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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

Depai Intern	tment al Rev	of the Treasury enue Service	Note		reated as a Privato le able to use a copy of this			ting requirements	ZUII
		iar year 2011 or				, and e			
		foundation				•		A Employer identification	number
				A. DEMETRE	E				
<u>F</u>	AM.	LLY FOUN	DATIO	<u> </u>	<u> </u>			59-3407379	
				all is not delivered to street	address)			B Telephone number	
_		LATLANT		ULEVARD	<u> </u>		300	904-398-73	
		wn, state, and ZIF KSONVILL		32207				C If exemption application is pe	nding, check here
G C	heck	all that apply	In	nitıal return	Initial return of a fo	rmer public o	chanty	D 1. Foreign organizations,	check here
			☐ FI	nal return	Amended return				
			A	ddress change	Name change			Foreign organizations mee 2. check here and attach con	nputation the 85% test,
H_C	heck	type of organizatı	on X	Section 501(c) <u>(3) e</u> x	empt private foundation			E If private foundation state	us was terminated
	Sec	ction 4947(a)(1) n	onexempt	chantable trust	Other taxable private founda	tion		under section 507(b)(1)(A), check here
		rket value of all as		· —	•	Acc	rual	F If the foundation is in a 6	0-month termination
		Part II, col. (c), lir			her (specify)			under section 507(b)(1)(B), check here
_	\$	10	,953,	961 [(Part I, colu	mn (d) must be on cash l	oasis.)			(4)
Pa	irt i	Analysis of Rev (The total of amour	enue anu i Its in column	EXPENSES is (b), (c), and (d) may not in column (a))	(a) Revenue and expenses per books		ivestment ome	(c) Adjusted net income	(I) Disbursements for charitable purposes
					•	:		N/A	(cash basis only)
	1	Contributions, gri	_		972,685.			IV/ PA	
		Interest on savings :		not required to attach Sch. B ry	114,787.	11	4,787.		STATEMENT 1
	3	cash investments	•		217,654.		7,654.		STATEMENT 2
	4	Dividends and inf	terest from	securities	217,034.		7,034.		OLITARIUM Z
		Gross rents	. 0 \						
	_	Net rental income or	· · · —		97,238.	···			
Ë	6a	Net gain or (loss) fro Gross sales price fo		5,367,124.	311230.		······		
Revenue	7	assets on line 6a Capital gain net inco				9	7,238.		
æ	8	Net short-term ca	-				. ,		
	9	Income modifica							····
	10a	Gross sales less ret					······		
	b	Less Cost of goods	s sold		,	111		50000000000000000000000000000000000000	Marie Cottle Strafflicherschiller
	1	Gross profit or (I					***************************************	REC	EIVED
	11	Other income							Annantiment ()
	12	Total. Add lines	1 through	11	1,402,364.	42	9,679.	S VIIC	o a nego (Si
	13	Compensation of of	fficers, direct	ors, trustees, etc	0.		0.	A	0.
	14	Other employee :		•				000	<u> </u>
S	15	Pension plans, e	mployee b	enefits					517, 0
JSe	16a	Legal fees							
ğ	b	Accounting fees		CMM 3	F2 F16		2 516		
ũ	C	Other profession	al fees	STMT 3	53,516.		3,516.	-	0.
UZININOS and Administrative Expenses	17	Interest		STMT 4	11,545.	1	1,545.		0.
Õŧ	18	Taxes	I danlation	51H1 4	11,545.	<u> </u>	. T 1 J 2 J 6		
	19	Depreciation and	uepietion						
₹ 5	20 21	Occupancy Travel, conference	nac and m	eetinge	<u> </u>	-		-	
IJĎ	22	Printing and pub		ootings					<u> </u>
		Other expenses		STMT 5	11,759.	1	1,759.	-	0.
Operating	24	Total operating	and admin						
D Š	-7	expenses. Add I			76,820.	7	76,820.		0.
Ö	25	Contributions, gi		-	588,485.				588,485.
	26	Total expenses	-						
		Add lines 24 and			665,305.		76,820.	,	588,485.
· —	27			2					
	a			s and disbursements	737,059.				
	1	Net investment				35	2,859.		
		Adjusted net inc						N/A_	
1235 12-0	501 12-11	LHA For Pap	erwork Re	duction Act Notice, see	instructions.				Form 990-PF (2011)

Cash - non-interest-bearing 1,134,022. 1,131,612. 1,131,612. 1,131,612.	Ď.	ari i	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	he description Beginning of year		of year		
2 Samps and temporary cash mystoments 3 Accounts receivable			column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
Less allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ Sorants receivable Recovables due from officers, directors, trustees, and other disparation of the doubtful accounts ▶ 18 a livestromets or doubtful accounts ▶ 19 Prejude generals and defended charges 19 Prejude generals and defended charges 10 Investments - componits such 1 Investments - componits bonds 11 Investments - componits bonds 12 Investments - mortigage leans 13 Investments - mortigage leans 13 Investments - mortigage leans 14 Leas convolated dispension 15 Other assets (describle ▶ 16 Total assets fro be completed by all filers) 17 Accounts payable and accrued expenses 19 Grants payable and accrued expenses 19 Cartal payable and accrued expenses 19 Cartal payable and accrued expenses 20 Low form officers, directors, but one, and other dequated persons 21 Mortigages and other notes payable 22 Total liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 24 Total liabilities (add lines 17 through 22) 25 Total liabilities (add lines 17 through 22) 26 Total complete lines 27 through 31 total recommendations and complete lines 27 through 31 total recommendations and complete lines 27 through 31 total recommendations and complete lines 37 through 32 total recommendations and complete lines 37 through 31 total recom			·			101 610		
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28 Paid-in or capital surplus, or land, bidg , and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 30 Malaysis of Changes in Net Assets or Fund Balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 30 Total net assets or fund balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 30 Total net assets or fund balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 30 Total net assets or fund balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 30 Total net assets or fund balances 4 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilities and net assets/fund balances 31 Total liabilitie	Ę		and complete lines 27 through 31.					
31 Total liabilities and net assets/fund balances 8,891,633. 9,275,323. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 6 5 353,369.	SO	27	Capital stock, trust principal, or current funds	8,877,550.	9,261,240	•		
31 Total liabilities and net assets/fund balances 8,891,633. 9,275,323. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 6 5 353,369.	set	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.		<u> </u>		
31 Total liabilities and net assets/fund balances 8,891,633. 9,275,323. Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 6 5 353,369.	As	29	Retained earnings, accumulated income, endowment, or other funds	14,083.				
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on pnor year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 SEE STATEMENT 6 5 353, 369.	Š	30	Total net assets or fund balances	8,891,633.	9,275,323	•		
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on pnor year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 SEE STATEMENT 6 5 353, 369.								
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 SEE STATEMENT 6 5 353, 369.		31	Total liabilities and net assets/fund balances .	8,891,633.	9,275,323	•		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 6 5 353, 369.	T ib		Analysis of Changes in Net Assets or Fund F	Ralances	•	-		
(must agree with end-of-year figure reported on pnor year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases not included in line 2 (itemize) 5 SEE STATEMENT 6 1 8,891,633. 2 737,059. 3 0. 4 9,628,692. 5 353,369.				<u>.</u>				
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 6 SEE STATEMENT 6 7 737,059. 3 0. 4 9,628,692. 5 353,369.				30				
3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 SEE STATEMENT 6 5 353, 369.		-			· -	8,891,633.		
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► SEE STATEMENT 6 5 353, 369.								
5 Decreases not included in line 2 (itemize) SEE STATEMENT 6 5 353,369.								
					· -			
A								
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 9, 275, 323.	<u>6</u> _	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	olumn (b), line 30				

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) Described Power Pow	(h)	te acquired , day, yr) Gain or (loss) lus (f) minus (
b SEE ATTACHED STATEMENTS c d e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale			
c d e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale			
e (e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale			
e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale			
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale			
a			
b			
C C			
d COST			
e 6,367,124. 6,269,886.		_	97,238.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69		(Col (h) gain ut not less thai	
(i) F.M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col. (j), if any	Loss	es (from col (h))
a			
b			
C			
d			
			97,238.
2 Capital gain net income or (net capital loss)	<u> </u>		97,238
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)			
If gain, also enter in Part I, line 8, column (c).		/-	
If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment	•	N/A	
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.			Yes X No
1 Enter the appropriate amount in each column for each year; see instructions before making any entries.			
(a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use as		Distrit (col_(b) div	(d) oution ratio vided by col (c))
2010 656,735. 8,945,4	181.		.073415
2009 822,359. 7,256,3			.113329
2008 634,499. 9,735,4			.065174
2007 908,800. 8,897,3			.102143
2006 293,161. 6,116,5	00/.		.047929
2 Total of line 1, column (d)	. 2		.401990
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3		.08039
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	. 4	.	423,516
5 Multiply line 4 by line 3	5		34,050
6 Enter 1% of net investment income (1% of Part I, line 27b)	. 6	-	3,529
7 Add lines 5 and 6	7	-	37,579
8 Enter qualifying distributions from Part XII, line 4	8		588,485
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions			
123521 12-02-11			orm 990-PF (2011

	33-FF (2011) TARITUT TOONDATION 37-340	<u>, , , , , , , , , , , , , , , , , , , </u>		raye 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		3,5	<u> 29.</u>
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			<u> 0.</u>
	Add lines 1 and 2		3,5	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<u> </u>	<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		3,5	29.
	Credits/Payments			
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1,600.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		1,6	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		1 0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,9	29.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11			
	rt VII-A Statements Regarding Activities	·	M	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	-	Yes	
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			,,
	Did the foundation file Form 1120-POL for this year?	10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	ĺ		
	(1) On the foundation ► \$ O . (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	1		
_	managers ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2_	ļ	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 incorporation, or			ų,
4-	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? If 'Yes," has it filed a tax return on Form 990-T for this year?	4a		
		4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5_		<u> </u>
•	If "Yes," attach the statement required by General Instruction T.	ŀ		
D	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 amond the governing instrument on that no mandatony divertions that conflict with the state law.			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	х	1
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
,	If "Yes," complete Part II, col. (c), and Part XV.	*	<u> </u>	<u> </u>
٥,	Enter the states to which the foundation reports or with which it is registered (see instructions)			
od	FL			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
U	of each state as required by General Instruction G? If "No," attach explanation	8b	х	1
Ω	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	OU	^	
7	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	•	x
40	Did any persons become substantial contributors during the tay year? you as you are substantial contributors during the tay year?		Y	 ^

valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

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,

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

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2011.)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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X

N/A

N/A

Yes X No

2b

3ь

4a

statement - see instructions)

during the year?

JACK C. & BETTY A. DEMETH	REE				
orm 990-PF (2011) FAMILY FOUNDATION		*!	59-34073	79	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	lequired (continu	ued)		
5a During the year did the foundation pay or incur any amount to					1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	T Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), or	to carry on, directly or indire	ctly,			
any voter registration drive?		☐ Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	. \square Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section				
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	0r			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described in	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instruc			N/A	5b	
Organizations relying on a current notice regarding disaster assistance check he					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from		ned			
expenditure responsibility for the grant?		/A Ye	s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •				
a personal benefit contract?	7,	☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pi	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.		• • • • • • • • • • • • • • • • • • • •			
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu		. —	N/A	7b	
Information Alexandrees Diseases Transfer		nagers, Highly			
Part VIII Paid Employees, and Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		int, other wances
	······································	<u> </u>			
· · ·					
SEE STATEMENT 11		0.	0.	.	0.
			_	Ì	
			-		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
450.000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accor	Expense unt, other wances
NONE				†	
		-		1	
				1	<u>.</u>
				1	
				 	
				1	
				+	
	1			1	

0

Total number of other employees paid over \$50,000

Page 7

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(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 state number of organizations and other beneficiaries served, conferences convened, research papers pro	istical information such as the	Expenses
1 NONE - GRANT-MAKING IS THE ONLY ACTIVITY		· · · · · · · · · · · · · · · · · · ·
		0.
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year o	on lines 1 and 2	Amount
1 N/A		
2		
· · · · · · · · · · · · · · · · · · ·		
		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.

Form 990-PF (2011)

Pź	Art X Minimum Investment Return (All domestic foundations mu	ust complete this p	art. Foreign four	idations, see	e 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	382,714. 47,251.
b	Average of monthly cash balances			1b	47,251.
C	Fair market value of all other assets		. [10	
d	Total (add lines 1a, b, and c)			1d	429,965.
e	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	<u> </u>
3	Subtract line 2 from line 1d			3	429,965.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s	see instructions)		4	6,449.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on	Part V, line 4		5	423,516.
6	Minimum investment return. Enter 5% of line 5			6	21,176.
p,	Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here and do not complete this part)	l (j)(5) private operat	ing foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	21,176.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	3,529.		
		2b			
C	Add lines 2a and 2b			2c	3,529.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	17,647.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	17,647.
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 X	(III, line 1		7	17,647.
P	art XII Qualifying Distributions (see instructions)				
1	$\label{paid} Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose a suppose of the paid (including administrative expenses) and accomplish charitable, etc., purpose a suppose of the paid (including administrative expenses) and accomplish charitable, etc., purpose of the paid (including administrative expenses).$	oses:			500 405
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	588,485.
þ	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc , purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
а	Suitability test (prior IRS approval required)			3a	
b	•			3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and			4	588,485.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inves	tment			
	income Enter 1% of Part I, line 27b			5	3,529.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	584,956.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years will	nen calculating wheth	er the foundation	qualifies for th	ie section

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4940(e) reduction of tax in those years

FAMILY FOUNDATION Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				17,647.
2 Undistributed income, if any, as of the end of 2011	111111111111111111111111111111111111111	· · · · · · · · · · · · · · · · · · ·	// htt = + 10 m // // // // // // // // // // // // /	10 N
a Enter amount for 2010 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2011.				
a From 2006				
b From 2007 494, 027.				
c From 2008 148,677.				
d From 2009 479,964.				
e From 2010 218,885.	1,341,553.			
f Total of lines 3a through e	1,341,333.			
4 Qualifying distributions for 2011 from Part XII, line 4 ▶\$ 588, 485.				
a Applied to 2010, but not more than line 2a			0.	
b Applied to undistributed income of prior				mules - Inch' manuales
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				······
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		· · · · · · · · · · · · · · · · · · ·	17 11111 1-11 1111111 1111 1111 1111 11	17,647.
e Remaining amount distributed out of corpus	570,838.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as				
indicated below:	1,912,391.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	1,712,371.			······
line 4b from line 2b		0.		
c Enter the amount of prior years'				······································
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line		······································		
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2012		41.1		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	•			
section 170(b)(1)(F) or 4942(g)(3)	0.			······································
8 Excess distributions carryover from 2006	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	1 012 201			
Subtract lines 7 and 8 from line 6a	1,912,391.			
10 Analysis of line 9 a Excess from 2007 494,027.				
a Excess from 2007 b Excess from 2008 494,027. 148,677.				
E Excess from 2009 479,964.				
d Excess from 2010 218,885.				
e Excess from 2011 570,838.				
C EAGGS HOTE EVIT	· · · · · · · · · · · · · · · · · · ·		·	Form 000 DE (0011)

	FOUNDATION			59-34	07379 Pag	e 10
Part XIV Private Operating F	oundations (see ins	structions and Part VI	I-A, question 9)	N/A		
1 a If the foundation has received a ruling o	r determination letter that	rt is a private operating			_	
foundation, and the ruling is effective fo			•			
b Check box to indicate whether the found		-	ın section	4942(j)(3) or 49)42(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total	
	(4) -5 **	(4) -0.0	(0, -000	(-/		
investment return from Part X for						
each year listed			_			
b 85% of line 2a						
 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						
e Qualifying distributions made directly						
for active conduct of exempt activities			1			
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the						
alternative test relied upon						
a "Assets" atternative test - enter						
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter					Ĭ	
2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" atternative 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			1			
an exempt organization						
(4) Gross investment income						
Part XV Supplementary Info	ormation (Comple	te this part only	if the founda	tion had \$5,000 or m	ore in assets	
at any time during				,		
1 Information Regarding Foundation		<u> </u>				
a List any managers of the foundation wi	=	than 20% of the total cor	itributions received t	w the foundation before the cle	sea of any tay	
year (but only if they have contributed i			ittibutions received t	by the roundation before the cit	of or any tax	
SEE STATEMENT 12	• • • • • • • • • • • • • • • •					
	400/		/			
b List any managers of the foundation when the condition of the foundation has a second at the foundation of the foun			(or an equally large	portion of the ownership of a p	artnersnip or	
••	is a 10 % of greater intere	31				
NONE			<u> </u>			
2 Information Regarding Contribut			-			
Check here 🕨 🔀 if the foundation						
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations	under other conditio	ins, complete items 2a, b, c, an	<u> </u>	
a The name, address, and telephone nun	nber of the person to who	m applications should b	e addressed:			
N/A						
b The form in which applications should	be submitted and informa	tion and materials they	should include:			
N/A		•				
c Any submission deadlines				<u> </u>		
N/A						
d Any restrictions or limitations on award	te euch as hy geographic	at areas charitable fields	kinds of institution	s or other factors		
N/A	is, such as by geographic	ai aivas, chantable nelo:	ว, หแเนอ บา แเอนเนนเปก	O, OI UILIEI IAUIUIS		
N/A						
					Form 000 DE /0	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BISHOP WARD HIGH SCHOOL, LEAWOOD KS NONE PUBLIC CHARITABLE 20,000. ARA PARSEGHIAN MEDICAL FOTN TUCSON, NONE PUBLIC CHARITABLE 1,000. ΑZ ASSOC OF FUNDRAISING - JACKSONVILLE, NONE PUBLIC CHARITABLE 500. BISHOP KENNY JACKSONVILLE, FL NONE PUBLIC CHARITABLE 10,000. BOY SCOUTS OF AMERICA, JACKSONVILLE, NONE PUBLIC CHARITABLE 5,000. FL SEE CONTINUATION SHEET(S) ➤ 3a 588,485. b Approved for future payment NONE **▶** 3b 0. Total

Part XVI-A	Analysis	of Income-l	Producing	Activities
------------	----------	-------------	-----------	-------------------

Enter gross amounts unless otherwise indicated	Unrelated	Unrelated business income Excluded by			(e)
-	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	code	Amount	function income
a				-	
b					
c					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	114,787.	
4 Dividends and interest from securities			14	114,787. 217,654.	
5 Net rental income or (loss) from real estate		,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,, 74 , , ,,,,,,,
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			14	7,050.	90,188
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
c					
d					
е					
12 Subtotal Add columns (b), (d), and (e)		(0.	339,491.	90,188
13 Total. Add line 12, columns (b), (d), and (e)				13	429,679

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
N/A	

123621 12-02-11

Form 990-PF (20)11) FAMIL	Y FOUNDAT:	ION	-		59-340	7379	Page 13
Part XVII	Information Re Exempt Organi		fers To a	nd Transactions a	nd Relation	ships With Noncha	aritable)
1 Did the ord			f the following	g with any other organizatio	n decorbed in se	ction 501(c) of	\neg	Yes No
-	•			7, relating to political organi		Clion 50 1(c) 61		
•	rom the reporting founda			* .	124110113			
(1) Cash	rom the reporting rounds	ition to a nonchantab	no exempt org	jamization of			1a(1)	Х
(2) Other	accate					•	1a(2)	X
b Other trans							1.5757	
	of assets to a noncharital	hle evemnt organizati	ດກ				16(1)	Х
	ases of assets from a no						15(2)	Х
	of facilities, equipment,		gamzation				1b(3)	X
	oursement arrangements	01 011101 433013					1b(4)	X
	or loan guarantees						1b(5)	X
	mance of services or me	mhership or fundrais	ana solicitatio	ns .	•		1b(6)	Х
	facilities, equipment, ma		-				10	X
-		-		•	wavs show the fai	r market value of the goods		ets.
	•	•	•	• •	•	on or sharing arrangement,		,
) the value of the goods,				•			
	(b) Amount involved			exempt organization	(d) Descript	tion of transfers, transactions, and	d sharing an	rangements
			N/A					
					-	·		
						· · · · · ·		
					_			
				_				
						- ·		
								
		<u> </u>						
2a Is the four	ndation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organi	izations described	I		P*********
ın section	501(c) of the Code (othe	r than section 501(c)	(3)) or in sect	tion 527?			L Yes	X No
b If "Yes," co	emplete the following sch				,			
	(a) Name of org	janization		(b) Type of organization		(c) Description of relation	iship	
	N/A							
								
Lindon	paraltina of paring I declar	that I have evamined this	o mhum, includu	g accompanying schedules and	Letatements and to	the heat of my knowledge —		
and by			•	n taxpayer) is based on all inform			May the IRS eturn with the	discuss this
Sign Here	Mark P	1) = t		10/11/17	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s	hown below	v (see instr.)?
K	ature of officer or trustee	Menu		Deta 1911		LECTON_	A Yes	S L No
	Print/Type preparer's n		Preparer's s	Date	Title	Check f PTIN		
	i min i Abe highqisi 2 m	Q111G	i ichaici 2 2	ngnature	Date	self- employed	•	
Paid						Jon Shiployou		
Paid Preparer	Firm's name		I		<u> </u>	Firm's EIN ▶		
Use Only	Firm's name					FILLI S EIN		
USE UIIIY	Firm's address							
						Phone no		
							Form 99 (D-PF (2011)
								\/

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

Internal Revenue Service

or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the organization

JACK C. & BETTY A. DEMETREE FAMILY FOUNDATION

Employer identification number

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	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
· · · · · ·	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one applete Parts I and II.
Special Rules	
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 0(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% in (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
total contribution	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, as of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, ruse exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. cked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ible, 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 Part I, 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) (2011)

Name of organization

JACK C. & BETTY A. DEMETREE

FAMILY FOUNDATION

Employer identification number

59-3407379

Part F Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part (Contributors (see instructions). Use duplicate copies of Part I	r additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACK C. DEMETREE, LP		Person Payroll
	P.O. BOX 47050	\$	Noncash X (Complete Part II if there
	JACKSONVILLE, FL 32247		is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JACK C. DEMETREE, LP		Person
	P.O. BOX 47050	\$	Payroll X
	JACKSONVILLE, FL 32247		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JACK C. DEMETREE, LP		Person
	P.O. BOX 47050		Payroll X
	JACKSONVILLE, FL 32247		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JACK C. DEMETREE, LP		Person
	P.O. BOX 47050	\$	Payroli X
	JACKSONVILLE, FL 32247		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JACK C. DEMETREE, LP		Person
	P.O. BOX 47050		Payroll X
	JACKSONVILLE, FL 32247		(Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	JACK C. DEMETREE, LP		Person Payroll
	l = 0 = 0.11 470F0	I 🛦	Noncash X
!	P.O. BOX 47050	\$	(Complete Part II if there

Name-of organization

JACK C. & BETTY A. DEMETREE
FAMILY FOUNDATION

Employer identification number

59-3407379

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part i	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JACK C. DEMETREE, LP P.O. BOX 47050	\$	Person Payroll Noncash X (Complete Part II if there
(a)	JACKSONVILLE, FL 32247 (b)	(c)	is a noncash contribution.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	JACK C. DEMETREE, LP		Person Payroli
	P.O. BOX 47050 JACKSONVILLE, FL 32247		Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JACK C. DEMETREE, LP P.O. BOX 47050 JACKSONVILLE, FL 32247	\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JACK C. DEMETREE, LP P.O. BOX 47050	 \$	Person Payroll Noncash X
	JACKSONVILLE, FL 32247		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there
123452 01-2	23-12	Schedule B (For	Is a noncash contribution.) m 990, 990-EZ, or 990-PF) (2011)

Name of organization

JACK C. & BETTY A. DEMETREE
FAMILY FOUNDATION

Employer identification number

59-3407379

(1) (

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is needed.
---------	------------------	--

SET 11	Moncash Property (see instructions). Ose duplicate copies of Part	ii ii addittorrar space is riccoca.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	650 SH APPLE INC COMMON STOCK		
		\$\$\$	11/17/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1,150 SH COVIDIEN COMMON STOCK		
		\$53,291.	11/17/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_3	800 SH DEERE & CO COMMON STOCK		
		\$60,016.	11/17/11
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	1,000 SH DUPONT EI NEMOURS COMMON STOCK		
		\$ 46,070.	11/17/11
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	3,500 SH EMC CORP COMMON STOCK		
		\$\$ <u>81,795.</u>	11/17/11
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	450 SH IBM COMMON STOCK	_	
			11/17/11

Name of organization
JACK C. & BETTY A. DEMETREE

FAMILY FOUNDATION

Employer identification number

59-3407379

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
---------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_7	1,150 SH NIKE INC COMMON STOCK	_	
		105,674.	11/17/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	3,050 SH ORACLE CORP COMMON STOCK	_	
		94,001.	11/17/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	4,500 SH PFIZER INC COMMON STOCK	_	
		87,615.	11/17/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	1,600 SH PHILIP MORRIS COMMON STOCK	_	
		\$\$.	11/17/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ _	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		_	

Name of organ			Employer identification number
	. & BETTY A. DEMETREE		50 2407270
Part III	FOUNDATION Exclusively religious, charitable, etc., individ year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	following line entry. For organization contributions of \$1,000 or less for	59-3407379 (7), (8), or (10) organizations that total more than \$1,000 for the ns completing Part III, enter the year (Enter this information once.) \$\begin{align*} 59-3407379 \begin{align*}
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	1
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No.	(h) D		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	t
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	t
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
	riansieree s name, address, and		relationship of transferor to transferee

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient BOYS HOME ASSOCIATION JACKSONVILLE, NONE PUBLIC CHARITABLE 1,000. FL CATHOLIC CHARITIES BUREAU NONE PUBLIC CHARITABLE JACKSONVILLE, FL 2,500. CHILDRENS CHRISTMAS PARTY NONE PUBLIC CHARITABLE JACKSONVILLE, FL 2,500. CHILDRENS HOME SOCIETY, JACKSONVILLE, NONE PUBLIC CHARITABLE 2,500. FL NONE PUBLIC CITY RESCUE MISSION JACKSONVILLE, FL CHARITABLE 3,000. DIOCESE OF ST AUGUSTINE NONE PUBLIC CHARITABLE JACKSONVILLE, FL 500. DLC NURSE & LEARN - JACKSONVILLE, FL NONE PUBLIC CHARITABLE 3,000. NONE PUBLIC CHARITABLE DREAMS COME TRUE, JACKSONVILLE, FL 5,000. EMERGENCY PREGNANCY SERVICES NONE PUBLIC CHARITABLE JACKSONVILLE, FL 2,500. FLORIDA SCHOOL FOR THE DEAF & BLIND, NONE PUBLIC CHARITABLE ST AUGUSTINE, FL 2,500. 55<u>1,985.</u> Total from continuation sheets

Part XV **Supplementary Information** 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual. show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient CHARITABLE FLORIDA SHERIFFS YOUTH RANCH BOYS NONE PUBLIC 500. RANCH, FL FLORIDA STATE UNIVERSITY, NONE PUBLIC CHARITABLE 3,000. TALLAHASSEE, FL FOOD FOR THE POOR DEERFIELD BEACH, FL NONE PUBLIC CHARITABLE 5,000. FRANCISCAN FRIARS OF THE RENEWAL NONE PUBLIC CHARITABLE LARCHMONT NY 1,000. PUBLIC GUARDIAN OF DREAMS JACKSONVILLE, FL NONE CHARITABLE 7,000. NONE PUBLIC CHARITABLE HOLY FAMILY HOSPITAL FORN WASHINGTON, 30,000. DC HOSPICE OF N.E. FLORIDA, NONE PUBLIC CHARITABLE JACKSONVILLE, FL 22,500. NONE PUBLIC HUBBARD HOUSE JACKSONVILLE, FL CHARITABLE 1,500. I.M. SULZBACHER CENTER JACKSONVILLE, NONE PUBLIC CHARITABLE 10,000. FL JAY FUND, JACKSONVILLE, FL NONE PUBLIC CHARITABLE 10,000. **Total from continuation sheets**

Part XV Supplementary Information 3 **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient NONE PUBLIC CHARITABLE L'ARCHE HARBOR HOUSE JACKSONVILLE, FL 1,000. NONE PUBLIC CHARITABLE JUNIOR ACHIEVEMENT, JACKSONVILLE, FL 1,000. MARINE TOYS FOR TOTS FDTN QUANTICO, NONE PUBLIC CHARITABLE 2,500. VA MERCY SHIPS - CALIFORNIA NONE PUBLIC CHARITABLE 10,000. NONE PUBLIC CHARITABLE PINE CASTLE SCHOOL, INC. 2,000. JACKSONVILLE, FL POLICE ATHLETIC LEAGUE, JACKSONVILLE, NONE PUBLIC CHARITABLE 2,500. FL PONTICAL COLLEGE OF ROME, WASHINGTON, NONE PUBLIC CHARITABLE 5,000. PROJECT SOS, JACKSONVILLE, FL NONE PUBLIC CHARITABLE 5,000. PUBLIC CHARITABLE QUEEN OF PEACE RADIO - JACKSONVILLE, NONE 1,000. FLNONE PUBLIC CHARITABLE RODEHAVER FOUNDATION, INC. PALATKA, 2,500. Total from continuation sheets

3 Grants and Contributions Paid During the	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
ONALD MCDONALD HOUSE OF JAX	NONE	PUBLIC	CHARITABLE	
ACKSONVILLE, FL				5,00
SHRINE CIRCUS, JACKSONVILLE, FL	NONE	PUBLIC	CHARITABLE	36
SISTERS OF REPARATION, NEW YORK, NY	NONE	PUBLIC	CHARITABLE	3,00
SISTERS OF ST. JOSEPH ST. AUGUSTINE, PL	NONE	PUBLIC	CHARITABLE	5,00
ST GERARD CAMPUS, ST AUGUSTINE FL	NONE	PUBLIC	CHARITABLE	2,50
ST JUDES CHILDRENS HOSPITAL	NONE	PUBLIC	CHARITABLE	3,00
ST MARYS HOME, NORFOLK, VA	NONE	PUBLIC	CHARITABLE	3,00
ST VINCENT FOUNDATION, JACKSONVILLE,	NONE	PUBLIC	CHARITABLE	
PL				150,00
UNIVERSITY OF NORTH FLORIDA, JACKSONVILLE, FL	NONE	PUBLIC	CHARITABLE	20,0
INIVERSITY OF SOUTHERN MISSISSIPPI,	NONE	PUBLIC	CHARITABLE	5,0

FAMILY FOUNDATION Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient WOLFSON CHILDRENS HOSPITAL NONE PUBLIC CHARITABLE JACKSONVILLE, FL 202,125. WOMEN'S HELP CENTER JACKSONVILLE, FL NONE PUBLIC CHARITABLE 2,500. WOMEN'S REFUGE, ST AUGUSTINE, PL NONE PUBLIC CHARITABLE 2,500. Total from continuation sheets

a				1,300.
b				38,859.
C				-40,553.
d				56,596.
е				-27,473.
f		·		-322,160.
g _				25,028.
h				-23,506.
I				-42,486.
1				47,792.
k				-56,926.
1				-1,900.
m				78,893.
n _		-		23,820.
0				-20,041.
2 Capital gain net incor	me or (net capital loss) {	gain, also enter in Part I, line 7	2	

If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

.. { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }

2

3

97,238.

N/A

2 Capital gain net income or (net capital loss)

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c)

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

FORM 990-PF INTEREST ON SAVI	NGS AI	ND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
FIDELITY FIDELITY - ACC INT PAID						116,6 -1,8	
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMN A			114,7	87.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUR	ITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
FIDELITY STOCKS	•	-	224,704.		7,050.	217,6	54.
TOTAL TO FM 990-PF, PART I, I	.N 4	;	224,704.		7,050.	217,6	54.
FORM 990-PF C	THER	PROFES	SIONAL FI	EES	<u></u>	STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC	EST- COME	(C) ADJUSTED NET INCOM		
OTHER PROFESSIONAL FEES FIDELITY FEES	5	3,215. 301.	53	,215.			0.
TO FORM 990-PF, PG 1, LN 16C	5	3,516.	53	,516.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOM		
INCOME TAXES	1	1,545.	11	,545.			0.
TO FORM 990-PF, PG 1, LN 18	1	1,545.	11	,545.			0.

FORM 990-PF	OTHER EXP	OTHER EXPENSES		STATEMENT	5
DESCRIPTION		(B) CT INVEST- CNT INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAXES	11,759.	11,759.			0.
TO FORM 990-PF, PG 1, LN 23	11,759.	11,759.			0.
FORM 990-PF OTHER DECREAS	ES IN NET ASSET	S OR FUND	BALANCES	STATEMENT	6
DESCRIPTION				AMOUNT	
FMV > COST FOR CURRENT YEAR	CONTRIBUTIONS			353,36	59.
TOTAL TO FORM 990-PF, PART I	II, LINE 5			353,36	59.
FORM 990-PF	OTHER FUNI	os		STATEMENT	7
DESCRIPTION		BEG	(A) INNING OF YEAR	(B) END OF YEAR	
ENDOWMENT FUND			14,083.	14,08	33.
TOTAL TO FORM 990-PF, PART I	T. LINE 29		14,083.	14,08	33.
	,				
FORM 990-PF	CORPORATE S	STOCK		STATEMENT	
FORM 990-PF DESCRIPTION			OK VALUE	STATEMENT FAIR MARKET	8
	CORPORATE	во	OK VALUE 6,916,073.	FAIR MARKE	r

	CORPORATE BONDS	<u>_</u> _	STATI	EMENT	9
DESCRIPTION		BOOK VALUI		FAIR MARKET VALUE	
VARIOUS CORPORATE BONDS	•	1,227,63	38. 1	1,350,631	
TAL TO FORM 990-PF, PART II, LINE 10C		1,227,6	38. 1	1,350,631	
	SUBSTANTIAL CONTRIBUTE ON STANTIAL CONTRIBUTE OF STANTIAL CONTRIBUTE	UTORS	STAT	EMENT	10
NAME OF CONTRIBUTOR	ADDRESS				
JACK C. DEMETREE	1551 ATLANTIC JACKSONVILLE,		300		
NAME AND ADDRESS	S AND FOUNDATION MANAGE TITLE AND		EMPL OVER		
NAME AND ADDRESS	AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
JACK C. DEMETREE 1551 ATLANTIC BLVD STE 300 JACKSONVILLE, FL 32207	DIRECTOR/PRESI	SATION	BEN PLAN		NT
JACK C. DEMETREE 1551 ATLANTIC BLVD STE 300	DIRECTOR/PRESI	SATION ——————— DENT	BEN PLAN CONTRIB		
JACK C. DEMETREE 1551 ATLANTIC BLVD STE 300 JACKSONVILLE, FL 32207 BETTY A. DEMETREE SAME AS ABOVE	DIRECTOR/PRESI 1.00 DIRECTOR	SATION DENT 0.	BEN PLAN CONTRIB		0 .
JACK C. DEMETREE 1551 ATLANTIC BLVD STE 300 JACKSONVILLE, FL 32207 BETTY A. DEMETREE SAME AS ABOVE MARK C. DEMETREE	DIRECTOR/PRESI 1.00 DIRECTOR 0.00 DIRECTOR	DENT 0.	CONTRIB 0.		0.

JACK C. & BETTY A. DEMETREE FAMILY FOUND		* ** * 59-3407379		
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	E 6, PART VIII	0.	0.	0.
	ART XV - LINE 1A F FOUNDATION MANAGERS		STATEMENT	12

NAME OF MANAGER

JACK C. DEMETREE ELISA A. DEMETREE