

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form **990-PF**

## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

2012

Open to Public Inspection

Fo	r cal	endar year 2012 or tax year beginning	, aı	nd ending			
Na	me o	foundation	·	- · -	A E	mployer identification nu	ımber
FIS	S FO	UNDATION, INC.				26-1628	191
		and street (or P O box number if mail is not delivered to street ad	dress)	Room/suite	ВТ	elephone number (see inst	·
60	1 RIV	VERSIDE AVE , CORP TAX DEPT			1	(904) 438-	-6918
		own, state, and ZIP code		<del>_</del> _	C If	exemption application is pe	
JA.	CKS	ONVILLE	FL	32204	"	exemption application is pe	Ending, check here
_			al return of a former p		d	Foreign organizations, che	ack here
_	0		ended return	odbiio criarity			
			ne change		2.	Foreign organizations mee check here and attach cor	_
	Cho				-	CHECK HETE AND ALLACH COL	inputation
	_	eck type of organization X Section 501(c)(3) exection 4047(c)(1) papersonnt obsertable trust				private foundation status w	
<u></u>			Other taxable private		ur	nder section 507(b)(1)(A), o	check here
ı		market value of all assets at end J Accounting		Accrual		the foundation is in a 60-m	
<b>67</b> 3		ear (from Part II, col. (c), ☐ Other (sp 16) ►\$ 1,670,053 (Part I, column (			ur	nder section 507(b)(1)(B), o	check here
	irt I	Analysis of Revenue and Expenses (The total of					(d) Disbursements
<b>€</b>	uc u	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	(b) Net investri	nent	(c) Adjusted net	for charitable
F4		the amounts in column (a) (see instructions) )	expenses per books	ıncome		income	purposes
	1	0-4-1-4	1 500 000				(cash basis only)
МАY	1 2	Contributions, gifts, grants, etc., received (attach schedule)  Check If the foundation is not required to attach Sch. B	1,500,000				
	3	Interest on savings and temporary cash investments					
7	4	Dividends and interest from securities		-			· · · · ·
		a Gross rents					
		b Net rental income or (loss)					
ֻלַּ	6	a Net gain or (loss) from sale of assets not on line 10					· · · · · · · · · · · · · · · · · · ·
∌ ē		<b>b</b> Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)					
	8	Net short-term capital gain					
	9	Income modifications					
	10	a Gross sales less returns and allowances		-			
	İ	b Less Cost of goods sold					
	Į.	c Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,500,000		REC	0	
S	13	Compensation of officers, directors, trustees, etc			ILL	(EIVE)	
oenses	14	Other employee salaries and wages		[3]		10	
De	15	Pension plans, employee benefits			MAY	\$ 2013	
X	i	a Legal fees (attach schedule)		rai -		2013	
è		b Accounting fees (attach schedule)		1 0	31)	N. I.	<u> </u>
ati	17	c Other professional fees (attach schedule) Interest			HU.	IN. UI	
str	18		12		12		
and Administrative	19	Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion	12		12		
E	20	Occupancy					
Ą	21	Travel, conferences, and meetings					
pu	22	Printing and publications					
9	23	Other expenses (attach schedule)	· -				
Operating	24	Total operating and administrative expenses.					
rat		Add lines 13 through 23	12		12	o	c
De	25	Contributions, gifts, grants paid	718,525		<del></del>		718,525
0	26	Total expenses and disbursements. Add lines 24 and 25	718,537		12	. 0	
	27	Subtract line 26 from line 12					1.5,520
	1	a Excess of revenue over expenses and disbursements	781,463				
		b Net investment income (if negative, enter -0-)			0		
		c Adjusted net income (if negative, enter -0-)				0	

Dа	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
га ——	ш	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
•	1	Cash—non-interest-bearing	851,241	1,670,053	1,670,053
	2	Savings and temporary cash investments			
	3	Accounts receivable		~~	
		Less allowance for doubtful accounts			
	4	Pledges receivable	L		<del></del>
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)	-		
		Less allowance for doubtful accounts			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ř	10 a	Investments—U.S. and state government obligations (attach schedule)			
	t	Investments—corporate stock (attach schedule)			
	(	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			···
	14	Land, buildings, and equipment basis ▶		· · · · · · · · · · · · · · · · · · ·	
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	851,241	1,670,053	1,670,053
	17	Accounts payable and accrued expenses			
S	18	Grants payable	6,083	43,433	
Liabilities	19	Deferred revenue			
豆	20	Loans from officers, directors, trustees, and other disqualified persons			
ᆵ	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	6,083	43,433	
S		Foundations that follow SFAS 117, check here			
lances		and complete lines 24 through 26 and lines 30 and 31.			
<u>a</u>	24	Unrestricted	845,158	1,626,620	
		Temporarily restricted			
2	26	Permanently restricted			
Ė		Foundations that do not follow SFAS 117, check here			
Ä		and complete lines 27 through 31.		ļ	
Net Assets or Fund Ba	27	Capital stock, trust principal, or current funds	-		
šet	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Š	29	Retained earnings, accumulated income, endowment, or other funds	045 450	4 626 620	
ž	30	Total net assets or fund balances (see instructions)	845,158	1,626,620	
ž	31	Total liabilities and net assets/fund balances (see instructions)	054 044	4 070 050	
Dο	t III		851,241	1,670,053	
		Analysis of Changes in Net Assets or Fund Balances net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with		
•		of year figure reported on prior year's return)	50 (must agree with	1	QAE 1E0
2		amount from Part I, line 27a		<del></del>	845,158
3				2	781,463
		ines 1, 2, and 3		4	1,626,621
		acces not included in line 2 (itemize)		5	1,020,021
		net assets or fund balances at end of year (line 4 minus line 5)—Part II, c		6	4 000 004
<u> </u>	· Juai	The cooose of faire balances at one of year time 4 minus line 5)—Fait II, C	oranni (b), inte 50		_1,626,621

8 Enter qualifying distributions from Part XII, line 4

the Part VI instructions

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

718,525

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3)

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

complete Part XIV

their names and addresses

or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"

9

	101001011,110	<del></del>		<del></del>
Part	t 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		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had	4.		v
	advisory privileges? If "Yes," attach statement (see instructions)	12	Х	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_^_	
14	Website address  The health are in case of P. FIS.  Tolephone no. P. (2004) 429.6	018		
14	The books are in care of ► FIS Telephone no ► (904) 438-6  Located at ► 601 RIVERSIDE AVE , JACKSONVILLE, FL ZIP+4 ► 32204	910		- <b>-</b>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			· · · <del>· · ·</del>
15	and enter the amount of tax-exempt interest received or accrued during the year			• 🗀
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority		Yes	No
. •	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		İ	
	the foreign country			ļ
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	•	•	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1	Ì	
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days )	,		i
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	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
h	If "Yes," list the years 20, 20			
D	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		147.	-
•	► 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?	ŀ		ŀ
b				
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2012)	3b	N/A	
4a	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			ļ
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

Form	n 990-PF (2012) FIS FOUNDATION, INC				26-1628191	Page 6
Pa	rt VII-B Statements Regarding Activiti	es for Which Forn	n 4720 May Be R	equired (continued)		
5a	<ul> <li>(1) Carry on propaganda, or otherwise attempt t</li> <li>(2) Influence the outcome of any specific public on, directly or indirectly, any voter registratio</li> </ul>	o influence legislation ( election (see section 4		Yes Yes	( No	
	<ul> <li>(3) Provide a grant to an individual for travel stu</li> <li>(4) Provide a grant to an organization other than in section 509(a)(1), (2), or (3), or section 49</li> </ul>	a charitable, etc , orga	anization described	Yes Yes	No No	
	(5) Provide for any purpose other than religious, educational purposes, or for the prevention of		•	Yes	< No I	
	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the Regulations section 53 4945 or in a current notice Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the tax because it maintained expenditure responsibility.	regarding disaster ass g disaster assistance cl foundation claim exemp	istance (see instruction			N/A
	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any further premiums on a personal benefit contract?  Did the foundation, during the year, pay premiums	nds, directly or indirect	ly, to pay		No 6b	
	If "Yes" to 6b, file Form 8870		·			
	At any time during the tax year, was the foundation				< No	ļ .
	If "Yes," did the foundation receive any proceeds of				7b	1
Р	art VIII Information About Officers	, Directors, Truste	ees, Foundation	Managers, Highly Pa	iid Employ	vees.
	and Cantuactors					, 000,
_	and Contractors	ation managers an	d their compensat	rion (see instructions)		
1	and Contractors  List all officers, directors, trustees, found  (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans		nse account,
	List all officers, directors, trustees, found (a) Name and address ANK R. MARTIRE	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to		nse account,
<u>601</u> JAI	List all officers, directors, trustees, found  (a) Name and address  ANK R. MARTIRE I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		nse account,
601 JAN 601 JAN	List all officers, directors, trustees, found  (a) Name and address  ANK R. MARTIRE I RIVERSIDE AVE JACKSONVILLE, FL 322	(b) Title, and average hours per week devoted to position  PRESIDENT  1 00  VICE PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans		nse account,
601 JAN 601 JAN 601	List all officers, directors, trustees, found  (a) Name and address  ANK R. MARTIRE  I RIVERSIDE AVE JACKSONVILLE, FL 322  MES W WOODALL  I RIVERSIDE AVE JACKSONVILLE, FL 322  MES W WOODALL	(b) Title, and average hours per week devoted to position  PRESIDENT  1 00  VICE PRESIDENT  1 00  TREASURER	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation		nse account,
601 JAN 601 JAN 601 MIC 601	List all officers, directors, trustees, found  (a) Name and address  ANK R. MARTIRE I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 CHAEL OATES	(b) Title, and average hours per week devoted to position  PRESIDENT  1 00  VICE PRESIDENT  1 00  TREASURER  1 00  SECRETARY	(c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation	other a	nse account,
601 JAN 601 JAN 601 MIC 601	List all officers, directors, trustees, found  (a) Name and address  ANK R. MARTIRE I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 CHAEL OATES I RIVERSIDE AVE JACKSONVILLE, FL 322 Compensation of five highest-paid emplo	(b) Title, and average hours per week devoted to position  PRESIDENT  1 00  VICE PRESIDENT  1 00  TREASURER  1 00  SECRETARY  1 00  yees (other than th	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	). If none,	nse account,
601 JAN 601 JAN 601 2	List all officers, directors, trustees, found  (a) Name and address  ANK R. MARTIRE I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 CHAEL OATES I RIVERSIDE AVE JACKSONVILLE, FL 322 COmpensation of five highest-paid emploenter "NONE."	(b) Title, and average hours per week devoted to position  PRESIDENT  1 00  VICE PRESIDENT  1 00  TREASURER  1 00  SECRETARY  1 00  yees (other than th	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit	). If none,	nse account, illowances
601 JAN 601 JAN 601 2	List all officers, directors, trustees, found  (a) Name and address  ANK R. MARTIRE I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 CHAEL OATES I RIVERSIDE AVE JACKSONVILLE, FL 322 Compensation of five highest-paid emploenter "NONE."	(b) Title, and average hours per week devoted to position  PRESIDENT  1 00  VICE PRESIDENT  1 00  TREASURER  1 00  SECRETARY  1 00  yees (other than th	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	). If none,	nse account, illowances
601 JAN 601 JAN 601 2	List all officers, directors, trustees, found  (a) Name and address  ANK R. MARTIRE I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 MES W WOODALL I RIVERSIDE AVE JACKSONVILLE, FL 322 CHAEL OATES I RIVERSIDE AVE JACKSONVILLE, FL 322 Compensation of five highest-paid emploenter "NONE."	(b) Title, and average hours per week devoted to position  PRESIDENT  1 00  VICE PRESIDENT  1 00  TREASURER  1 00  SECRETARY  1 00  yees (other than th	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions  (d) Contributions to employee benefit plans and deferred	). If none,	nse account, illowances

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

-orm 990-PF (2012) FIS FOUNDATION, INC	26-1628191 Page /
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, and Contractors (continued)	Highly Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter	"NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services .	<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	

Total. Add lines 1 through 3

▶

Pai	Minimum Investment Return (All domestic foundations must complete this part. F	oreign foundati	ons,
	see instructions )		
1、	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
2	purposes Average monthly fair market value of securities	1a	
a b	•	1b	1,591,982
	Average of monthly cash balances	16	1,551,502
c d	Fair market value of all other assets (see instructions)	1d	1,591,982
	Total (add lines 1a, b, and c)	10	1,091,902
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   1e		
•	,		
2	Acquisition indebtedness applicable to line 1 assets	2	4 504 000
3	Subtract line 2 from line 1d	3	1,591,982
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		22.000
_	instructions)	4	23,880
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,568,102
6	Minimum investment return. Enter 5% of line 5	6	78,405
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here   L and do not complete this	· · · · · · · · · · · · · · · · · · ·	
1	Minimum investment return from Part X, line 6	1	78,405
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	78,405
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	78,405
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	78,405
Par	t XII Qualifying Distributions (see instructions)		
		1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4.	740 505
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	718,525
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	<del></del>
b	Cash distribution test (attach the required schedule)	3b	710.505
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	718,525
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	
_	income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	718,525
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	the foundation	

Pal	Unaistributea income (see inst	ructions)				
<b>.</b> 1	Distributable amount for 2012 from Part XI, line 7	_	(a) Corpus	(b) Years prior to 2011	( <b>c</b> ) 2011	(d) 2012
2						78,405
2	Undistributed income, if any, as of the end of 2	2012				
a		}			0	
	Total for prior years 20, 20, 20, 20					
3	Excess distributions carryover, if any, to 2012					
a						
t						
C	From 2009					
C	From 2010					
e						
f	Total of lines 3a through e		0			
4	Qualifying distributions for 2012 from Part					
	XII, line 4 <b>S</b> 718,525					
a	Applied to 2011, but not more than line 2a			·		·
Ł	Applied to undistributed income of prior years					
	(Election required—see instructions)	ļ				
C	Treated as distributions out of corpus (Election	n				
	required—see instructions)	1				
c	Applied to 2012 distributable amount					78,405
€	Remaining amount distributed out of corpus		640,120			
5	Excess distributions carryover applied to 2012	2 [				
	(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	640,120			
	Prior years' undistributed income Subtract					
	line 4b from line 2b			o		
	Enter the amount of prior years' undistributed	İ	'			
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)					
	tax has been previously assessed					
,	Subtract line 6c from line 6b Taxable					
•	amount—see instructions					
	Undistributed income for 2011 Subtract line	ŀ				
•	4a from line 2a Taxable amount—see					
	instructions				o	
f					0	
•	lines 4d and 5 from line 1. This amount must					
	be distributed in 2013					0
7	Amounts treated as distributions out of	ŀ				
•	corpus to satisfy requirements imposed by					
		stions)				
8	section 170(b)(1)(F) or 4942(g)(3) (see instructions carryover from 2007	(פווטווא)				
U	•	.,				
9	not applied on line 5 or line 7 (see instructions	''				
J	Excess distributions carryover to 2013.		640.400			
40	Subtract lines 7 and 8 from line 6a	}	640,120			
10	Analysis of line 9	100 404				
	Excess from 2008	106,104			1	
t	Excess from 2009	100,923				
C	Excess from 2010	582,858				
•		894,404				
- 6	Excess from 2012	640,120		<u> </u>		

For	m 990-PF (2012) FIS FOUNDATION, INC				26-1628	191 Page <b>10</b>
Pa	rt XIV Private Operating Foundations (s	ee instructions	and Part VII-A, q	juestion 9)		V/A
1 :	If the foundation has received a ruling or determination foundation, and the ruling is effective for 2012, ent			•		-
ı	Check box to indicate whether the foundation is a	private operating for	undation described ii	n section	4942(j)(3) or	4942(j)(5)
2 :	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	year listed				. ,,	0
1	85% of line 2a					
(	Qualifying distributions from Part XII, line 4 for each year listed					0
(	Amounts included in line 2c not used directly for active conduct of exempt activities					0
(	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the alternative test relied upon  "Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
I	o "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
	"Support" alternative test—enter					0
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					2
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support from an exempt organization				-	0
	(4) Gross investment income				-	0
P	art XV Supplementary Information (Cor	nplete this part	t only if the fou	ndation had \$5	000 or more in	
	assets at any time during the ye	ar—see instruc	tions.)			
1	Information Regarding Foundation Manag					
•	List any managers of the foundation who have con     before the close of any tax year (but only if they be				the foundation	
NIC	before the close of any tax year (but only if they ha	ive continuated more	s than \$5,000) (See	section 507(d)(2) )		
	<ul> <li>DNE</li> <li>List any managers of the foundation who own 10% ownership of a partnership or other entity) of which</li> </ul>				ortion of the	
NC	DNE	o roundation nas	a 1070 or greater III			
2	Information Regarding Contribution, Gran	t, Gift, Loan, Sch	nolarship, etc., P	rograms:		
	Check here X if the foundation only makes unsolicited requests for funds. If the foundation may other conditions, complete items 2a, b, c, and d	contributions to pre	selected charitable	organizations and de		
	The name, address, and telephone number or e-m	all of the person to	whom applications s	should be addressed		
<u> </u>	The form in which applications should be submitted	d and information ai	nd materials they sh	ould include		
_	Any submission deadlines				<u>,                                      </u>	
	Any restrictions or limitations on awards, such as t	by geographical area	as, charitable fields,	kınds of institutions,	or other	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During th		for Future	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 Children's Cancer Center	Public Charity	50(c)(3)	Charitable Purpose	5,000
Tampa, FL Wisconsin Humane Society	Public Charity	50(c)(3)	Charitable Purpose	500
Milwaukee, WI Cathedral Arts	Public Charity	50(c)(3)	Charitable Purpose	42,500
Jacksonville, FL United Negro College Fund	Public Charity	50(c)(3)	Charitable Purpose	10,000
Milwaukee, WI American Cancer Society	Public Charity	50(c)(3)	Charitable Purpose	10,000
Jacksonville, FL Alzheimer's Association	Public Charity	50(c)(3)	Charitable Purpose	5,000
Milwaukee, WI Big Brothers Big Sisters	Public Chanty	50(c)(3)	Charitable Purpose	10,000
Jacksonville, FL Museum of Contemporary Art	Public Charity	50(c)(3)	Charitable Purpose	5,000
Jacksonville, FL Jacksonville Symphony	Public Charity	50(c)(3)	Charitable Purpose	6,000
Jacksonville, FL Toys for Tots	Public Charity	50(c)(3)	Charitable Purpose	5,000
Norcross, GA JDRF	Public Charity	50(c)(3)	Charitable Purpose	5,000
Orlando, FL				
Total See Attached Statement b Approved for future payment	· · ·	· · · · · · · · · · · · · · · · · · ·	<b>▶</b> 3a	718,525
Total	<u> </u>	· <u>.</u>	<b>▶</b> 3b	0

aitAvi	Allarysis of illcome-Producing Activ	AIrie2				
Enter gro	ss amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	n 512, 513, or 514	(e)
		(-)		(-)	(4)	Related or exempt
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
1 Progra	im service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
_					_	
ъ						
<u> </u>				<del>                                     </del>	<del></del>	
ć. —						
d						
f						
<b>g</b> Fe	es and contracts from government agencies					ļ. <u> </u>
2 Memb	ership dues and assessments					
3 Interes	st on savings and temporary cash investments					
	nds and interest from securities					
5 Net re	ntal income or (loss) from real estate					
	bt-financed property					
	t debt-financed property					<del></del>
	ntal income or (loss) from personal property					
					<u> </u>	<del></del>
	investment income					
	or (loss) from sales of assets other than inventory			<del> </del>		
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue <b>a</b>					
b						
c						
d						
е						
~ <u> </u>				T		
	tal Add columns (b), (d), and (e)		(	o	С	<del></del>
12 Subto 13 Total.	Add line 12, columns (b), (d), and (e)		(		13	) <u>0</u> 0
12 Subto 13 Total.			(			<del></del>
12 Subto 13 Total. See work	Add line 12, columns (b), (d), and (e)	complishment				<del></del>
12 Subto 13 Total. See work Part XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Activities to the Activities to the Activity for which income	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  B Relationship of Activities to the Activities	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Activities to the Activities to the Activity for which income	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0
12 Subto 13 Total. See work Part XV Line No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations )  -B Relationship of Activities to the Acceptant below how each activity for which income the accomplishment of the foundation's exempt	e is reported in col	of Exempt P	Purposes (VI-A contributed ii	13	0

Paid

Preparer

Use Only

Fırm's name

Firm's address

	FIS FOUNL						20-102		, aye	
Part X		_	fers To and Trans	actions and	Relation	ships With	n Nonchari	able		
	Exempt Organiz			<del></del>		<del></del>	<del></del>	<del>,</del>	1	
	the organization directly								Yes	No
	ection 501(c) of the Code	e (other than se	ection 501(c)(3) orga	nizations) or in	section 5	27, relating t	o political			
org	anizations?									
<b>a</b> Tra	nsfers from the reporting	foundation to a	a noncharitable exem	ipt organization	of.				1	
(1)	Cash							1a(1)		
(2)	Other assets .					•		1a(2)		
<b>b</b> Oth	er transactions									
(1)	Sales of assets to a non	icharitable exer	npt organization				•	1b(1)		
(2)	Purchases of assets from	m a noncharital	ole exempt organizat	ion	•			1b(2)		
(3)	Rental of facilities, equip	oment, or other	assets .					1b(3)		
(4)	Reimbursement arrange	ements						1b(4)		
(5)	Loans or loan guarantee	es					•	1b(5)		
	Performance of services		•					1b(6)		
c Sha	aring of facilities, equipmi	ent, mailing list	s, other assets, or pa	nd employees			•	1c		
val	e answer to any of the a ue of the goods, other as ue in any transaction or s	sets, or service	s given by the report	ing foundation	If the fou	ndation recé	ived less tha	n fair m	arket	
(a) Line	no (b) Amount involved	(c) Name of	noncharitable exempt orga	anization (d	i) Description	n of transfers, tra	insactions, and s	haring arra	angeme	ents
			•							
		ļ								
									-	
		<del> </del>								
		<del></del>								
							-			
										<u>-</u>
des	he foundation directly or scribed in section 501(c) Yes," complete the follow	of the Code (ot						Yes	No	
	(a) Name of organization	<del></del>	(b) Type of or	ganization		(c) De	scription of relat	onship		
	Under penalties of perjury, I declare	that I have examined thi	s return, including accompanying	schedules and stateme	ents, and to the	best of my knowled	ge and belief, it is to	ie,		
Sign Here	correct, and complete Declaration of	10aber	xpayer) is based on all information	SEVP & CF		·············	May the IRS with the prepinstructions)	arer show	n b <u>elow</u>	
	Signature of officer or truste		Date	Title	T Date	· I		DTIN		

Check \_\_\_\_ if

self-employed

Charitable Purpose

Amount

4,250

FIS FOUNDATION, INC				26-1628	
Continuation of Part XV, Lin	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	<b>During the Year</b>
Recipient(s) paid during the year					
Name					
MACC Fund, Inc					
Street					
City		State	Zip Code	Foreign Count	·n/
Milwaukee		W	Zip Code	Foreign Count	иу
Relationship	Foundation Status			<u></u>	<del></del>
Public Charity	50(c)(3)				
Purpose of grant/contribution					Amount
Charitable Purpose					500
Name					
Habitat for Humanity					
Street					
City		State	Zip Code	Foreign Count	trv
Milwaukee		WI		J. 222.	
Relationship	Foundation Status	i	-		
Public Charity	50(c)(3)				<u> </u>
Purpose of grant/contribution Charitable Purpose					Amount
	<del></del>		<del></del>		500
Name					
Make-A-Wish Foundation of Wisconsin Street	1				
Sueet					
City		State	Zip Code	Foreign Coun	try
Milwaukee		WI			
Relationship	Foundation Status	;			
Public Charity Purpose of grant/contribution	50(c)(3)				Amount
Charitable Purpose					2,000
					2,000
Name					
Street					-
City		State	Zip Code	Foreign Coun	try
Deletienship	Foundation Status				
Relationship	Foundation Status				
Purpose of grant/contribution	_1				Amount
Name					
Street					
0"		1011	T=-		
City		State	Zip Code	Foreign Coun	try
Relationship	Foundation Status	<u> </u>	<u>.d.</u>	<u></u>	<del>-</del>
reaction p	- Canadion Gatas	•			
Purpose of grant/contribution				-	Amount
Name					
Street					
0.14		100		F	A
City		State	Zip Code	Foreign Coun	try
Relationship	Foundation Status	<u> </u>	_!	l	
Purpose of grant/contribution					Amount

## 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

2012

Name of the organization		Employer identification number
FIS FOUNDATION, INC		26-1628191
Organization type (check or	ne)	20-1020191
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(instructions  General Rule	(7), (8), or (10) organization can check boxes for both the General Rule ar	nd a Special Rule See
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000	or more (in money or
property) from any o	ne contributor Complete Parts I and II	
Special Rules		
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support t nd 170(b)(1)(A)(vi) and received from any one contributor, during the yea 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, I	r, a contribution of the greater
the year, total contrib	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from butions of more than \$1,000 for use exclusively for religious, charitable, ses, or the prevention of cruelty to children or animals. Complete Parts I, II,	scientific, literary, or
the year, contribution total to more than \$1 year for an <i>exclusive</i>	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from ns for use <i>exclusively</i> for religious, charitable, etc., purposes, but these of 1,000. If this box is checked, enter here the total contributions that were rely religious, charitable, etc., purpose. Do not complete any of the parts unization because it received nonexclusively religious, charitable, etc., cont	contributions did not ecceived during the inless the <b>General Rule</b> cributions of \$5,000 or more
	at is not covered by the General Rule and/or the Special Rules does not f	

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization Employer identification number FIS FOUNDATION, INC. 26-1628191 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution FIDELITY NATIONAL INFORMATION SERVICES, IN \_\_\_1\_\_ Person 601 RIVERSIDE AVE **Payroll** JACKSONVILLE FL 32204 \$ 1,500,000 Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Foreign State or Province

Foreign Country

(Complete Part II if there is

a noncash contribution)

Person Payroll Noncash Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 3 Name of organization Employer identification number FIS FOUNDATION, INC. 26-1628191 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

Name of or	=				Employer identification number
Part III	DATION, INC Exclusively religious, charitable, etc., i	ndividual oor	stributions to soction 5	:01(0)	26-1628191 (7) (8) or (10) organizations
rait III	total more than \$1,000 for the year. Con				
	For organizations completing Part III, ente				
	contributions of \$1,000 or less for the year				
	Use duplicate copies of Part III if additiona				······
(a) No.					
from Part I	(b) Purpose of gift	(c)	Use of gift	(d	) Description of how gift is held
raiti			-		
				1	
		(e) T	ransfer of gift		
	Transferee's name, address, and a	ZIP + 4	Relationsh	nip of	transferor to transferee
	F D				
(a) No.	For Prov Country				
from	(b) Purpose of gift	(c	) Use of gift	(d	) Description of how gift is held
Part I					
		(e) T	ransfer of gift	<u> </u>	
		, ,	_		
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of	transferor to transferee
(a) No.	For Prov Country				
from	(b) Purpose of gift	(c	) Use of gift	(d	l) Description of how gift is held
Part I				-	
		(e) T	ransfer of gift		
		, ,	•		
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of	transferor to transferee
(a) No.	For Prov Country				
from	(b) Purpose of gift	(c	) Use of gift	(c	l) Description of how gift is held
Part I	, , ,	·	<u> </u>	ļ`	,
		(e) T	ransfer of gift	1	
		(0)			
	Transferee's name, address, and	ZIP + 4	Relationsh	nip of	transferor to transferee
	, , , , , , , , , , , , , , , , , , , ,				
	I == =================================		1		

Part I, Line 18 (990-PF) - Taxes

		12	12	(	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
1	TAX ON INVESTMENT INCOME	12	12		Purposes
2					

Trustees and Foundation Managers	
Directors,	
- Compensation of Officers, L	
1 (990-PF)	
Part VIII, Line 1 (	

FIS FOUNDATION, INC

Name	Check "X" if Business	Street	City	State	State Zip Code	Foreign Country	Trtle	Avg Hrs Per Week	Avg Hrs Per Week Compensation	Benefitš	Expense
FRANK R MARTIRE		601 RIVERSIDI	JACKSONVILLE	급	32204		PRESIDENT	1 00	0		
JAMES W WOODALL	1	601 RIVERSĪDĒ AVE	JACKSÖNVILLE	<u>.</u> 면	32204	!	VICE	- 8	0		0
JAMES W WOODALL		601 RIVERSIDE AVE	JACKŠÓNVILLE	<u></u>	32204		TREASURER	1 00		,    -	
MICHAEL OATES		601 RIVERSIDE AVE	JĀČKSONVILLE	<u>-</u>	32204		SECRETARY	1 00	,o	,	
					,	:	_		-		

Part VI, Line 6a (990-PF) - Estimated Tax Payments

			Date	Amount
1 Credit from prior year return	•		12/31/2011	13
2 First quarter estimated tax payment	 			2
3 Second quarter estimated tax payment		•		3
4 Third quarter estimated tax payment				4
5 Fourth quarter estimated tax payment.				5
6 Other payments				6
7 Total	 	 •		7 3