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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 re

OMB No 1545-0052

For calendar year 2011 or tax year beginning	oo abio to ado a dopj or tino	, and ending		
Name of foundation		,,	A Employer identification	n number
BARCO FAMILY FOUNDATION, I	NC.		59-3577591	<u> </u>
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
7587 WILSON BOULEVARD			(904) 772-	-1313
City or town, state, and ZIP code			C If exemption application is p	pending, check here
JACKSONVILLE, FL 32210	F			
G Check all that apply: Initial return	 1	rmer public charity	D 1. Foreign organization	s, check here
Final return	Amended return		Foreign organizations m	eeting the 85% test.
Address change	Name change		Foreign organizations m 2. check here and attach or	omputation
H Check type of organization: X Section 501(c)(3) ex	• •		E If private foundation sta	
	Other taxable private founda		under section 507(b)(1	
Fair market value of all assets at end of year (from Part II, col. (c), line 16)	-	Accrual	F If the foundation is in a	
_ .	her (specify) MODIFI: mn (d) must be on cash b	ED CASH	under section 507(b)(1)(B), check here
Part I Analysis of Revenue and Expenses	· · ·		(a) Advicted pat	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	777,980.		N/A	(out. Edulo orily)
2 Check fitthe foundation is not required to attach Sch B	,500			
Interest on savings and temporary cash investments				
4 Dividends and interest from securities	6,682.	6,682.		STATEMENT 1
5a Gross rents	61,500.	61,500.		STATEMENT 2
b Net rental income or (loss) 55,344.				STATEMENT 3
62 Net gain or (loss) from sale of assets not on line 10	43,535.			
b Gross sales price for all 52,785.				
b Gross sales price for all assets not limite to assets not limite to a sasets not limite to a saset saset so a saset saset so a saset saset so a saset s		43,535.		
8 Net short-term capital gain				
9 Income modifications				
Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)	10 225	40.005		CM3 M31/2122 1
11 Other income	12,386.	12,386.		STATEMENT 4
12 Total. Add lines 1 through 11	902,083.	124,103.		F1 700
13 Compensation of officers, directors, trustees, etc	60,000.	8,300.		51,700.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
ខ្លី 16a Legal fees	3,400.	0.	 	0.
c Other professional fees	3,400.		 	1
\$ 17 Interest	36.	36.		0.
16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depteration antidoptetion 20 Occupancy 1 Travel conferences and meetings 21 Printing and publications 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23	<2,321.			545.
19 Depreciation and deposition	52,257.	47,113.		
E 20 Occupancy		· , = = = ·	İ	
Trayel-conferences and meetings,				
E 20 Occupancy S 20 C 20				
E 23 Other expenses STMT 7	56,827.	9,764.		37,310.
24 Total operating and administrative				
expenses. Add lines 13 through 23	170,199.	62,347.		89,555.
25 Contributions, girts, grants paid	536,450.			536,450.
26 Total expenses and disbursements.				
Add lines 24 and 25	706,649.	62,347.		626,005.
27 Subtract line 26 from line 12:				
Excess of revenue over expenses and disbursements	195,434.	64 855		
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)		61,756.		
C Adjusted net income (if negative, enter -0-)			N/A	

123501 12-02-11 LHA For Paperwork Reduction Act Notice, see instructions.

107	<u>iii 99</u>	U-PF (2011) BARCO FAMILY FOUNDATION	, INC.		33//391 Page 2
P	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u> </u>
		Colonial should be for character state of the	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	13,098.	59,243.	59,243.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ▶			
	 	Pledges receivable ►			
	~	Less: allowance for doubtful accounts			
	_ ا	Grants receivable			·····
	6	Receivables due from officers, directors, trustees, and other			
	1	disqualified persons		-	
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SSE	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	ь	Investments - corporate stock STMT 9	357,989.	348,191.	328,923.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis • 4,865,690.			
		Less accumulated depreciation \blacktriangleright 837,753.	3,869,456.	4,027,937.	4,027,937.
	12	Investments - mortgage loans STMT 10	80,718.	72,758.	72 758
	13	Investments - other STMT 11	707,422.	722,974.	72,758. 470,351.
	l		707,422.	144,314.	470,331.
	14	Land, buildings, and equipment basis ► 274,000.	260 200	260 000	260 000
	١	Less accumulated deprecation 5,091.	269,380.	268,909.	268,909.
	15	Other assets (describe ► STATEMENT 12)	815,810.	811,160.	811,160.
_	16	Total assets (to be completed by all filers)	6,113,873.	6,311,172.	6,039,281.
	17	Accounts payable and accrued expenses	402.	543.	
	18	Grants payable	130,000.	130,000.	
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			
Ï		Other liabilities (describe ► SECURITY DEPOSITS)	750.	3,000.	
		bed in maximum (documents)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	22	Total liabilities (add lines 17 through 22)	131,152.	133,543.	
_	20	Foundations that follow SFAS 117, check here	131,1320	155,5450	
		·			
S	١	and complete lines 24 through 26 and lines 30 and 31.		•	
Net Assets or Fund Balances	24	Unrestricted			
ala	25	Temporarily restricted			
B	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
ř		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	5,982,721.	6,177,629.	
det	30	Total net assets or fund balances	5,982,721.	6,177,629.	
_	-				
	31	Total liabilities and net assets/fund balances	6,113,873.	6,311,172.	
\equiv				0/311/1/20	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	I not accord or fund halanges at hospings of user. Doet II solves (-) has	20		
1		I net assets or fund balances at beginning of year - Part II, column (a), line	บบ	.	E 000 701
_	•	st agree with end-of-year figure reported on prior year's return)	-	1	5,982,721.
		r amount from Part I, line 27a		. 2	195,434.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	ē	4	6,178, <u>155.</u>
5	Decr	eases not included in line 2 (itemize)	SEE STA	TEMENT 8 5	<u>526.</u>
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	6,177,629.
					Form 990-PF (2011)

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.

	1990-PF (2011) BARCO FAMILY FOUNDATION, INC.		<u>59-3</u>	<u>3577591</u>		Page 4
Pà	rt VI Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 4940(e), o	r 4948 -	see instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and element operating foundations described in section 4940(d)(2), check here					
	Date of ruling or determination letter: (attach copy of letter if nec	essary-see instructions)				
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter 1%	1	-	6	18.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	2			0.
3	Add lines 1 and 2		3		6	18.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	others enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		6	<u> 18.</u>
	Credits/Payments:	1 1				
	2011 estimated tax payments and 2010 overpayment credited to 2011	6a	_			
	Exempt foreign organizations - tax withheld at source	6b				
	Tax paid with application for extension of time to file (Form 8868)	6c	_			
	Backup withholding erroneously withheld	6d				•
	Total credits and payments. Add lines 6a through 6d	•	7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	iched .	8			4.0
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ 9	· -	6	<u> 18.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1	► 10			
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	Refunded	11			
	art VII-A Statements Regarding Activities				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or interv	ene in		res	
_	any political campaign?		\ 0	1a	ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpor			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	ia copies of any materials publ	isnea or			
	distributed by the foundation in connection with the activities.			1.		
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the		n			
	(1) On the foundation. > \$ 0. (2) On foundation managers		<u>0.</u>		1	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend managers. ► \$0 .	iture tax imposed on foundation				
2	Has the foundation engaged in any activities that have not previously been reported to the lif "Yes," attach a detailed description of the activities.	RS?		2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing	instrument, articles of incorporation	n, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	· · · · · · · · · · · · · · · · · · ·		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	ar?		4a		X
b	o If "Yes," has it filed a tax return on Form 990-T for this year?		N,	/A 4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	ither:				
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandator	ry directions that conflict with the	state law			
	remain in the governing instrument?	-		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	a Enter the states to which the foundation reports or with which it is registered (see instruction FL	ons) ►				
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)				1
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9		ection 4942(j)(3) or 4942(j)(5) for	calendar			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," of		· =	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu			10		X
				Form 99 0)-PF	(2011)

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	art VII-A Statements Regarding Activities (continued)			
11	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		X
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	X	
	Website address ► N/A			
14	The books are in care of ► KATHY BARCO JOSSIM Telephone no. ► 904-			
	Located at ► 7587 WILSON BOULEVARD, JACKSONVILLE, FL ZIP+4 ►	<u>32210</u>		
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	N	/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	ı	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
De	country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	165	140
18	a 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			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ļ		
	a disqualified person?	.		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes 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	1		
	termination of government service, if terminating within 90 days.)		<u> </u>	
b	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		_X_
	Organizations relying on a current notice regarding disaster assistance check here]		
C	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1	ŀ	
	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)):			
a	a 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? Yes X No	'		
	If "Yes," list the years ,,			
t	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (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	۵.		
_	statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	-	
C	in the provisions of section 4942(a)(z) are being applied to any of the years listed in za, list the years here.			
٥.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
36	during the year?	,		i
	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			1
٠	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 foundation had excess business holdings in 2011.) N/A	3ь		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b_		X
		Form 990)-PF	

Form 990-PF (2011) BARCO FAMILY FOUNDATION,			<u>59-35775</u>	91 Page (<u>6</u>
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		_
5a During the year did the foundation pay or incur any amount to:					_
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	, ,,				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					_
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ve	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adjugational nurnosas, or f		.5		
the prevention of cruelty to children or animals?	or caucational parposes, or r		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	for the executions described i	· —	15 L25 110		
		ii negulations	N/A	5b	
section 53.4945 or in a current notice regarding disaster assistance (see instru	·		N/A	30	-
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?		「∕A Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ļ	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 s		Ye	s X No		_
b If "Yes," did the foundation receive any proceeds or have any net income attribu		•• • • • • • • • • • • • • • • • • • • •		7b	_
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/		
1 List all officers, directors, trustees, foundation managers and their	compensation.	•	-		_
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense	_
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other	r
CHARLES K. BARCO	DIRECTOR & PR				_
7587 WILSON BOULEVARD					
JACKSONVILLE, FL 32210	6.00	17,000.	0.	0.	_
	DIRECTOR, SECR			<u> </u>	Ť
7587 WILSON BOULEVARD					
JACKSONVILLE, FL 32210	15.00	23,000.	0.	0.	_
	DIRECTOR & VI				•
7587 WILSON BOULEVARD	Dinector a vi	CD TREBID			
JACKSONVILLE, FL 32210	10.00	20,000.	0.	0.	
OACRDONVIDDE, PH 32210	10.00	20,000.	· ·	1 0	·
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	enter "NONE "	<u> </u>	L	-
2 - Oniperiod of the ingreed para emproyees (other blan those inc	(b) Title, and average	The Hortz:	(d) Contributions to	(e) Expense	-
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	account, other	r
MONE	devoted to position		compensation	allowances	_
NONE					
				 	_
				-	
					_
•,					_
]		1	
					_
Total number of other employees paid over \$50,000	_		>	(0

orm 990-PF (2011) BARCO FAMILY FOUNDATION, INC.	59-1	3577591 r	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comper	nsation
NONE			
	··		
			-
7 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>	0
	information such so the		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses	
1 N/A	,		
, =1, -2			
			0.
2			
3			
1			
Part IV P Common of December Deleted Investments			
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on line	e 1 and 2	Amount	
	S I and Z.	Amount	
1 <u>N/A</u>			
)			
All other program-related investments. See instructions.			
3			
Total Add lines 1 through 3	>		Λ

Pa	art X Minimum Investment Return (All domestic foundations must complete t	his part. Foreign four	idations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities		1a	854,939.
b	Average of monthly cash balances		1b	39,141.
C	Fair market value of all other assets		1c	4,587,386.
d	Total (add lines 1a, b, and c)		1d	5,481,466.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.	İ	
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	5,481,466.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions))	4	82,222.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	5,399,244.
6_	Minimum investment return Enter 5% of line 5		6	269,962.
Pa	postributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private of foreign organizations check here and do not complete this part.)	perating foundations an	d certain	
1	Minimum investment return from Part X, line 6		1	269,962.
2a	Tax on investment income for 2011 from Part VI, line 5	618.		
b	Income tax for 2011. (This does not include the tax from Part VI.)			
C	Add lines 2a and 2b		2c	618.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	269,344.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	269,344.
6	Deduction from distributable amount (see instructions)	j	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	269,344.
P	art 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	626,005.
b	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, etc., purposes	3 .	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	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	ļ <u>.</u>	4	626,005.
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		5	618.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	625,387.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v	vhether the foundation (ualifies fo	or the section

4940(e) reduction of tax in those years.

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,	·			269,344.
line 7	-			203,344.
2 Undistributed income, if any, as of the end of 2011 a Enter amount for 2010 only			20,883.	
b Total for prior years:		+	20,003.	
g rotal to prior years.		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ►\$ 626,005.				
a Applied to 2010, but not more than line 2a			20,883.	
b Applied to undistributed income of prior			20,0031	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount	•			269,344.
e Remaining amount distributed out of corpus	335,778.			
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	335,778.			
b Prior years' undistributed income. Subtract				
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	,			0.
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				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	335,778.			
10 Analysis of line 9:	·			
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010	į	.	`	
e Excess from 2011 335,778.				

orm 990-PF (2011) BARCO F	AMILY FOUN	DATION, INC			<u>9-3577591 </u>	Page 10
Part XIV Private Operating F	oundations (see	nstructions and Part V	II-A, question 9)	N/A		
1 a If the foundation has received a ruling of						
foundation, and the ruling is effective fo			▶ ∟	7		
b Check box to indicate whether the found		ting foundation described		4942(j)(3) or	4942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	(b) 2010	Prior 3 years	(4) 2000	(a) Ta	
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) To	,tai
investment return from Part X for						
each year listed	-					
b 85% of line 2a			 	_	·	
c Qualifying distributions from Part XII,		İ				
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.						
Subtract line 2d from line 2c Complete 3a, b, or c for the				-		
alternative test relied upon:						
a "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				1		
2/3 of minimum investment return						
shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on securities loans (section						
512(a)(5)), or royalties)						
(2) Support from general public						
and 5 or more exempt organizations as provided in						
section 4942(j)(3)(B)(III)						
(3) Largest amount of support from						
an exempt organization						
(4) Gross investment income					<u></u>	
Part XV Supplementary Info			, if the foundatio	n had \$5,000	or more in ass	ets
at any time during		tructions.)				
1 Information Regarding Foundation	-				al les de la	
a List any managers of the foundation where year (but only if they have contributed in the contributed)			ntributions received by the	ie toundation before	the close of any tax	
, , , ,	more man po,000). (Co.	, , , , , , , , , , , , , , , , , , , ,				
NONE b List any managers of the foundation when the foundation whe	an own 10% or more of	the stock of a corporation	o for an equally large nor	tion of the ownersh	in of a partnership or	
other entity) of which the foundation ha			r (or arrequally large por	don or the ownersh	ip or a partificionip or	
NONE	-					
2 Information Regarding Contribut	tion. Grant. Gift. Loa	n. Scholarship, etc., i	Programs:	<u> </u>		
Check here ► X if the foundation				not accept unsolici	ited requests for funds	s. If
the foundation makes gifts, grants, etc.						
a The name, address, and telephone num	nber of the person to wh	iom applications should t	e addressed:			
			=			
b The form in which applications should	be submitted and inform	nation and materials they	should include:			
					·	
c Any submission deadlines:						
d Any restrictions or limitations on award	is, such as by geograph	ical areas, charitable field	s. kinds of institutions of	r other factors:		
2 . a.y . coa . cardio of miniminono off aware	, +== 30 0, googiapii		_, 3			
				·		
123801 12-02-11					Form 990-	PF (2011)

Form 990-PF (2011) BARCO FAMILY FOUNDATE Part XV Supplementary Information (continued) BARCO FAMILY FOUNDATION, INC.

Part XV Supplementary Information	on (continued)			
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	**	
a Paid during the year				
BAPTIST HEALTH FOUNDATION	TRUSTEE ON BOARD	PUBLIC	ADVANCING HEALTH CARE,	
841 PRUDENTIAL DRIVE, SUITE 1300			CLINICAL TECHNOLOGY,	
JACKSONVILLE, FL 32207			AND EQUI	25,000.
CLAY COUNTY CLUB	NONE	PUBLIC	MENTAL HEALTH AND	
P.O. BOX 1632			CRISIS INTERVENTION	
DRANGE PARK, FL 32067			FOR ALCOHOL AND DRUG	
		-	ABUSE	1,200.
FIRST COAST TENNIS FOUNDATION	NONE	PUBLIC	DEDICATED TO HELPING	
P.O. BOX 9826			FIRST COAST RESIDENTS	
FLEMING ISLAND, FL 32006			ACHIEVE FITNESS AND	
			GOOD HEALTH THROUGH	
			TENNIS.	24,000.
HABIJAX HABITAT FOR HUMANITY	NONE	PUBLIC	TO ELIMINATE	
2404 HUBBARD STREET			SUBSTANDARD HOUSING IN	
JACKSONVILLE, FL 32206			THE COMMUNITY	4,650.
HONOR FLIGHT NETWORK	NONE	PUBLIC	TRANSPORT AMERICA'S	
300 E. AUBURN AVE.			VETERANS TO	
SPRINGFIELD, OH 45505			WASHINGTON, D.C. TO	
			VISIT THOSE MEMORIALS	
Total CEE C	ONTINUATION SHE	Fm/C)	DEDICATED TO HONOR	500.
Total SEE Co b Approved for future payment	ONTINUATION SHE	ET (2)	▶ 3a	536,450,
YMCA	NONE	PUBLIC	BUILDING FUND	
12735 GRAN BAY PARKWAY, SUITE 250				
JACKSONVILLE, FL 32258				65,000.
Total			<u>▶ 3b</u>	65 000,

Part XV **Supplementary Information** 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient 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 HOSPICE CARE OF NORTHEAST FLORIDA PUBLIC TO IMPROVE THE QUALITY 728 BLANDING BLVD. OF LIFE FOR PATIENTS AND FAMILIES, AND TO ORANGE PARK, FL 32065 BE THE COMPASSIONATE GUIDE FOR END-OF-LIFE 100. **ICARE** NONE PUBLIC TO SUPPORT FAITH BASED 2650 PARK STREET COALITION ADDRESSING JACKSONVILLE, FL 32204 CHALLENG 8,000. PUBLIC TO IMPROVE PLAYING MURRAY HILL ATHLETIC ASSOCIATION NONE 1519 AVONDALE AVENUE FIELDS AND PURCHASE 10,000. ATHLETIC EQUI JACKSONVILLE FL 32205 PUBLIC TO SUPPORT CANCER PATIENT ASSISTANT FOUNDATION OF FL NONE PATIENTS ONC ASSOC 9143 PHILLIPS HWY STE 560 1,000. JACKSONVILLE, FL 32256 RIVERSIDE PRESBYTERIAN CHURCH/DAY NONE PUBLIC TO CONSTRUCT SCHOOL CAMPUS AND BENEFIT SCHOOL 849 PARK STREET CHILDREN JACKSONVILLE FL 32204 10,000. NONE PUBLIC FORWARED IN FAITH" YMCA CAPITAL CAMPAIGN 12735 GRAN BAY PARKWAY, SUITE 250 452,000. JACKSONVILLE FL 32258 Total from continuation sheets 481 100.

Dort WI	Clamantani la	BARCO FAMILY FOUNDATION, INC. 59-35	<u> 577591 </u>
Part XV			
3a Grants a	nd Contributions Paid [During the Year Continuation of Purpose of Grant or Contribution	
NAME OF	RECIPIENT -	HONOR FLIGHT NETWORK	
TRANSPO	RT AMERICA'S	VETERANS TO WASHINGTON, D.C. TO VISIT THOSE	
MEMORIA	LS DEDICATED	TO HONOR THEIR SERVICE AND SACRIFICES.	-
NAME OF	RECIPIENT -	HOSPICE CARE OF NORTHEAST FLORIDA	
TO IMPR	OVE THE QUAL	ITY OF LIFE FOR PATIENTS AND FAMILIES, AND TO	BE THE
COMPASS	IONATE GUIDE	FOR END-OF-LIFE CARE.	
	-		
			-
-	······································	•	
			
		-	
-		•	···, ···, ·
	 -		
			· · · · ·

Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated.	Unrelated t	Unrelated business income Excluded by s			(e)
-	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt
1 Program service revenue:	code		code	741100111	
a	_				
b	1 1				
d					
e				· · · · · · · · · · · · · · · · · · ·	
f					
g Fees and contracts from government agencies					
Membership dues and assessments		•			
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	6,682.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			16	55,344.	
Net rental income or (loss) from personal					
property				10.005	
Other investment income			16	12,386.	
Gain or (loss) from sales of assets other			01	42 525	
than inventory Net income or (loss) from special events		 	01	43,535.	
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b					
C	1 1				
d					•
e	_				
Subtotal. Add columns (b), (d), and (e)			0.	117,947.	
3 Total. Add line 12, columns (b), (d), and (e)				13	117,94
See worksheet in line 13 instructions to verify calculations	5.)				 -
Part XVI-B Relationship of Activitie	s to the Accon	plishment of	Exempt P	urposes	
ine No. Explain below how each activity for which				-	

▼	the foundation's exempt purposes (other than by providing funds for such purposes).					
		· · - · ·				
						
-						
\rightarrow						

123621

Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	ind Relationsh	ips With Nonchar	ritable	е	
1 Did the or			of the following	g with any other organization	n described in section	on 501(c) of	T	Yes	No
				7, relating to political organ		00 1(0) 0.			
	from the reporting founda								
(1) Cash		and to a monthly later	no exempt org	junization of			1a(1)		x
(2) Other							1a(2)	-	X
b Other tran				•	-		14(2)	-	
		hla avamet arganizat	.00				1b(1)		х
	of assets to a noncharital				•			_	X
	hases of assets from a nor	•	rganizauon	** *	•		1b(2)		X
	al of facilities, equipment,						1b(3)	-	X
• •	bursement arrangements			· · · · ·	-		1b(4)		X
	s or loan guarantees		•				1b(5)		
	rmance of services or me						1b(6)		X
	f facilities, equipment, mai						10		Х
				dule. Column (b) should alv				sets,	
or service	s given by the reporting fo	oundation. If the four	idation receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, sl	how in		
column (d	d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transactions, and s	sharing ar	тапдет	ents
			N/A						
							-		
									
					-				
						<u> </u>		_	
	 								
		<u> </u>							
	•		•						
2a Is the fou	ndation directly or indirec	tly affiliated with, or i	elated to, one	or more tax-exempt organi	zations described	<u> </u>			
	501(c) of the Code (othe	-				Г	Yes	X	No
	omplete the following sch					_			
<u> </u>	(a) Name of org			(b) Type of organization	1 1	c) Description of relations	hip		
	N/A	gumzudon		(2) Typo or or gamzación	`		Р		
	И/А		 						
			,						
					<u> </u>			_	
				<u> </u>					
				ng accompanying schedules and in taxpayer) is based on all inform		may	y the IRS	discuss	this
Sign	leller, it is true, correct, and con	Inductor Deciaration of pr	GUAGE CIA	In taxpayer) is based on all milding	nadori di wilicii preparei		im with the	ne prepa v (see in:	rer str)?
Here	of the	MAL		11/14/12	TRUSTE	.c- []	X Yes	, [□ No
Sig	nature of officer or drustee			Date/	Title		-		
	Print/Type preparer's na	ame /	Preparer's s	ignature	Date	Check if PTIN			
	Self- employed								
Paid							០០ឧទ	1584	l
Preparer	Firm's name ► ENN		MEX	SOCIATES, CP	A CHO	Firm's EIN ► 59-1			•
-		115, FEDDO		DYCIAIDO, CE	11 D	THILLS FIN P 33-T	U I J /	J	
Use Only		EO DELECT	m 1703.7	יייי אוווייי	DING COO	 			
				SOUTH, BUIL	ממס מאדתי	/004	١ ، ٠		
	ı JA	CKSONVILL	正,FL	34256		Phone no. (904) 35	10-5	965

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2011

Name of the orga	nization	Employer identification number				
	BARCO FAMILY FOUNDATION, INC.	59-35775 <u>91</u>				
Organization type						
Filers of:	Section:					
Form 990 or 990-E	501(c)() (enter number) organization					
	4947(a)(1) nonexempt chantable 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						
	inization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ri	ule. See instructions				
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in more).	noney or property) from any one				
Special Rules	or. Complete r alts raid ii.					
509(a)(1)	ction 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regard 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	-				
total con	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contribu If this bo purpose	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
but it must answe	Inization that is not covered by the General Rule and/or the Special Rules does not file Schedule or "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 is 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

Employer identification number

BARCO FAMILY FOUNDATION, INC.

59-3577591

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
1	BARCO FAMILY CHARITABLE TRUST 7587 WILSON BLVD JACKSONVILLE, FL 32210	- \$\$	Person X 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
2	BARCO FAMILY CHARITABLE TRUST 7587 WILSON BLVD JACKSONVILLE, FL 32210	_ _ \$11,980. _	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
3	BARCO FAMILY CHARITABLE TRUST 7587 WILSON BLVD JACKSONVILLE, FL 32210	\$596,000. 	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
		_	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 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 of there is a noncash contribution.)

Name of organization

Employer identification number

BARCO	RCO FAMILY FOUNDATION, INC. 59-3577591				
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	•		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
2	NURSERY EQUIPMENT - TREE SPADE, PUMP HOUSE, JACKSONVILLE, FL				
		\$ 11,980.	10/31/11		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
3	LAND - SOUTH ACREAGE RUSSELL SAMPSON, JACKSONVILLE, FL				
		\$ 596,000.	12/28/11		
(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		
		\$			
(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		
		\$			
			100 000 E7 or 000 DE\ /201		

Name of org	ganization		Employer identification number					
BARCO	FAMILY FOUNDATION, INC		59-3577591					
Part III	Exclusively religious, charitable, etc., indiv	vidual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter					
	the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	c., contributions of \$1,000 or less for	the year. (Enter this information once) > \$					
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	·							
		(e) Transfer of gif	t					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
ſ								
	-							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(4,1 14,1 14,1 14,1 14,1 14,1 14,1 14,1	(e, eee er give	(2, 2001) 3.110					
-		(e) Transfer of gif	<u> </u>					
		(-,						
}	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
1								
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		•						
	(e) Transfer of gift							
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee					
			Totalioning of Europeron to Europeroc					
	····							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) i dipose oi giit	(c) Osc of gift	(d) bescription of now girt is need					
	-							
}		(a) Transfer of air						
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF DIVIDEN	DS AND	INTEREST	FROM	SECURITIES	STATEMENT	1
SOURCE		GROSS AMO	UNT	CAPITAL GAINS DIVIDENDS	COLUMN (A AMOUNT)
CHARLES SCHWAB #8875 MORGAN STANLEY #5260 UBS #1412	•	-	,399. ,804. 2.	1,986. 11,537. 0.	4,4	
TOTAL TO FM 990-PF, PART I,	LN 4	20,	,205.	13,523.	6,6	82.
FORM 990-PF	REN	TAL INCOME	3		STATEMENT	2
KIND AND LOCATION OF PROPERT	Y			ACTIVITY NUMBER	GROSS RENTAL INC	OME
COMMERCIAL REAL ESTATE	_			1	61,5	00.
TOTAL TO FORM 990-PF, PART I	, LINE	5 A			61,5	00.
FORM 990-PF	RENT	AL EXPENSI	ES		STATEMENT	3
DESCRIPTION		ACTIV NUMI		AMOUNT	TOTAL	
INSURANCE REAL ESTATE TAXES REPAIRS & MAINTENANCE DEPRECIATION AMORTIZATION	SUBTOT		1	960. <2,866.> 5,579. 1,769. 714.	6,1	56.
TOTAL RENTAL EXPENSES					6,1	
NET RENTAL INCOME TO FORM 99	я с _0.	ኮ ልዩጥ ፐ ፣."	TNIE 5	R	55,3	· · · · · · · · · · · · · · · · · · ·

FORM 990-PF	OTHER I	NCOME		STATEMENT	4
DESCRIPTION			(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOI	
MORTGAGE INTEREST RENTAL INCOME - SMITH ST.		4,045. 8,341.	. 4,045. 8,341.		
TOTAL TO FORM 990-PF, PART I	, LINE 11	12,386.	12,386.	•	
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA E PURPOSI	
ACCOUNTING FEES	3,400.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	3,400.	0.			0.
FORM 990-PF	TAX	ŒS		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA E PURPOS	
REAL ESTATE TAXES NASSAU COUNTY REAL ESTATE TAXES	545. <2,866.			5	45. 0.
TO FORM 990-PF, PG 1, LN 18	<2,321.	> <2,866.	>		4 5.

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AMAZON COM INC 5,463. 17,310. AMGEN INCORPORATED 22,800. 25,684.					
AMGEN INCORPORATED 22,800. 25,684.					
			-		

BARCO FAMILY FOUNDATION, INC.	·		59-3577591		
CISCO SYSTEMS INC COMCAST CORP SPL CL A DELL COMPUTER CORP NEXTERA ENERGY GENERAL ELECTRIC COMPANY INTEL CORP JOHNSON & JOHNSON MICROSOFT CORP SPRINT NEXTEL COMMUNICATIONS QUANTUM CP DLT & STORAGE CHEVRON/TEXACO VERIZON COMMUNICATIONS ARTISTDIRECT NOKIA CP ADR FIRST GUARANTY BANK STOCK AMERICAN TIRE RECYCLERS STOCK HERITAGE BANK STOCK HEWLETT PACKARD SPDR GOLD TRUST CENTURY INC. SEAGATE TECH PLC:STX FRONTIER COMMUNICATIONS	95,883. 3,492. 6,598. 5,067. 23,876. 10,235. 26,143. 16,785. 11,412. 569. 5,402. 13,161. 206. 5,725. 4,704. 2,667. 31,600. 2,731. 19,258. 128. 141. 862.	26,903. 3,537. 2,048. 13,191. 8,304. 4,172. 40,851. 12,460. 592. 120. 17,450. 10,632. 0. 482. 4,704. 2,667. 31,600. 1,623. 24,318. 595. 230. 325.			
FORM 990-PF	MORTGAGE LOANS		STATEMENT 10		
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE		
MORTGAGE - MIXSON	-	72,758.	72,758.		
TOTAL TO FORM 990-PF, PART II, LI	:NE 12	72,758.	72,758.		
FORM 990-PF OT	HER INVESTMENTS		STATEMENT 11		
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE		
INVESCO CONSTELLATION FUND FIDELITY MID CAP STOCK FUND MSDW FOCUS GROWTH FUND A MSDW MS CAPITAL OPPORTUNITIES FUN	FMV FMV FMV D FMV	418,143. 35,644. 68,634.	223,288. 37,719. 58,425.		
A MSDW EUROPEAN GROWTH FUND		27,826.	25,236.		

BARCO FAMILY FOUNDATION, INC.		٠.	59-3577591	
MSDW MORTGAGE SECURITIES TRUST	FMV	18,979.	17,934.	
TOTAL TO FORM 990-PF, PART II, LI	:NE 13	722,974.	470,351.	
FORM 990-PF	OTHER ASSETS		STATEMENT 12	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
POTTED LANDSCAPE TREES FOR CHARITABLE PURPOSES	815,810.	811,160.	811,160.	
TO FORM 990-PF, PART II, LINE 15	815,810.	811,160.	811,160.	

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, complet	te only Pa	ert I and check this box			$\triangleright [X]$
-	tre filing for an Additional (Not Automatic) 3-Month Ex	-		this form).		
•	omplete Part II unless you have already been granted a	-	• • • • •	•		
	c filing (e-file). You can electronically file Form 8868 if y		·	•		orporation
	to file Form 990-T), or an additional (not automatic) 3-moi					
	file any of the forms listed in Part I or Part II with the exc		· · · · · · · · · · · · · · · · · · ·		•	
	Benefit Contracts, which must be sent to the IRS in pap					
	urs gov/efile and click on e-file for Charities & Nonprofits		(see instructions) To more details of	in the elec	tronic ming or tr	15 IOIII,
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded)		
	ation required to file Form 990-T and requesting an autor				· · · · · · · · · · · · · · · · · · ·	
Part I only	• • • • • • • • • • • • • • • • • • • •	natic offic	offitt extension - check this box and t	complete		
All other o	r corporations (including 1120-C filers), partnerships, REM ome tax returns	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	ridentification nu	umber (FIN) or
	BARCO FAMILY FOUNDATION, INC.					iniber (Env) or
print						591
File by the						
due date for filing your	7587 WILSON BOULEVARD	ee mstruc	tions	Social se	curity number (S	1214)
return See instructions					 	
instructions	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions			
	JACKSONVILLE, FL 32210				···	
	5					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
			T			
Applicati	on	Return	Application			Return
ls For_		Is For			Code	
Form 990)	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 990	-EZ	01	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	FT (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	I-T (trust other than above)	06	Form 8870			12
	KATHY BARCO JOS	SSIM				
• The bo	poks are in the care of ▶ 7587 WILSON BO		RD - JACKSONVILLE.	FT. 3	2210	
	none No ► 904-772-1313	<u> </u>	FAX No ▶ 904-771-79		2210	
•	organization does not have an office or place of business	s in the Lir		<u> </u>		
	is for a Group Return, enter the organization's four digit		•	lf thin in fo	- thetele eve	n chook this
(_	-			r the whole grou	•
box ▶ i	If it is for part of the group, check this box				ers the extensio	n is for
1 re	quest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization name	ed above	The extension	
	or the organization's return for					
>	X calendar year 2011 or					
>	tax year beginning	, an	id ending			
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on Initial return	Fınal retur	'n	
	Change in accounting period					
	•					
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any			
nonrefundable credits. See instructions.					\$	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	3a	-	
	estimated tax payments made include any prior year overpayment allowed as a credit				¢	0
				3b	\$	0.
	lance due. Subtract line 3b from line 3a Include your pa	-	•			^
	using EFTPS (Electronic Federal Tax Payment System)			<u> 3c</u>		<u> </u>
Caution.	If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and Fo	orm 8879-	EO for payment	instructions_
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 8868	(Rev 1-2012)

Form 88	68 (Rev. 1-2012)					Page 2			
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box .		▶ 🗓			
	nly complete Part II if you have already been granted an a				8868.				
	are filing for an Automatic 3-Month Extension, comple								
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	eded).			
_			Enter filer's	identifyir	g number,	see instructions			
Type or	Name of exempt organization or other filer, see instru	identification	lentification number (EIN) or						
print									
File by the	BARCO FAMILY FOUNDATION, INC.				x 59-3577591				
due date fo filing your	I Number, street, and foom of suite no. If a P.O. box, see instructions.			Social se	er (SSN)				
return See	PERT WITTON POINT TO AND								
instruction	City, town or post office, state, and zir code. For a foreign address, see instructions.								
	JACKSONVILLE, FL 32210								
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4			
Applica	tion	Return	Application			Return			
Is For		Code	Is For	Code					
Form 99	0	01							
Form 99	0-BL	02	Form 1041-A	08					
Form 99		01	Form 4720	09					
Form 99	0-PF	04	Form 5227	10					
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
	0-T (trust other than above)	06	Form 8870			12			
STOP! [Oo not complete Part II if you were not already granted		<u>natic 3-month extension on a previ</u>	ously file	d Form 886	š8			
	KATHY BARCO JOS			^	0040				
	pooks are in the care of ► 7587 WILSON BOT	ULEVA			2210				
	hone No. ► 904-772-1313		FAX No. ► 904-771-79	LZ		, [
	organization does not have an office or place of business					• -			
	is for a Group Return, enter the organization's four digit	7	· · · · · · · · · · · · · · · · · · ·						
box 🕨	If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the exte	ension is for.			
	•	NOVEM.	BER 15, 2012.						
	For calendar year 2011, or other tax year beginning, and ending								
6 If	If the tax year entered in line 5 is for less than 12 months, check reason:								
_ L	Change in accounting period								
	State in detail why you need the extension ADDITIONAL TIME TO DECLIDED IN ORDER TO ELLE AND COMPLETE AND ACCURATE								
_	ADDITIONAL TIME IS REQUIRED IN ORDER TO FILE AND COMPLETE AND ACCURATE RETURN.								
<u>v</u>	EI OKN •				·	· · · · · · · · · · · · · · · · · · ·			
Oo If	this application is far Form 900 PL 900 PE 900 T 4720	or 6060 o	ntor the tentative tax less any	- T					
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					618.			
_	nonrefundable credits. See instructions. 8a \$ If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
	previously with Form 8868. 8b \$								
	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using								
	EFTPS (Electronic Federal Tax Payment System). See instructions.								
			st be completed for Part II o			618.			
Under pe	nalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this formation in the correct of the corre	ling accomp	•	-	f my knowled	ige and belief,			
Signaturi				Date					
<u>vignatult</u>	Title P			Dale		8868 (Rev. 1-2012)			

01111 0000 (1101: 1 2012)

Form 8868 (Rev. 1-2012)	•				Page 2			
 If you are filing for an Additional (Not Automatic) 	3-Month Extension,	complete only Part II and check this	box	 	> X			
Note. Only complete Part II if you have already been	granted an automatic	3-month extension on a previously fil	ed Form	8868.				
 If you are filing for an Automatic 3-Month Extens 								
Part II Additional (Not Automatic) 3	-Month Extensio							
		·· · · · · · · · · · · · · · · · · · ·			r, see instructions			
Type or Name of exempt organization or other filer, see instructions					nployer identification number (EIN) or			
rint Dange Tarray Torner Targ					x 59-3577591			
File by the due date for Number street and room or suite no. If		X 59-3577591 ocial security number (SSN)						
filing your return See 7587 WILSON BOULEVARD	Number, street, and room of solite no. if a P.O. box, see instructions. 7587 WILSON BOULEVARD							
City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE, FL 32210								
	_							
Enter the Return code for the return that this applicat	tion is for (file a separa	te application for each return)			0 4			
Application	Return	Application			Return			
Is For	Code	Is For	Code					
Form 990	01							
Form 990-BL		Form 1041-A	80					
Form 990-PF	01	Form 4720	10					
-	04	Form 5227 Form 6069	11					
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	06	Form 8870	12					
STOP! Do not complete Part II if you were not alre		•	ously file	d Form 8				
	RCO JOSSIM	made o monar extension on a provi	odory inc	ar oni o				
• The books are in the care of ▶ 7587 WIL		RD - JACKSONVILLE,	FL 3	2210				
Telephone No. ► 904-772-1313		FAX No. ➤ 904-771-79						
If the organization does not have an office or place	e of business in the Ui	nited States, check this box			▶ 🔲			
If this is for a Group Return, enter the organization	n's four d <u>igit G</u> roup Exe	emption Number (GEN) II	this is fo	r the whole	group, check this			
box If it is for part of the group, check this	•	ach a list with the names and EINs of	all memb	ers the ex	tension is for.			
4 I request an additional 3-month extension of tir		BER 15, 2012.						
	or calendar year 2011 , or other tax year beginning							
	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return							
Change in accounting period								
7 State in detail why you need the extension ADDITIONAL TIME IS REQU	TOED IN OPD	ED TO ETTE AND COM	DT.ETE	Δ NTD	እ ሶ ር፲፲፱ ልጥፑ			
RETURN.	IKED IN OKD	EK 10 FILE AND COM	. 111111	TIVD .	ACCORATE_			
ICD I Old4 •								
8a If this application is for Form 990-BL, 990-PF, 9	990-T. 4720. or 6069. e	enter the tentative tax, less any						
nonrefundable credits. See instructions.		,	8a	\$	618.			
b If this application is for Form 990-PF, 990-T, 47	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax payments made. Include any prior year over								
previously with Form 8868.	8b	\$	0.					
c Balance due. Subtract line 8b from line 8a. Inc	clude your payment wit	th this form, if required, by using			618.			
EFTPS (Electronic Federal Tax Payment System). See Instructions. 8c \$								
_		st be completed for Part II o						
Under penalties of perjury, I declare that I have examined the it is true, correct, and complete, and that I am authorized to	prepare this form.		the best o	of my knowle ا رہے	edge and belief,			
Signature Signature	Title ▶ <i>CX k</i>	3	Date	▶ 8/	12/2012			
	——————————————————————————————————————		•	Form	n 8868 (Rev. 1-2012)			