2018 2949133502010

## EXTENDED TO NOVEMBER 15 Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service and ending For calendar year 2017 or tax year beginning A Employer identification number Name of foundation JACK C. & BETTY A. DEMETREE 59-3407379 FAMILY FOUNDATION Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 1551 ATLANTIC BLVD. 300 904-398-7350 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here JACKSONVILLE.  $\mathtt{FL}$ 32207 D 1. Foreign organizations, check here G Check all that apply Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization: Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Cash I Fair market value of all assets at end of year J Accounting method: Accrual If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here (from Part II, col. (c), line 16) (Part I, column (d) must be on cash basis.) 11,314,254. ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable ourposes expenses per books income income (cash basis only) N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 288,288 STATÉMÈNT 288,288 4 Dividends and interest from securities 5a Gross rents S. 1877 -3-100 b Net rental income or (loss) 908,680 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 10,000 4,732,116. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 564 564 11 Other income 197,532 532 Total, Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages Pension plans, employee benefits 15 16a Legal fees 2,750. STMT 3 5,500. 2,750 b Accounting fees 0. STMT 56,512 56,512 c Other professional fees 0. 658 658 16,806 30 STMT 5 536 Depreciation and depletion Decupancy of Travel sonierences, and a Language of the 20 Printing and put 0. 15,723 STMT 6 15,723 Total operating and administrative 24 <u>2,7</u>80. 95,199 expenses Add lines 13 through 23 345,800 345,800. Contributions, gifts, grants paid Total expenses and disbursements. 348,580 440,999 Add lines 24 and 25 3.24 (3.22) 27 Subtract line 26 from line 12: 243,467 2 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) Form **990-PF** (2017)

Form 990-PF

Total net assets or fund balances at beginning of year - Part II, column (a), line 30

(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ►

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ► CURRENT YEAR REVALUATION OF STOCK

5 1,959.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6 8,842,199.

JACK C. & BETTY A. DEMETREE 59-3407379 Form 990-PF (2017) FAMILY FOUNDATION Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (for example, real estate. (c) Date acquired (d) Date sold - Purchase (mo., day, yr.) (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation PUBLICLY TRADED SECURITIES LT PUBLICLY TRADED SECURITIES P THE CARLYLE GROUP - LT d (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price ((e) plus (f) minus (g)) (or allowable) plus expense of sale 1,267,293. 56,806. 1,324,099 842,635. 3,398,778 2,556,143. 9,239. 9,239 d Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) Losses (from col. (h)) (i) FMV as of 12/31/69 as of 12/31/69 over col. (j), if any 56,806. 842,635. b 9,239. C d е If gain, also enter in Part I, line 7 908,680. 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part I, line 8 Part V | Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes 🗶 No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes." the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (c) Net value of noncharitable-use assets Adjusted qualifying distributions Calendar year (or tax year beginning in) 10,876,657. 467,208. .042955 2016 021,332 11,823,910 .086379 2015 <u>710,37</u>5 12,389,322. .057338 2014 566,375. 11,825,416. .047895 2013 512,860 10.529.439. 048707 2012 2 .283274 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years 3 .056655 the foundation has been in existence if less than 5 years 11,093,100. Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 628,480. 5

6

7

8

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1,348,580.

11,124.

639,604.

7 Add lines 5 and 6

Multiply line 4 by line 3

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.

8 Enter qualifying distributions from Part XII, line 4

Enter 1% of net investment income (1% of Part I, line 27b)

| orm 990-P      | (2017) FAMILY FOUNDATION   |                                    |               |         | <u>07379</u>    |            | age 4          |
|----------------|--|------------------------------------|---------------|---------|-----------------|------------|----------------|
| Part VI        | Excise Tax Based on Investment Income (Section 4940  | 0(a), 4940(b), 4940(e              | e), or 49     | 48 - se | <u>e instru</u> | ction      | ns)            |
| 1a Exemp       | t operating foundations described in section 4940(d)(2), check here 🕨 🔙 and ei             | nter "N/A" on line 1.              | )             |         |                 |            | 7              |
| Date o         | ruling or determination letter: (attach copy of letter if nec                              | essary-see instructions)           |               |         |                 |            |                |
| <b>b</b> Dome: | hic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🕨       | ► X and enter 1%                   | <b>}</b> _    | 1       | 1               | <u>1,1</u> | <u>24.</u>     |
| of Par         | 1, line 27b  |                                    |               |         |                 |            | ;              |
| c All oth      | er domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%       | 6 of Part I, line 12, col. (b).    | ノー            |         |                 |            |                |
| 2 Tax ur       | der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; ot       | hers, enter -0-)                   | L             | 2       |                 |            | 0.             |
| 3 Add lir      | es 1 and 2   |                                    |               | 3       | 1               | <u>1,1</u> | <u>24.</u>     |
| 4 Subtit       | e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of      | thers, enter -0-)                  | L             | 4       |                 |            | 0.             |
| 5 Tax ba       | sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-          |                                    | L             | 5       | 1               | <u>1,1</u> | <u>24.</u>     |
| 6 Credit       | /Payments:   |                                    |               |         |                 |            | !              |
| a 2017         | stimated tax payments and 2016 overpayment credited to 2017                                | 6a                                 | 0.            |         |                 |            | į              |
| <b>b</b> Exemp | t foreign organizations - tax withheld at source   | 6b                                 | 0.            |         |                 |            | }              |
| c Tax pa       | d with application for extension of time to file (Form 8868)                               | 6c                                 | 0.            |         |                 |            |                |
| d Backu        | o withholding erroneously withheld   | 6d                                 | 0.            |         |                 | · ·        |                |
| 7 Total o      | redits and payments. Add lines 6a through 6d   |                                    |               | 7       |                 |            | 0.             |
| 8 Enter        | iny <b>penalty</b> for underpayment of estimated tax. Check here 🔲 if Form 2220 is atta    | ched                               |               | 8       |                 |            | 21.            |
| 9 Tax di       | e If the total of lines 5 and 8 is more than line 7, enter amount owed                     |                                    | <b>&gt;</b>   | 9       | 1               | 1,3        | <u>45.</u>     |
| 10 Overp       | ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid       |                                    |               | 10      |                 |            |                |
|                | he amount of line 10 to be: Credited to 2018 estimated tax                                 | Refu                               | nded 🖊        | 11 .    |                 |            |                |
| Part VII       | -A Statements Regarding Activities   |                                    |               |         |                 |            |                |
| 1a During      | the tax year, did the foundation attempt to influence any national, state, or local legis  | lation or did it participate or    | ıntervene ır  | 1       |                 | Yes        | No             |
| any po         | litical campaign?  |                                    |               |         | 1a              |            | X              |
| b Did it       | spend more than \$100 during the year (either directly or indirectly) for political purpo  | ses? See the instructions for      | the definit   | on      | 1b              |            | X              |
| If the         | inswer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of | of any materials published or      | r             |         |                 |            |                |
| distrib        | uted by the foundation in connection with the activities.                                  |                                    |               |         |                 |            |                |
| c Did th       | e foundation file Form 1120-POL for this year?   |                                    |               |         | 1c              |            | X              |
|                | he amount (if any) of tax on political expenditures (section 4955) imposed during the      | year.                              |               |         |                 |            |                |
|                | n the foundation. > \$ 0. (2) On foundation managers                                       |                                    | 0.            |         |                 | ,          | 1              |
| , ,            | he reimbursement (if any) paid by the foundation during the year for political expendi     | ·                                  | tion          |         |                 |            |                |
|                | ers. ▶ \$ 0 •  |                                    |               |         |                 | // I       |                |
|                | e foundation engaged in any activities that have not previously been reported to the II    | RS?                                |               |         | 2               |            | X              |
| If "Yes        | ," attach a detailed description of the activities.  |                                    |               |         |                 |            |                |
| 3 Has th       | e foundation made any changes, not previously reported to the IRS, in its governing i      | instrument, articles of incorp     | oration, or   |         |                 |            |                |
|                | s, or other similar instruments? If "Yes," attach a conformed copy of the changes          |                                    |               |         | 3               |            | X              |
|                | e foundation have unrelated business gross income of \$1,000 or more during the yea        | ιτ <sub>ο</sub>                    |               |         | 4a              |            | X              |
|                | " has it filed a tax return on Form 990-T for this year?                                   |                                    |               | N/A     | . 4b            |            |                |
|                | nere a liquidation, termination, dissolution, or substantial contraction during the year?  | •                                  |               | •       | 5               |            | <u>X</u> _     |
|                | ," attach the statement required by General Instruction T.                                 |                                    |               |         |                 |            | !              |
|                | e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei     | ither*                             |               |         |                 |            | [              |
|                | anguage in the governing instrument, or  |                                    |               |         |                 |            |                |
| •              | tate legislation that effectively amends the governing instrument so that no mandator      | y directions that conflict with    | h the state I | aw      |                 |            |                |
|                | n in the governing instrument?   | -                                  |               |         | 6               | X          |                |
|                | e foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp   | olete Part II, col. (c), and Par   | t XV          |         | 7               | X          |                |
|                |  | , (,,                              |               |         |                 |            |                |
| 8a Enter       | the states to which the foundation reports or with which it is registered. See instruction | ons. <b>&gt;</b>                   |               |         |                 |            |                |
| FL             |  |                                    |               |         | _               |            |                |
|                | answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A     | attorney General (or designat      | te)           |         | _               |            |                |
|                | h state as required by General Instruction G? If "No," attach explanation                  |                                    | ,             |         | 8b              | X          | and the second |
|                | foundation claiming status as a private operating foundation within the meaning of se      | ection 4942(i)(3) or 4942(i)(      | 5) for calen  | dar     | - J             |            |                |
|                | 017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com    |                                    | o, ioi uaiuii | -u-     | 9               |            | x 4            |
| -              | y persons become substantial contributors during the tax year? If "Yes," attach a schedu   |                                    | 505           |         | 10              |            | X              |
| iu Dio al      | y personis decome substantial continuators during the tax year if "Yes," attach a schedu   | ire irsting their names and addres | 565           |         | Form QQ(        | \ DE       |                |

| Pa | art VII-A Statements Regarding Activities (continued)   |              |          |           |
|----|---|--------------|----------|-----------|
|    |   |              | Yes      | No        |
| 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>X</u>  |
| 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           | <u> </u> | <u> </u>  |
| 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 ► MS. ELISA A. DEMETREE Telephone no. ► 904-39   |              |          |           |
|    | Located at ► 1551 ATLANTIC BOULEVARD, JACKSONVILLE, FL ZIP+4 ►32  | <u> 207</u>  |          | ·<br>—    |
| 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 2017, did the foundation have an interest in or a signature or other authority over a bank,  |              | Yes      | No        |
|    | securities, or other financial account in a foreign country?  | 16           | L        | <u> X</u> |
|    | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the  |              |          |           |
|    | foreign country  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required  | l            |          | ,         |
| F  |   |              | Yes      | No        |
|    | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |              | 163      | 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        | ^ F       |
|    | (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?  |              |          |           |
|    | (5) Transfer any income or assets to a disqualified person (or make any of either available   |              | ,        | ì         |
|    | for the benefit or use of a disqualified person)?   |              |          | ĺ         |
|    | (6) Agree to pay money or property to a government official? (Exception Check "No"  |              |          | 1         |
|    | if the foundation agreed to make a grant to or to employ the official for a period after  |              |          | l         |
|    | termination of government service, if terminating within 90 days.)  |              |          | ĺ         |
| t  | 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 N/A   | 1b           |          |           |
|    | Organizations relying on a current notice regarding disaster assistance, check here   |              |          | 1         |
| (  | 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 2017?   | 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)):   |              | İ        | 4         |
| ě  | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning  |              |          |           |
|    | before 2017?  |              |          |           |
|    | If "Yes," list the years , , , , , , , , , , , , , , , , , , ,  | ļ            |          |           |
| ì  | b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect                                  |              | 1        |           |
|    | 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.)  N/A        | 2b           |          |           |
|    | 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.                              | 20           | <u> </u> |           |
| •  |   |              | 1        |           |
| 2. | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time   |              |          | ;         |
| 3. | during the year?  |              |          | İ         |
|    | b if "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after  |              |          | !         |
| •  | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose  |              |          |           |
|    | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,  |              |          | ,         |
|    | Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A   | 3b           |          | ,         |
| 4: | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a           |          | X         |
|    | 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 2017?  | 4b           |          | X         |
|    |   | rm <b>99</b> | 0-PF     | (2017)    |

| Part VII-B   Statements Regarding Activities for Which P   | orm 4/20 May be r                             | required (continu           | iea)   |  |                     |
|--|---|-----------------------------|--|--|---------------------|
| 5a During the year, did the foundation pay or incur any amount to:   |   |                             |  | Ye   | s No                |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section  |   |                             | s X No   |  | Ī                   |
| (2) Influence the outcome of any specific public election (see section 4955); or   | r to carry on, directly or indire             | ectly,                      |  |  | [                   |
| any voter registration drive?  |   |                             | s X No   |  | 1 4                 |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?   |   | Ye                          | s 🗶 No   |  |                     |
| (4) Provide a grant to an organization other than a charitable, etc., organization   | n described in section                        | <u> </u>                    |  | 1  |                     |
| 4945(d)(4)(A)? See instructions  |   |                             | s X No   |  | 1                   |
| (5) Provide for any purpose other than religious, charitable, scientific, literary,  | or educational purposes, or f                 | or                          | (TE)   | •  |                     |
| the prevention of cruelty to children or animals?  |   |                             | s X No   |  |                     |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und   |   | n Regulations               | 3T / 3   |  | d                   |
| section 53.4945 or in a current notice regarding disaster assistance? See instru   |   |                             | N/A  | 5b   | <del></del> ,       |
| Organizations relying on a current notice regarding disaster assistance, check h   |   |                             |  |  | į                   |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr   |   | . —                         | . — Na   | ,  | 1                   |
| expenditure responsibility for the grant?  | IN  | [∕A                         | s L No   |  | 1                   |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).   |   |                             |  |  | -                   |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p  | Day premiums on                               |                             | s X No   |  | į                   |
| a personal benefit contract?   | araanal hanafit aantraat?                     | Te                          | , מאובמי   | 6b —   | - X                 |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p  | ersonal benefit contract?                     |                             |  | 00   | +^-                 |
| If "Yes" to 6b, file Form 8870.  | holtor transaction?                           | □ v <sub>o</sub>            | s X No   |  |                     |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s<br>b if yes," did the foundation receive any proceeds or have any net income attribution. |   | 1 16                        | N/A  | 7b   | <del></del> '       |
| Part VIII Information About Officers, Directors, Trusto  |   | nagers Highly               |  | ,,,  |                     |
| Paid Employees, and Contractors  | ooo, r ouridation ind                         |                             | •  |  |                     |
| 1 List all officers, directors, trustees, and foundation managers and the  | heir compensation.                            |                             |  |  |                     |
|  | (b) Title, and average hours per week devoted | (c) Compensation            | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) E  | xpense<br>nt, other |
| (a) Name and address   | to position                                   | (If not paid,<br>enter -0-) | and deferred<br>compensation   | allo   | vances              |
|  |   |                             |  |  |                     |
|  |   |                             |  |  |                     |
| SEE STATEMENT 10   |   | 0.                          | 0.   | <u>,                                     </u>    | 0.                  |
|  |   |                             | •  |  |                     |
|  |   |                             |  |  |                     |
|  |   |                             |  |  |                     |
|  |   |                             |  |  |                     |
|  |   |                             |  |  |                     |
|  |   |                             |  | ļ  |                     |
|  |   |                             |  |  |                     |
|  |   |                             |  |  |                     |
|  |   | 1210215 11                  |  | <u> </u>   |                     |
| 2 Compensation of five highest-paid employees (other than those inc  |   | enter "NONE."               | (d) Contributions to   | (a) F  | xpense              |
| (a) Name and address of each employee paid more than \$50,000  | (b) Title, and average<br>hours per week      | (c) Compensation            | employee benefit plans<br>and deferred   | accou  | nt, other           |
|  | devoted to position                           |                             | compensation   | allo   | vances              |
| NONE   |   |                             |  | 1  |                     |
|  |   |                             | · · · · · · · · · · · · · · · · · · ·  | <del></del>                                      |                     |
|  |   |                             |  |  |                     |
|  |   |                             |  | +  |                     |
|  |   | !                           |  | 1  |                     |
|  |   |                             |  | <del>                                     </del> |                     |
|  |   |                             |  |  |                     |
|  |   |                             |  | +  |                     |
|  |   |                             |  |  |                     |
| Total number of other employees paid over \$50,000   | <u> </u>                                      |                             |  |  | 0                   |
| Total intriner of other employees paid over φυσίοσο  |   |                             | Form   | <b>990-P</b>                                     |                     |
|  |   |                             |  | •  | \ <del></del> /     |

| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)  Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensat NONE  NONE  Otal number of others receiving over \$50,000 for professional services  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.  NONE - GRANT-MAKING IS THE ONLY ACTIVITY   | DACK C. & BETTY A. DEMETREE<br>orm 990-PF (2017) FAMILY FOUNDATION  | 59_3   | 3407379 Page 7                   |
|---|---|--|----------------------------------|
| Five highest-paid independent contractors for professional services. If none, enter "NONE."  (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensat NONE  (c) Compensation (c) Type of service (c) Type of service (c) Compensation (c) Type of service (c) Type of service (c) Compensation (c) Type of service (c) Type of service (c) Type of service (c) Compensation (c) Type of service (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Type of service (c) Compensation (c) Compens | Part VIII Information About Officers, Directors, Trustees, Found  | dation Managers, Highly                          | 1407375 . ago ?                  |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensat NONE    tai number of others receiving over \$50,000 for professional services  |   |  |                                  |
| NONE  tal number of others receiving over \$50,000 for professional services  art IX-A   Summary of Direct Charitable Activities  stite foundation's own largest forechards served, conferences convened, research papers produced, etc.  Expenses  NONE - GRANT-MAKING IS THE ONLY ACTIVITY  art IX-B   Summary of Program-Related Investments  scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount  N/A  |   |  | (c) Compensation                 |
| al number of others receiving over \$50,000 for professional services    Art IX-A   Summary of Direct Charitable Activities   |   | (4)  |                                  |
| at number of others receiving over \$50,000 for professional services    Interview   Interv |   |  |                                  |
| at IX-B   Summary of Program-Related Investments  art IX-B   Summary of Program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  Amount  Amount  Amount  Amount  Amount  Amount  |   |  |                                  |
| art IX-B   Summary of Program-Related Investments  scribe the wo largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  Amount  Amount   |   |  |                                  |
| art IX-B   Summary of Program-Related Investments  scribe the wo largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  Amount  Amount   |   |  |                                  |
| art IX-B   Summary of Program-Related Investments  secrete the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  Amount  Amount   |   |  |                                  |
| mber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.  IONE - GRANT-MAKING IS THE ONLY ACTIVITY   art IX-B Summary of Program-Related Investments scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A   | art IX-A Summary of Direct Charitable Activities  |  |                                  |
| Fart IX-B   Summary of Program-Related Investments escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  Amount  N/A  | st the foundation's four largest direct charitable activities during the tax year. Include relevant sta<br>imber of organizations and other beneficiaries served, conferences convened, research papers p | atistical information such as the iroduced, etc. | Expenses                         |
| art IX-B   Summary of Program-Related Investments scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  N/A  Amount  | ONE - GRANT-MAKING IS THE ONLY ACTIVITY   |  |                                  |
| N/A  Amount   |   |  | 0.                               |
| N/A  Amount   |   |  |                                  |
| N/A  Amount  N/A  |   |  |                                  |
| N/A  Amount  N/A  |   |  |                                  |
| escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  N/A  Amount   |   |  | · · · · -                        |
| escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  N/A  Amount   |   |  |                                  |
| N/A   |   |  |                                  |
|   |   | on lines 1 and 2.                                | Amount                           |
| I other program-related investments. See instructions.  | N/A   |  |                                  |
| I other program-related investments. See instructions.  |   |  |                                  |
| I other program-related investments. See instructions.  |   |  |                                  |
|   | other program-related investments. See instructions.  |  |                                  |
|   |   |  |                                  |
|   |   |  |                                  |
|   |   |  |                                  |
| tal. Add lines 1 allough 5  | ital. Add lines 1 through 3   | <b>)</b>   | 0 .<br>Form <b>990-PF</b> (2017) |

| P            | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four   | ndation   | s, see instructions) |
|--------------|---|-----------|----------------------|
| <del>1</del> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:   |           |                      |
| а            | Average monthly fair market value of securities   | 1a        | 10,834,453.          |
| b            | Average of monthly cash balances  | 1b        | 427,577.             |
| C            |   | 1c_       |                      |
| d            | Total (add lines 1a, b, and c)  | 1d        | 11,262,030.          |
| е            | Reduction claimed for blockage or other factors reported on lines 1a and  |           |                      |
|              | 1c (attach detailed explanation) 1e 0 •   |           |                      |
| 2            | Acquisition indebtedness applicable to line 1 assets  | 2         | 0.                   |
| 3            | Subtract line 2 from line 1d  | 3         | 11,262,030.          |
| 4            | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4         | 168,930.             |
| 5            | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5         | 11,093,100.          |
| 6            | Minimum investment return Enter 5% of line 5  | 6         | 554,655.             |
| P            | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.) | nd certai | n                    |
| 1            | Minimum investment return from Part X, line 6   | 1         | 554,655.             |
| 2a           | Tax on investment income for 2017 from Part VI, line 5  |           |                      |
| b            | Income tax for 2017. (This does not include the tax from Part VI.)  | nodosta T |                      |
| C            | Add lines 2a and 2b   | 2c        | 11,124.              |
| 3            | Distributable amount before adjustments. Subtract line 2c from line 1   | 3         | 543,531.             |
| 4            | Recoveries of amounts treated as qualifying distributions   | 4         | 0.                   |
| 5            | Add lines 3 and 4   | 5         | 543,531.             |
| 6            | Deduction from distributable amount (see instructions)  | 6         | 0.                   |
| 7            | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1  | 7         | 543,531.             |
| 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        | 1,348,580.           |
| 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   | 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  | 4         | 1,348,580.           |
| 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         | 11,124.              |
| 6            | Adjusted qualifying distributions Subtract line 5 from line 4   | 6         | 1,337,456.           |
|              | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.                   | qualifies | for the section      |

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2016 | (c)<br>2016                           | <b>(d)</b><br>2017 |
|--|---------------|----------------------------|---------------------------------------|--------------------|
| 1 Distributable amount for 2017 from Part XI,  | ,             |                            |                                       |                    |
| line 7   |               |                            |                                       | 543,531.           |
| 2 Undistributed income, if any, as of the end of 2017  |               |                            |                                       |                    |
| a Enter amount for 2016 only   |               |                            | 0.                                    |                    |
| b Total for prior years:   |               |                            |                                       |                    |
|  |               | 0.                         |                                       |                    |
| 3 Excess distributions carryover, if any, to 2017:   |               |                            |                                       |                    |
| a From 2012 6,638.   |               |                            |                                       |                    |
| b From 2013  | 1             |                            |                                       |                    |
| c From 2014 98,028.  | 1             |                            |                                       |                    |
| d From 2015 441,072.   |               |                            |                                       |                    |
| e From 2016  |               |                            |                                       |                    |
| f Total of lines 3a through e  | 545,738.      |                            |                                       |                    |
| 4 Qualifying distributions for 2017 from   | 343/1301      |                            |                                       |                    |
| Part XII, line 4: ▶\$ 1,348,580.   |               |                            |                                       |                    |
| a Applied to 2016, but not more than line 2a   | 1             |                            | 0.                                    |                    |
| * *  |               |                            |                                       |                    |
| <b>b</b> Applied to undistributed income of prior years (Election required - see instructions)   |               | 0.                         |                                       |                    |
| c Treated as distributions out of corpus   |               |                            | · · · · · · · · · · · · · · · · · · · |                    |
|  | 0.            |                            |                                       |                    |
| (Election required - see instructions)   | - 0.          |                            |                                       | 543,531.           |
| d Applied to 2017 distributable amount   | 805,049.      |                            | · · · · · · · · · · · · · · · · · · · | 343,331.           |
| e Remaining amount distributed out of corpus   | 0.            |                            |                                       | 0.                 |
| 5 Excess distributions carryover applied to 2017<br>(If an amount appears in column (d), the same amount<br>must be shown in column (a)) | 0.            |                            |                                       | <del></del>        |
| 6 Enter the net total of each column as indicated below:   |               |                            |                                       |                    |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 1,350,787.    |                            |                                       |                    |
| 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  | ļ             |                            |                                       |                    |
| assessed   |               | 0.                         |                                       |                    |
| d Subtract line 6c from line 6b. Taxable   |               |                            |                                       |                    |
| amount - see instructions  |               | 0.                         |                                       |                    |
| e Undistributed income for 2016. Subtract line   |               |                            |                                       |                    |
| 4a from line 2a. Taxable amount - see instr.   |               |                            | 0_•                                   |                    |
| f Undistributed income for 2017. Subtract  |               |                            |                                       |                    |
| lines 4d and 5 from line 1. This amount must   |               |                            |                                       |                    |
| be distributed in 2018   |               | <u> </u>                   |                                       | 0.                 |
| 7 Amounts treated as distributions out of  |               |                            |                                       |                    |
| corpus to satisfy requirements imposed by  |               |                            |                                       |                    |
| section 170(b)(1)(F) or 4942(g)(3) (Election   |               |                            |                                       |                    |
| may be required - see instructions)  | 0.            |                            |                                       |                    |
| 8 Excess distributions carryover from 2012   |               |                            |                                       |                    |
| not applied on line 5 or line 7  | 6,638.        |                            |                                       |                    |
| 9 Excess distributions carryover to 2018   |               |                            |                                       | -                  |
| Subtract lines 7 and 8 from line 6a  | 1,344,149.    |                            |                                       |                    |
| 10 Analysis of line 9:   |               |                            |                                       |                    |
| a Excess from 2013   |               |                            |                                       |                    |
| b Excess from 2014 98,028  |               | ,                          |                                       |                    |
| c Excess from 2015 441,072.  |               |                            |                                       | 1                  |
| d Excess from 2016   | 1             |                            |                                       |                    |
| e Excess from 2017 805,049.  |               |                            |                                       |                    |

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

| 3 Grants and Contributions Paid During the Recipient | Year or Approved for Future  If recipient is an individual, | Payment              |                                  |                        |
|--|---|----------------------|----------------------------------|------------------------|
| <u> </u>   | 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                               |   |                      |                                  |                        |
| ARA PARSEGHIAN MEDICAL RESEARCH                      | N/A   | PUBLIC               | GENERAL FUND                     |                        |
| FOUNDATION   |   |                      |                                  |                        |
| 1729 E. SUNRISE DR., #327<br>PUSCON, AZ 85718-4325   |   |                      |                                  | 2,000                  |
| TUSCON, AZ 05/10-4325                                | -   |                      |                                  | 2,000                  |
|  |   |                      |                                  |                        |
| SISHOP KENNY HIGH SCHOOL                             | N/A   | PUBLIC               | GENERAL FUND                     |                        |
| 1055 KINGMAN AVENUE<br>JACKSONVILLE FL 32207         |   |                      |                                  | 10,000                 |
|  |   |                      |                                  |                        |
| DIGUOD WARD WICH GOVOOL                              | N/A   | PUBLIC               | GENERAL FUND                     |                        |
| BISHOP WARD HIGH SCHOOL<br>708 NORTH 18TH ST.        | N/A   | FORLIC               | GENERAL FOND                     |                        |
| KANSAS CITY KS 66102                                 |   |                      |                                  | 10,000                 |
|  |   |                      |                                  |                        |
| BOY SCOUTS OF AMERICA                                | N/A   | PUBLIC               | GENERAL FUND                     |                        |
| 521 EDGEWOOD AVE. S.                                 |   |                      |                                  |                        |
| JACKSONVILLE, FL 32205-5332                          |   |                      |                                  | 5,000                  |
|  |   |                      |                                  |                        |
| CATHOLIC CHARITIES                                   | N/A   | PUBLIC               | GENERAL FUND                     |                        |
| 134 E. CHURCH ST.  JACKSONVILLE FL 32202-3130        |   |                      |                                  | 2 500                  |
| Total SEE C  | ONTINUATION SHE   | ET(S)                | <b>▶</b> 3a                      | 1 345 800              |
| <b>b</b> Approved for future payment                 |   |                      |                                  |                        |
| NONE   |   |                      |                                  |                        |
|  |   |                      |                                  |                        |
|  |   |                      |                                  |                        |
|  |   |                      |                                  |                        |
|  |   |                      |                                  |                        |
|  |   |                      |                                  |                        |
|  |   |                      |                                  |                        |
|  |   |                      |                                  |                        |
|  |   |                      |                                  |                        |
| Total  |   |                      | <u>▶ 3b</u>                      | orm <b>990-PF</b> (201 |

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| ter gross amounts unless otherwise indicated.   | Unrelate        | d business income                     |                       | ed by section 512, 513, or 514 | (e)               |
|---|-----------------|---------------------------------------|-----------------------|--------------------------------|-------------------|
| •   | (a)<br>Business | (b)                                   | (C)<br>Exclu-<br>sion | (d)                            | Related or exempt |
| Program service revenue:  | code            | Amount                                | code                  | Amount                         | function income   |
|   | _               |                                       | +                     |                                |                   |
|   | -               |                                       | +-+                   |                                |                   |
|   | _               | -                                     | ++                    |                                |                   |
|   | 1               |                                       | + +                   | - <del></del>                  | <del></del>       |
|   |                 |                                       | + +                   |                                |                   |
| Fees and contracts from government agencies   | _               |                                       | 1 1                   |                                |                   |
| Nembership dues and assessments   |                 |                                       |                       |                                |                   |
| nterest on savings and temporary cash   |                 |                                       |                       |                                |                   |
| nvestments  |                 |                                       |                       |                                |                   |
| Dividends and interest from securities  |                 |                                       | 14                    | 288,288.                       |                   |
| let rental income or (loss) from real estate:   |                 | · · · · · · · · · · · · · · · · · · · |                       |                                |                   |
| Debt-financed property  |                 |                                       |                       |                                |                   |
| Not debt-financed property  | ļ <u>-</u>      |                                       |                       |                                |                   |
| let rental income or (loss) from personal   |                 |                                       |                       |                                |                   |
| property  |                 |                                       | 1 1                   |                                | -,                |
| Other investment income   |                 |                                       | 14                    | 564.                           |                   |
| Gain or (loss) from sales of assets other   |                 |                                       | 18                    | 908,680.                       |                   |
| than inventory<br>Net income or (loss) from special events  |                 |                                       | 1 3                   | 300,000.                       |                   |
| Gross profit or (loss) from sales of inventory  |                 |                                       | ++                    |                                |                   |
| Other revenue:  |                 |                                       |                       |                                |                   |
| 1   |                 |                                       |                       |                                |                   |
| " <del></del>   |                 |                                       |                       |                                |                   |
| b   |                 |                                       |                       |                                |                   |
|   |                 |                                       |                       |                                |                   |
| c   | _               |                                       |                       |                                |                   |
| d   | _               |                                       |                       |                                |                   |
| c d e Subtotal. Add columns (b), (d), and (e)   | _               | 0                                     | •                     | 1,197,532.                     |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  |                 | 0                                     | •                     | 1,197,532.                     | 1,197,53          |
| Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  Relationship of Activities  | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  The No Explain below how each activity for which in the foundation's exempt purposes (other the      | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  ART XVI-B Relationship of Activities  The No Explain below how each activity for which in  | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breattanship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breationship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Fotal. Add line 12, columns (b), (d), and (e)  E worksheet in line 13 instructions to verify calculations.  Breationship of Activities  Explain below how each activity for which in the foundation's exempt purposes (other the                       | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| Subtotal. Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  The No Explain below how each activity for which in the foundation's exempt purposes (other the      | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |
| c d d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations.  art XVI-B Relationship of Activities  ne No Explain below how each activity for which in the foundation's exempt purposes (other the | s to the Acco   | omplishment of E                      | Exempt                | 13                             |                   |

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|                | 011010                           | C. & Dalli II.                      |  |   |                                | _         |            |
|----------------|----------------------------------|-------------------------------------|--|---|--------------------------------|-----------|------------|
|                |                                  | Y FOUNDATION                        |  |   | <u>407379</u>                  | Pa        | ge 13      |
| Part >         |                                  |                                     | o and Transactions an                    | d Relationships With Nonc   | naritable                      |           |            |
|                | Exempt Organ                     |                                     |  |   | <del></del>                    | Vaal      | Na         |
|                |                                  |                                     | owing with any other organization        | described in section 501(c)   |                                | Yes       | No         |
| •              |                                  |                                     | ating to political organizations?        |   |                                |           |            |
|                |                                  | dation to a noncharitable exemp     | t organization of:                       |   |                                |           |            |
|                | Cash                             |                                     |  |   | 1a(1)                          |           | <u>X</u>   |
| (2)            | Other assets                     |                                     |  |   | 1a(2)                          |           | X          |
| •              | er transactions:                 |                                     |  |   |                                |           |            |
|                | Sales of assets to a noncharita  |                                     |  |   | 1b(1)                          |           | <u> X</u>  |
|                |                                  | oncharitable exempt organizatio     | n  |   | 1b(2)                          |           | <u>X</u>   |
| (3)            | Rental of facilities, equipment, | , or other assets                   |  |   | 1b(3)                          |           | <u> </u>   |
| (4)            | Reimbursement arrangements       | S                                   |  |   | 1b(4)                          |           | X          |
| (5)            | Loans or loan guarantees         |                                     |  |   | 1b(5)                          |           | X          |
| (6)            | Performance of services or me    | embership or fundraising solici     | tations                                  |   | 1b(6)                          |           | X          |
|                | •                                | ailing lists, other assets, or paid |  |   | 1c                             |           | X          |
| <b>d</b> If th | e answer to any of the above is  | s "Yes," complete the following s   | schedule. Column ( <b>b)</b> should alwa | ays show the fair market value of the goo   | ods, other ass                 | ets,      |            |
| or s           | ervices given by the reporting   | foundation. If the foundation re    | ceived less than fair market value       | in any transaction or sharing arrangeme   | ent, show in                   |           |            |
| colu           |                                  | , other assets, or services receiv  | ved.                                     |   |                                |           |            |
| (a) Line no    | (b) Amount involved              | (c) Name of nonchari                | table exempt organization                | (d) Description of transfers, transactions  | , and sharing arr              | angeme    | nts        |
|                |                                  | N/.                                 | A  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  | _   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                | •                                | •                                   | one or more tax-exempt organiza          | ations described  |                                | -         | ——<br>¬    |
|                |                                  | on 501(c)(3)) or in section 527     | 7  |   | Yes                            | لـکـ      | _ No       |
| <u>b lf "\</u> | es, complete the following scl   |                                     | (h) Tuna of organization                 | (a) Description of role   | tionahin                       |           |            |
|                | (a) Name of or                   | ganization                          | (b) Type of organization                 | (c) Description of rela   | lionsnip                       |           |            |
|                | N/A                              |                                     |  |   |                                | · · · · · |            |
|                |                                  |                                     |  |   | <del> </del>                   |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     |  |   |                                |           |            |
|                |                                  |                                     | 1  |   | <del></del>                    |           |            |
| 0:             |                                  |                                     |  | statements, and to the best of my knowledge attom of which preparer has any knowledge | May the IRS of return with the | iscuss i  | this<br>er |
| Sign<br>Here   | 11/1                             |                                     | 11-9-2018                                | Vice President  | shown below                    | ? See in  | str        |
| nere           | 1. C. Usu                        | lan of                              |  | <del>TREASURER</del>  | LX Yes                         | L         | ∟ No       |
|                | Signature of officer or truste   | <i>f</i>                            | Date -                                   | Title Check I if D  | TIN                            |           |            |
|                | Print/Type preparer's r          | name Prepare                        | r's signature                            | · · · · · · · · · · · · · · · · · · ·   | i IIV                          |           |            |
| n.:.           |                                  | _ //                                | )/1                                      | self- employed  |                                |           |            |
| Paid           | DWIN HORNI                       |                                     |  |   | P00083                         |           |            |
| Prepa<br>Use ( |                                  | NIS, PELLUM &                       | ASSOCIATES, CPA                          | A <sup>1</sup> S <sup>7</sup> Firm's EIN ► 59   | -18437                         | υO        |            |
| COC (          | /'''y                            |                                     | ,  |   |                                |           |            |

723622 01-03-18

Firm's address ▶ 5150 BELFORT ROAD SOUTH, BLDG 600

JACKSONVILLE, FL 32256

Phone no. (904) 396-5965

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient PUBLIC CHILDREN'S HOME SOCIETY OF FLORIDA N/A GENERAL FUND 3027 SAN DIEGO RD. 2,500. JACKSONVILLE FL 32247-5616 CITY RESCUE MISSION N/A PUBLIC GENERAL FUND 426 S. MCDUFF AVE. JACKSONVILLE FL 32254 3 000 COMMUNITY HOSPICE FOUNDATION OF N/A PUBLIC GENERAL FUND NORTHEAST FLORIDA 4266 SUNBEAM ROAD 5,000. JACKSONVILLE, FL 32257 PUBLIC GENERAL FUND DLC NURSE & LEARN, INC. N/A 4101-1 COLLEGE ST. 3,000: JACKSONVILLE FL 32205 PUBLIC GENERAL FUND DREAMS COME TRUE N/A 6803 SOUTHPOINT PARKWAY 10,000. JACKSONVILLE, FL 32216 PUBLIC GENERAL FUND EMERGENCY PREGNANCY SERVICES N/A 1637 KING STREET 5,000. JACKSONVILLE, FL 32204 GENERAL FUND FLORIDA SCHOOL FOR THE DEAF AND BLIND PUBLIC N/A 207 N. SAN MARCO AVE. 5,000, ST. AUGUSTINE FL 32084-2799 FOOD FOR THE POOR N/A PUBLIC GENERAL FUND 6401 LYONS RD. COCONUT CREEK FL 33073 5,000, PUBLIC GENERAL FUND HOLY FAMILY HOSPITAL OF BETHLEHEM N/A FOUNDATION 2000 P STREET NW, SUITE #310 268,000. WASHINGTON DC 20036 PUBLIC GENERAL FUND HOLY NAME CATHOLIC SCHOOL N/A 1007 SOUTHWEST BLVD. 5,000. KANSAS CITY, KS 66103

**Total from continuation sheets** 

1 316 300.

FAMILY FOUNDATION

**Supplementary Information** Part XV 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 PUBLIC HUBBARD HOUSE N/A GENERAL FUND P.O. BOX 4909 3,000. JACKSONVILLE, FL 32201 L'ARCHE HARBOR HOUSE N/A PUBLIC GENERAL FUND 700 ARLINGTON RD. N. JACKSONVILLE, FL 32211 1,000. MOROCCO SHRINE CIRCUS FUND N/A PUBLIC GENERAL FUND P.O. BOX 12902 500. RALEIGH, NC 27605 MARINE TOYS FOR TOTS FOUNDATION N/A PUBLIC GENERAL FUND 18251 QUANTICO DR. 3,500. TRIANGLE VA 22171 N/A PUBLIC GENERAL FUND RONALD MCDONALD HOUSE CHARITIES OF JACKSONVILLE, INC. 824 CHILDREN'S WAY JACKSONVILLE, FL 32207 100,000. PUBLIC GENERAL FUND PINE CASTLE N/A 4911 SPRING PARK RD. JACKSONVILLE FL 32207-7496 10,000. POLICE ATHLETIC LEAGUE OF PUBLIC GENERAL FUND N/A JACKSONVILLE, INC. P.O. BOX 12256 JACKSONVILLE FL 32209 3,000. QUEEN OF PEACE RADIO, INC N/A PUBLIC GENERAL FUND P.O. BOX 51585 JACKSONVILLE, FL 32240 2,000, PUBLIC N/A GENERAL FUND SISTERS OF ST. JOSEPH 241 ST. GEORGE ST. ST. AUGUSTINE FL 32085-3506 10,000, ST. GERARD CAMPUS N/A PUBLIC GENERAL FUND P.O. BOX 4382 7.500. ST. AUGUSTINE, FL 32085 Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient GENERAL FUND I.M. SULZBACHER CENTER N/A PUBLIC 611 EAST ADAMS STREET 10,000. JACKSONVILLE FL 32202 THE CHILDREN'S CHRISTMAS PARTY OF PUBLIC GENERAL FUND N/A **JACKSONVILLE** P.O. BOX 5338 5,000. JACKSONVILLE FL 32247-5338 THE GUARDIAN CATHOLIC SCHOOLS N/A PUBLIC GENERAL FUND 4920 BRENTWOOD AVE. 410 000 JACKSONVILLE FL 32206 PUBLIC GENERAL FUND WOMEN'S HELP CENTER N/A 4209 UNIVERSITY BLVD. S. 5,000. JACKSONVILLE FL 32216 DIOCESE OF ST. AUGUSTINE N/A PUBLIC GENERAL FUND 11625 OLD ST. AUGUSTINE ROAD 75,500. JACKSONVILLE, FL 32258 GENERAL FUND N/A PUBLIC ASSUMPTION CATHOLIC CHURCH 11625 OLD ST. AUGUSTINE ROAD 257,800, JACKSONVILLE FL 32258 PUBLIC GENERAL FUND SACRED HEART CATHOLIC CHURCH N/A 251 SOUTH DAVIS DRIVE 100 000. WARNER ROBINS GA 31088 N/A PUBLIC GENERAL FUND ALZHEIMER'S DISESASE AND RELATED DISORDERS ASSOCATION, INC. 225 N. MICHIGAN AVENUE, FLOOR 17 CHICAGO, IL 60601 1,000. Total from continuation sheets

| FORM 990-PF                                 | DIVIDENDS       | AND INTER                     | EST FROM SEC                          | URITIES S                           | TATEMENT                     |
|---|-----------------|-------------------------------|---------------------------------------|-------------------------------------|------------------------------|
| SOURCE                                      | GROSS<br>AMOUNT | CAPITAL<br>GAINS<br>DIVIDENDS | REVENUE                               | NET INVEST-                         | (C) ADJUSTED NET INCOM       |
| FIDELITY #2009 - DIVIDENDS FIDELITY #2009 - | 211,496.        | (                             | 211,49                                | 6. 211,496.                         |                              |
| INTEREST                                    | 75,164.         | (                             | 75,16                                 | 4. 75,164.                          |                              |
| THE CARLYLE GROUP - DIVIDENDS               | 58.             | ı                             | 0. 5                                  | 8. 58.                              |                              |
| THE CARLYLE GROUP - INTEREST                | 1,570.          | 1                             | 0. 1,57                               | 0. 1,570.                           |                              |
| TO PART I, LINE 4                           | 288,288.        | (                             | 288,28                                | 8. 288,288.                         |                              |
| DESCRIPTION                                 |                 |                               | (A)<br>REVENUE<br>PER BOOKS           | (B)<br>NET INVEST-<br>MENT INCOME . |                              |
| THE CARLYLE GROUP -                         | OTHER INCO      |                               | 564.                                  | 564.                                | <del></del>                  |
| TOTAL TO FORM 990-F                         | F, PART I,      | LINE 11                       | 564.                                  | 564.                                |                              |
|   | •               |                               | · · · · · · · · · · · · · · · · · · · |                                     |                              |
| FORM 990-PF                                 |                 | ACCOUNTI                      | NG FEES                               | · §                                 | STATEMENT                    |
| DESCRIPTION                                 |                 | (A)<br>EXPENSES<br>PER BOOKS  | (B)<br>NET INVEST-<br>MENT INCOME     |                                     | (D)<br>CHARITABL<br>PURPOSES |
| A COOLDINATIVE PROF                         | <del></del>     | F F00                         | 0.550                                 |                                     | 0.550                        |
| ACCOUNTING FEES                             |                 | 5,500.                        | 2,750                                 | •                                   | 2,750                        |

| FORM 990-PF                                 | OTHER PROFES                 | SIONAL FEES                       | STATEMENT |                               |  |
|---|------------------------------|-----------------------------------|-----------|-------------------------------|--|
| DESCRIPTION                                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |           | (D)<br>CHARITABLE<br>PURPOSES |  |
| ASSET MANAGEMENT FEES                       | 56,512.                      | 56,512.                           |           | 0.                            |  |
| TO FORM 990-PF, PG 1, LN 16C                | 56,512.                      | 56,512.                           |           | 0.                            |  |
| FORM 990-PF                                 | TAX                          | ES                                | S'        | ratement 5                    |  |
| DESCRIPTION                                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |           | (D)<br>CHARITABLE<br>PURPOSES |  |
| INCOME TAXES ANNUAL REPORT FOREIGN TAXES    | 7,240.<br>61.<br>9,505.      | 31.                               |           | 0.<br>30.<br>0.               |  |
| TO FORM 990-PF, PG 1, LN 18                 | 16,806.                      | 9,536.                            |           | 30.                           |  |
| FORM 990-PF                                 | OTHER E                      | XPENSES                           | S         | TATEMENT 6                    |  |
| DESCRIPTION                                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |           | (D)<br>CHARITABLE<br>PURPOSES |  |
| BOND AMORTIZATION EXPENSE                   | 15,498.                      | 15,498.                           |           | 0.                            |  |
| THE CARLYLE GROUP -<br>PORTFOLIO DEDUCTIONS | 225.                         | 225.                              |           | 0.                            |  |
| TO FORM 990-PF, PG 1, LN 23                 | 15,723.                      | 15,723.                           |           | 0.                            |  |

| FORM 990-PF CORPO  | RATE STOCK          |                        | STATEMENT          | 7   |
|--|---------------------|------------------------|--------------------|-----|
| DESCRIPTION  | •                   | BOOK VALUE             | FAIR MARKET        | r   |
| PUBLICLY TRADED STOCKS - SEE STMT<br>EXCHANGE TRADED PRODUCTS - SEE STMT | -                   | 6,649,829.<br>470,197. | 9,086,29<br>498,49 |     |
| TOTAL TO FORM 990-PF, PART II, LINE 1                                    | LOB =               | 7,120,026.             | 9,584,75           | 54. |
| FORM 990-PF CORPO  | DRATE BONDS         |                        | STATEMENT          | 8   |
| DESCRIPTION  |                     | BOOK VALUE             | FAIR MARKE         | r   |
| CORPORATE BONDS - SEE STMT   | -                   | 1,414,056.             | 1,424,83           | 10. |
| TOTAL TO FORM 990-PF, PART II, LINE                                      | 10C                 | 1,414,056.             | 1,424,83           | 10. |
| FORM 990-PF OTHER  | INVESTMENTS         |                        | STATEMENT          | 9   |
| DESCRIPTION  | VALUATION<br>METHOD | BOOK VALUE             | FAIR MARKE         | Г   |
| CARLYLE GROUP PTP BASIS ADJUSTMENTS                                      | COST                | 3,427.                 |                    | 0.  |
| TOTAL TO FORM 990-PF, PART II, LINE 3                                    | 13                  | 3,427.                 |                    | 0.  |

| TRUSTEES AND FOUNDATION MANAGERS                                      |                          |                   |                                 |                    |
|---|--------------------------|-------------------|---------------------------------|--------------------|
| NAME AND ADDRESS  | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
| BETTY A DEMETREE P.O. BOX 47050 JACKSONVILLE, FL 32247                | DIRECTOR/PRESI           | DENT 0.           | 0.                              | 0.                 |
| MARK C DEMETREE<br>P.O. BOX 47050<br>JACKSONVILLE, FL 32247           | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.                 |
| JACK C DEMETREE JR<br>P.O. BOX 47050<br>JACKSONVILLE, FL 32247        | DIRECTOR/V.P.<br>0.00    | 0.                | 0.                              | 0.                 |
| ELISA A DEMETREE<br>P.O. BOX 47050<br>JACKSONVILLE, FL 32247          | DIRECTOR/SEC/T           | REAS              | 0.                              | 0.                 |
| LESLIE A DEMETREE-DOHERTY<br>P.O. BOX 47050<br>JACKSONVILLE, FL 32247 | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.                 |
| CHRISTOPHER C DEMETREE P.O. BOX 47050 JACKSONVILLE, FL 32247          | DIRECTOR<br>0.00         | 0.                | 0.                              | 0.                 |
| TOTALS INCLUDED ON 990-PF, PAGE                                       | E 6, PART VIII           | 0.                | 0.                              | 0.                 |

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 10