.	-		 -
						· · · · · · · · · · · · · · · · · · ·
						· - · · · · · · · · · · · · · · · · · ·
				<u>. — — — — — — — — — — — — — — — — — — —</u>		
		····				
	 			<u></u> .		
						
	<u> </u>					

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1		-		page in any of the following with a ction 501(c)(3) organizations) or i	•			Yes	No
	organızatı	ons?							į ,
а	Transfers	from the repor	ting foundation to a	noncharitable exempt organization	on of			_	. !
	(1) Cash			 .			. 1a(1)		X
	(2) Other	assets		 .			. 1a(2)		_X_
þ	Other tran	sactions							
	(1) Sales	of assets to a	noncharitable exemp	pt organization			. 1b(1)		_X
	(2) Purch	ases of assets	from a noncharitabl	le exempt organization			. 1b(2)		X
	(3) Renta	l of facilities, e	quipment, or other a	assets			. 1b(3)		X
				• • • • • • • • • • • • • • • • •			. 1b(4)		X
				• • • • • • • • • • • • • • • •			. 1b(5)		X
				or fundraising solicitations				+ +	X
С				, other assets, or paid employees					X
	-	•	•	omplete the following schedule (·		
-		_		given by the reporting foundation	, ,	•			
				nent, show in column (d) the valu					
(a) Lir		mount involved		charitable exempt organization		ifers, transactions, and share		ents	
,			(0)	- I a la l	(c) Decomposit of trains	nors, transactions, and sites	- Ing care agoin		
					-				
				·					
									
						·			
				······································					
									
									
			-			· · · · · · · · · · · · · · · · · · ·			
		 							
						 			
							_		
						-,,-			
			1 11 551 1						
2a		-	•	ed with, or related to, one or more	. •		П.,		1
_			• •	er than section 501(c)(3)) or in se	ection 527?	• • • • • • • • • •	. ∐ Y€	s <u>X</u>	No
b			llowing schedule						
	(a) Name of organiz	zation	(b) Type of organization		(c) Description of rela	ionship		
	-								
	it is true,	correct, & complete	Declare that I have examine Declaration of preparer (ned this return, including accompanying school other than taxpayer) is based on all informations.	equies & statements, & to the tion of which preparer has an	pest of my knowledge & be ly knowledge	ner,		_
Sig	n 👠	2				May th	e IRS discus	s this reti	urn
Hei	re /	Tela/	250 ma	deo 11/2/12	Theoreme	with th	e preparer sh	nown belo	<u>w</u> .
		ature of officer or tri	ustee	Date	Title	(\$66 ।	191 /	Yes	No
		Print/Type prepar	rer's name	Preparer's signature	Date	/ Check i	PTIN		
Pai	d	Dorothy M	Krogh CPA	Change -	11/5/	self-employed	P0017	5817	
Pre	parer	Firm's name	Dottie Feil	lmeier CPA PC		Firm's EIN			
	Only	Firm's address	▶ 51039 Olive	e Street		Phone no			
J J (- Ciny		Atlantic IA	A 50022		712	-243-3	636	
						1			

Federal Supporting Statements	2011 PG 01
Name(s) as shown on return	FEIN
LYNN P DEMARCO CHARITABLE FOUNDATiON	47-0836951
Form 990PF, Part III, Line 3 Other Increases Schedule GAIN ON SALE OF INVESTMENTS	Statement #115
GAIN ON SALE OF INVESTMENTS	, 020
Total 3	,026

Form 990PF, General Explanation Attachment (1)

Statement #127

FORM 990PF, PART VIII

ALL OFFICERS & DIRECTORS SERVE WITHOUT COMPENSATION

1. LYNN I DEMARCO, PRESIDENT AND DIRECTOR

9717 CHEROKEE LANE

LEAWOOD, KS 66206

2. MARY E DEMARCO, VICE PRESIDENT AND DIRECTOR

3939 N MARKET AVENUE 3C

CANTON, OH 44714

3. LORETA L DEMARCO, SECRETARY AND DIRECTOR

12701 FAIRVIEW ROAD

SPRINGFIELD, NE 68059

4. PETER R DEMARCO, TREASURER AND DIRECTOR

12701 FAIRVIEW ROAD

SPRINGFIELD, NE 68059

5. ANGELA D LEISE, DIRECTOR

2445 CRIMSON RIDGE CIRCLE

ROCHESTER, MN 55901

Federal Supporting Statements Name(s) as shown on return LYNN P DEMARCO CHARITABLE FOUNDATION 47-0836951

Form 990PF, General Explanation Attachment (2)

Statement #127

FORM 990PF, PART VIII CONTINUED
6. PAULA D LANG, DIRECTOR
1135 EASTWOOD LANE
WEBSTER GROVE, MO 63119
7. VIRGINIA M COLLINS, DIRECTOR
9717 CHEROKEE LANE
LEAWOOD, KS 66206
8. ROMANO T DEMARCO, DIRECTOR
9717 CHEROKEE LANE
LEAWOOD, KS 66206

Form 990PF, Part II, Line 10(b)
Investments: Corporate Stock Schedule

PG 01 Statement #137

Category	BOY	Book Value	EOY FMV
ABBOTT LABS	1,024	1,024	1,406
AT&T INC	2,860	1,289	1,875
FAIRPOINT COMMUNICATIONS	9		
FROONTIER COMMUNICATIONS	248	234	124
HOSPIRA	71	71	61
JOHNSON AND JOHNSON	6,453	3,236	3,279
MEDCO HEALTH SOLUTIONS INC	47,984	40,745	49,527
PFIZER	9,032	9,032	8,656
ST JUDE MEDICAL INC	39,851	29,76 4	28,126
VERIZON	3,844	1,357	2,006
WEITZ VALUE FUND	40	40	49
WEITZ HICKORY FUND		3,000	2,860
MERCK & CO INC	49,416	50,374	54,588
Totals	160,832	140,166	152,557

	Federal Supporting Statements		2011 PG 01
Name(s) as snown on return LYNN P DEMARCO CHARITABLE FOUNDATION	OUNDAT.10N		Your Social Sectifity Number 47-0836951
	Form 990PF, Part I, Line 16(a) - Legal Fees Schedule		Statement #107
Description	Revenue Net Adjusted and expenses investment net income	Charitable purpose	
LEGAL FEES	0	0	
Totals	160 0	0	
	Form 990PF, Part I, Line 16(b) - Accounting Fees Schedule		PG 01 Statement #108
	Net	Charıtable	
Description ACCOUNTING	and expenses investment net income 735 0 0 0	purpose	
Totals	735 0 0	0	
	Form 990PF, Part I, Line 18 - Taxes Schedule		PG 01 Statement #110
Description TAX ON INV INCOME	Revenue Net Adjusted and expenses investment net income 98	Charitable purpose	
Totals	0 0 86	0	

Porm 990-PP, Part IV, Capital Gains And Losses Information (Overflow) P-Durchase D-Donation Date Acquired Date 50ld Sales First Depreciation other Dates Gain, D-Donation of D-2001-10-02 2011-03-10 1,763 2,487 9 9 9 1 2001-10-02 2011-03-10 1,763 0,711 10,007 0 1,723 0			Federal	Supporting	Federal Supporting Statements		2011 PG 01	
47-0836931 17-	Name(s) as snown on return						Your Social Security Num	
Pour 990-FP, Part IV, Capital Gains And Losses Information [Cost or Gain Plants and Losses Information [Cost or Gain Order or D-Dometron D-Dometro D-D	LYNN P DEMARCO CHARITABLE FOUNI	DATION					47-0836951	
P-Purchase P-P		Form 990-PF, Par		ains And Losse	as Information (Overflow)		Statement #13	
December		P-Purchase				Cost or	Gaı	ins Minus
NET CREMENTALINES D 2001-10-02 2011-11-28 D 2001-10-02 2011-11-28 ENDICALINE E	Description	D-Donation	Date Acquired	Date Sold	Sales Price Depreciation	other basis Gain	or Loss Exces	s or Losses
THE COMMUNICATIONS D 2001-10-02 2011-11-28 1,344 1,517 (227) THE PROPERTY DE 2001-10-02 2011-11-28 1,344 1,517 (227) THE STATE D 2001-10-02 2011-11-28 1,514 1,517 (1529) THE STATE SOLUTIONS INC D 2007-06-13 2011-11-28 2,058	VERIZON	Q	2001-10-02	2011-11-28	1,763	2,487	(724)	(724)
D 2001-10-2 2011-11-28 1,314 1,571 (227) E MEDICAL INC D 2004-06-25 2011-11-28 10,671 10,067 544 HEALTH SOLUTIONS INC D 2007-04-13 2011-11-28 3,098 3,561 3 N 4 JOHNSON D 2007-04-13 2011-11-28 3,098 3,581 3,008 A 2008-12-23 2011-11-28 3,098 3,098 3,217 (159) A 2009-12-23 2011-11-28 2,098 3,098 3,00	FAIRPOINT COMMUNICATIONS	Ω	2001-10-02	2011-03-10		6	(6)	(6)
D 2004-08-25 2011-11-28 10,671 10,087 3,584 3 HEMUTH SOLUTIONS INC D 2007-04-13 2011-11-28 3,089 3,217 (155) N 6 JORNSON D 2007-04-13 2011-11-28 3,089 3,217 (155) N 6 JORNSON D 2007-04-13 2011-11-28 3,089 3,217 (155) N 7 6 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 8 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 9 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 9 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 1 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 1 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 1 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 1 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 1 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 1 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 2 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 2 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 2 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 2 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 2 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 3 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 3 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 3 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 3 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 3 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 4 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 5 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 5 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 5 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 5 JORNSON D 2007-04-13 2011-11-28 3,099 3,217 (155) N 5 JORNSON D 2007-04-13 2011-11-28 3,217 (155) N 5 JOR	AT&T INC	Ω	2001-10-02	2011-11-28	1,344	1,571	(227)	(227)
HEALTH SOLUTIONS THC D 2007-04-13 2011-11-28 10,800 7,239 3,561 3 3 N 6 JORNSON D 2009-12-23 2011-11-28 2,0556 3,0256 3,0256 3	ST JUDE MEDICAL INC	Ω	2004-08-25	2011-11-28	10,671	10,087	584	584
N 6 JOHNSON D 2009-12-23 2011-11-28 3.096 3.217 (155) 27,636 24,610 3,026 3 3.026 3	MEDCO HEALTH SOLUTIONS INC	Ω	2007-04-13	2011-11-28	10,800	7,239	3,561	3,561
27,636 24,610 3,026	JOHNSON & JOHNSON	Ω	2009-12-23	2011-11-28	3,058	3,217	(159)	(159)
	Total				27,636	24,610	3,026	3,026

.

2011 PG 01 Your Social Security Number Federal Supporting Statements LYNN P DEMARCO CHARITABLE FOUNDATiON 47-0836951

Form 990PF, Part XV, Line 2 Application Submission Information 990APP

Grant Program

Applicant Name PETER R DEMARCO

Address 12701 FAIRVIEW ROAD

SPRINGFIELD NE 68059

Telephone 402-253-2785

Form & Content NONE SPECIFIED

Submission Deadline NONE

Restrictions on Award NONE SPECIFIED

Rank Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipien	t		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (ho	me or	business)	or substantial contributor	recipient		
a Paid during the year						
COVENANT NETWORK					COMMUNICATION	
4424 HAMPTON AVENUE	MO	62100	NONE	DITE! TC		3,000
Saint Louis	МО	63109	NONE	PUBLIC		3,000
LIVING BREAD RADIO					COMMUNICATION	
4365 FULTON DRIVE NW						
Canton	ОН	44718	NONE	PUBLIC		4,000
ST RAPHAEL CENTER INC					COMMUNICATION	
4365 FULTON DRIVE NW					COMMONICATION	
Canton	ОН	44718	NONE	PUBLIC		4,000
BISHOP MIEGE HIGH SCHO	OOL				EDUCATION	
5041 REINHARDT DRIVE Mission	KS	66205	NONE	PUBLIC		1,000
M1991011	I.D	00203	110112	102210		2,000
DUCHESNE HIGH SCHOOL					EDUCATION	
2550 ELM STREET						
Saint Charles	MO	63301	NONE	PUBLIC		1,000
ROCHESTER CATHOLIC SCI	HOOLS			ļ	EDUCATION	
1710 INDUSTRIAL RD NW						
Rochester	MN	55901	NONE	PUBLIC		1,000
Total						30,000
b Approved for future payment						
					i	