



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**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0052  
**2008**

For calendar year 2008 , or tax year beginning 07-01-2008 and ending 06-30-2009

G

Check all that apply

☒ Initial return

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation  
The Gate Foundation Inc

Number and street (or P O box number if mail is not delivered to street address)  
9540 San Jose Blvd

Room/suite

City or town, state, and ZIP code  
Jacksonville, FL 32241

A Employer identification number  
26-2990671

B Telephone number (see the instructions)  
(904) 346-5584

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)☒ \$ 2,806

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions) )		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	130,110			
	2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities. . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV , line 2) . . . .		0		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	129,829	0	129,829	
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	259,939	0	129,829	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule) . . . . .				
	b Accounting fees (attach schedule) . . . . .				
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see the instructions) . . . .				
	19 Depreciation (attach schedule) and depletion . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	54,330	0	50,591	3,739
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	54,330	0	50,591	3,739
	25 Contributions, gifts, grants paid . . . . .	202,803			202,803
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	257,133	0	50,591	206,542
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	2,806			
	b <b>Net investment income</b> (if negative, enter -0-)		0		
	c <b>Adjusted net income</b> (if negative, enter -0-)			79,238	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Cat No 11289X

Form **990-PF** (2008)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .		2,703	2,703
	2	Savings and temporary cash investments . . . . .			
	3	Accounts receivable  103			
		Less allowance for doubtful accounts		103	103
	4	Pledges receivable			
		Less allowance for doubtful accounts			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions) . . . . .			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	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)	0	2,806	2,806	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22) . . . . .	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .			
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .	0	0	
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	0	2,806	
	30	Total net assets or fund balances (see the instructions)	0	2,806	
31	Total liabilities and net assets/fund balances (see the instructions)	0	2,806		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	0
2	Enter amount from Part I, line 27a . . . . .	2	2,806
3	Other increases not included in line 2 (itemize)	3	0
4	Add lines 1, 2, and 3 . . . . .	4	2,806
5	Decreases not included in line 2 (itemize)	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,806

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
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 Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2007				
2006				
2005				
2004				
2003				
2 Total of line 1, column (d). . . . .			2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .			3	
4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5. . . . .			4	
5 Multiply line 4 by line 3. . . . .			5	
6 Enter 1% of net investment income (1% of Part I, line 27b). . . . .			6	
7 Add lines 5 and 6. . . . .			7	
8 Enter qualifying distributions from Part XII, line 4. . . . .			8	
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				

<b>Part VI    Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see the instructions)</b>			
<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		<b>1</b>	0
Date of ruling letter _____ <b>(attach copy of ruling letter if necessary—see instructions)</b>			
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .			
<b>c</b> All other domestic foundations enter 2% of line 27b    Exempt foreign organizations enter 4% of Part I, line 12, col (b)		<b>2</b>	0
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only    Others enter -0-)			
<b>3</b> Add lines 1 and 2. . . . .			
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only    Others enter -0-)			
<b>5</b> <b>Tax based on investment income.</b> Subtract line 4 from line 3    If zero or less, enter -0- . . . . .		<b>5</b>	0
<b>6</b> Credits/Payments		<b>7</b>	0
<b>a</b> 2008 estimated tax payments and 2007 overpayment credited to 2008 <b>6a</b>			
<b>b</b> Exempt foreign organizations—tax withheld at source . . . . . <b>6b</b>			
<b>c</b> Tax paid with application for extension of time to file (Form 8868) <b>6c</b>			
<b>d</b> Backup withholding erroneously withheld . . . . . <b>6d</b>			
<b>7</b> Total credits and payments    Add lines 6a through 6d. . . . .		<b>7</b>	0
<b>8</b> Enter any <b>penalty</b> for underpayment of estimated tax    Check here <input type="checkbox"/> if Form 2220 is attached		<b>8</b>	
<b>9</b> <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <input type="checkbox"/>		<b>9</b>	0
<b>10</b> <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . <input type="checkbox"/>		<b>10</b>	
<b>11</b> Enter the amount of line 10 to be <b>Credited to 2009 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>		<b>11</b>	

<b>Part VII-A    Statements Regarding Activities</b>				
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>1a</b>	<b>Yes</b>	<b>No</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? . . . . .		<b>1b</b>		<b>No</b>
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>				
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?. . . . .		<b>1c</b>		<b>No</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year <b>(1)</b> On the foundation <input type="checkbox"/> \$ _____ 0 <b>(2)</b> On foundation managers <input type="checkbox"/> \$ _____ 0				
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0				
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . <i>If "Yes," attach a detailed description of the activities.</i>		<b>2</b>		<b>No</b>
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .		<b>3</b>		<b>No</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?. . . . .		<b>4a</b>		<b>No</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?. . . . .		<b>4b</b>		
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		<b>5</b>		<b>No</b>
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .		<b>6</b>		<b>No</b>
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>		<b>7</b>	<b>Yes</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see the instructions) <input type="checkbox"/> FL _____				
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>		<b>8b</b>	<b>Yes</b>	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i> . . . . .		<b>9</b>		<b>No</b>
<b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 		<b>10</b>	<b>Yes</b>	

Part 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 page 20 of the instructions) . . . . .	11a		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract? . . . . .	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Web site address ▶N/A	13	Yes	
14	The books are in care of ▶Frank Gwaltney Telephone no ▶(904) 346-5584 Located at ▶9540 San Jose Boulevard Jacksonville FL ZIP +4 ▶32241			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶ 15			

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 the instructions)? . . . . .	1b		
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008? . . . . .	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see the instructions ). . . . .	2b		
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____, 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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2008 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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.</i> ). . . . .	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2008?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

Continued

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

✓

 No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

✓

 No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

✓

 No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions).

Yes

✓

 No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

✓

 No

b

If any answer is “Yes” to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see the instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

▶

c

If the answer is “Yes” to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

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 pay premiums on a personal benefit contract?

Yes

✓

 No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

✓

 No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see the instructions). If none, enter “NONE.”

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total

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

▶

0

**Part VIII** Information About Officers and Contractors Continued

**3 Five highest-paid independent contractors for professional services—(see the 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.	▶	0

## 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
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

**Part IX-B Summary of Program-Related Investments** (see the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments See the instructions	
<b>3</b>	
<b>Total</b> Add lines 1 through 3.	0



**Part X**

**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	5,225
<b>c</b>	Fair market value of all other assets (see the instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	5,225
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	5,225
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see the instructions). . . . .	<b>4</b>	78
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	5,147
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	257

**Part XI**

**Distributable Amount** (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	257
<b>2a</b>	Tax on investment income for 2008 from Part VI, line 5. . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2008 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	257
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	257
<b>6</b>	Deduction from distributable amount (see the instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	257

**Part XII**

**Qualifying Distributions** (see page 25 of the instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	206,542
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	206,542
<b>5</b>	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 page 26 of the instructions) . . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	206,542

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII

Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1	Distributable amount for 2008 from Part XI, line 7			
2	Undistributed income, if any, as of the end of 2007			
a	Enter amount for 2007 only. . . . . 0			
b	Total for prior years 20____, 20____, 20____ 0			
3	Excess distributions carryover, if any, to 2008			
a	From 2003. . . . .			
b	From 2004. . . . .			
c	From 2005. . . . .			
d	From 2006. . . . .			
e	From 2007. . . . .			
f	Total of lines 3a through e. . . . . 0			
4	Qualifying distributions for 2008 from Part XII, line 4 ▶ \$ 206,542			
a	Applied to 2007, but not more than line 2a 0			
b	Applied to undistributed income of prior years (Election required—see the instructions). . . . . 0			
c	Treated as distributions out of corpus (Election required—see the instructions). . . . . 0			
d	Applied to 2008 distributable amount. . . . . 257			
e	Remaining amount distributed out of corpus 206,285			
5	Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).) 0 0			
6	Enter the net total of each column as indicated below:			
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5 206,285			
b	Prior years' undistributed income Subtract line 4b from line 2b. . . . . 0			
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . 0			
d	Subtract line 6c from line 6b Taxable amount—see the instructions. . . . . 0			
e	Undistributed income for 2006 Subtract line 4a from line 2a Taxable amount—see the instructions. . . . . 0			
f	Undistributed income for 2008 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2008. . . . . 0			
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see the instructions). . . . . 0			
8	Excess distributions carryover from 2002 not applied on line 5 or line 7 (see page 27 of the instructions). . . . . 0			
9	Excess distributions carryover to 2008. Subtract lines 7 and 8 from line 6a. . . . . 206,285			
10	Analysis of line 9			
a	From 2004. . . . .			
b	From 2005. . . . .			
c	From 2006. . . . .			
d	From 2007. . . . .			
e	From 2008. . . . . 206,285			

Part XIV

Private Operating Foundations (see the instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2008	(b) 2007	(c) 2006	(d) 2005	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see the instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the organization only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the organization makes gifts, grants, etc. (see the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a

The name, address, and telephone number of the person to whom applications should be addressed

Kathy J Brady  
PO Box 23627  
Jacksonville, FL 32241  
(904) 448-2979

b

The form in which applications should be submitted and information and materials they should include

Applications can be viewed and printed from [www.gatepetro.com](http://www.gatepetro.com) and should be filled out and submitted with description of the organization, current operating budget, and list of officers/board members

c

Any submission deadlines

None

d

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

The Gate Foundation funding guidelines can be viewed at [www.gatepetro.com](http://www.gatepetro.com)

Part XV

Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	202,803
b Approved for future payment				
Total . . . . .			3b	0

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See the instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	Program service revenue					
<b>a</b>	_____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>f</b>	_____					
<b>g</b>	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . . .					
<b>3</b>	Interest on savings and temporary cash investments					
<b>4</b>	Dividends and interest from securities. . . . .					
<b>5</b>	Net rental income or (loss) from real estate					
<b>a</b>	Debt-financed property. . . . .					
<b>b</b>	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory					
<b>9</b>	Net income or (loss) from special events					79,238
<b>10</b>	Gross profit or (loss) from sales of inventory. . . . .					
<b>11</b>	Other revenue <b>a</b> _____					
<b>b</b>	_____					
<b>c</b>	_____					
<b>d</b>	_____					
<b>e</b>	_____					
<b>12</b>	Subtotal Add columns (b), (d), and (e). . . . .		0		0	79,238
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		79,238

(See worksheet in line 13 instructions to verify calculations )

[illegible]

## Part XVII

<b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
<b>a</b> Transfers from the reporting organization to a noncharitable exempt organization of			
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>		No
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>		No
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>		No
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>		No
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>		No
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>		No
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>		No
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>		No
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>		No
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received.			

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge				
	*****			2010-01-25	*****
	Signature of officer or trustee			Date	Title
	Paid Preparer's Use Only	Preparer's Signature Calvin K Stephens		Date	Check if self-employed <input checked="" type="checkbox"/>
Firm's name (or yours if self-employed), address, and ZIP code		Smoak Davis & Nixon LLP		EIN	
		5011 Gate Parkway Bldg 100 Ste 300		Phone no (904) 396-5831	
			Jacksonville, FL 322560562		

Schedule B

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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.  
▶ See separate instructions.

OMB No 1545-0047

2008

<b>Name of organization</b> The Gate Foundation Inc	<b>Employer identification number</b> 26-2990671
--------------------------------------------------------	-----------------------------------------------------

Organization type (check one)

<b>Filers of:</b>	<b>Section:</b>
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)( ) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions )

General Rule—

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules—

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1 Complete Parts I and II
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year ) . . . . . ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer “No” on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

<b>Name of organization</b> The Gate Foundation Inc	<b>Employer identification number</b> 26-2990671
--------------------------------------------------------	-----------------------------------------------------

Part I

Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Gate Petroleum Company 9540 San Jose Boulevard  Jacksonville, FL 32241	\$ 65,762	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution )



Name of organization The Gate Foundation Inc	Employer identification number 26-2990671
-------------------------------------------------	----------------------------------------------

Part II Noncash Property (see Instructions)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization The Gate Foundation Inc	Employer identification number 26-2990671
-------------------------------------------------	----------------------------------------------

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry )  
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions ) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	
—	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div> <div></div>	


Additional Data

Software ID: 08000094  
Software Version: 2008.05030  
EIN: 26-2990671  
Name: The Gate Foundation Inc


Form 990PF PartVIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Hill Peyton	Director, Chairman, President 0 00	0	0	0
9540 San Jose Boulevard Jacksonville, FL 322415432				
David Dill	Director 0 00	0	0	0
9540 San Jose Boulevard jacksonville, FL 322415432				
Sammy Patten	Director 0 00	0	0	0
9540 San Jose Boulevard Jacksonville, FL 322415432				
Frank Gwaltney	Director, VP, Secretary, Treasurer 0 00	0	0	0
9540 San Jose Boulevard jacksonville, FL 322415432				
Dean Gwin	Director 0 00	0	0	0
9540 San Jose Boulevard jacksonville, FL 322415432				
Drew Frick	Director 0 00	0	0	0
9540 San Jose Boulevard jacksonville, FL 322415432				
Dale Haney	Director 0 00	0	0	0
9540 San Jose Boulevard jacksonville, FL 322415432				


Form 990PF Part XV Line 3a - Grants and Contributions Paid During the Year

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Bahia Shriners 2300 Pembrook Drive Orlando, FL 32810		Tax Exempt	Community & Cultural Development and Health/Human Services	280
Betty Griffin House 1375 Arapahoe Ave St Augustine, FL 32084		Tax Exempt	Community & Cultural Development and Health/Human Services	750
Big Brothers Big Sisters -Bowling Green KY 716 E 10th Ave Bowling Green, KY 42101		Tax Exempt	Community & Cultural Development and Health/Human Services	56
Big Brothers Big Sisters - Campbellsville KY 116 S Columbia Ave Campbellsville, KY 42718		Tax Exempt	Community & Cultural Development and Health/Human Services	96
Big Brothers Big Sisters -Charlotte NC 3801 E Independence Blvd Charlotte, NC 28205		Tax Exempt	Community & Cultural Development and Health/Human Services	1,366
Big Brothers Big Sisters -Columbia SC 4300 Main St Columbia, SC 29203		Tax Exempt	Community & Cultural Development and Health/Human Services	191
Big Brothers Big Sisters -Deland FL 302 E New York Ave Deland, FL 32724		Tax Exempt	Community & Cultural Development and Health/Human Services	350
Big Brothers Big Sisters -Fernandina Beach FL 516 S 10th St 103 Fernandina Beach, FL 32034		Tax Exempt	Community & Cultural Development and Health/Human Services	1,018
Big Brothers Big Sisters -Florence SC 110 Toledo Rd Florence, SC 29505		Tax Exempt	Community & Cultural Development and Health/Human Services	51
Big Brothers Big Sisters -Gainesville FL 1155 NW 13th St Gainesville, FL 32601		Tax Exempt	Community & Cultural Development and Health/Human Services	340
Big Brothers Big Sisters -Greensboro NC 510 Summit Ave Greensboro, NC 27405		Tax Exempt	Community & Cultural Development and Health/Human Services	686
Big Brothers Big Sisters -High Point NC 200 N Main St High Point, NC 27260		Tax Exempt	Community & Cultural Development and Health/Human Services	634
Big Brothers Big Sisters -Hopkinsville KY 1002 S Virginia St Hopkinsville, KY 42240		Tax Exempt	Community & Cultural Development and Health/Human Services	450
Big Brothers Big Sisters -Jacksonville FL 3100 University Blvd S Suite 120 Jacksonville, FL 32216		Tax Exempt	Community & Cultural Development and Health/Human Services	100,000
Big Brothers Big Sisters -Jacksonville FL 3100 University Blvd S Suite 120 Jacksonville, FL 32216		Tax Exempt	Community & Cultural Development and Health/Human Services	16,944
<b>Total . . . . .</b>  <b>3a</b>				202,803


Form 990PF Part XV Line 3a - Grants and Contributions Paid During the Year

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Big Brothers Big Sisters -Morganton NC 300 N Green St 213 Morganton,NC 28655		Tax Exempt	Community & Cultural Development and Health/Human Services	32
Big Brothers Big Sisters -North Charleston SC 5055 Lackawanna Blvd North Charleston, SC 29405		Tax Exempt	Community & Cultural Development and Health/Human Services	657
Big Brothers Big Sisters -Sebring FL 279 US 27 N Sebring, FL 33870		Tax Exempt	Community & Cultural Development and Health/Human Services	507
Big Brothers Big Sisters -St Augustine FL 1400 Old Dixie Hwy B St Augustine,FL 32084		Tax Exempt	Community & Cultural Development and Health/Human Services	3,605
Big Brothers Big Sisters -SomersetKY 49 Southport Dr 2 Somerset, KY 42501		Tax Exempt	Community & Cultural Development and Health/Human Services	50
Big Brothers Big Sisters -Tallahassee FL 565 E Tennessee St Tallahassee, FL 32308		Tax Exempt	Community & Cultural Development and Health/Human Services	2,002
Big Brothers Big Sisters -Winter Park FL 807 S Orlando Ave L Winter Park,FL 32789		Tax Exempt	Community & Cultural Development and Health/Human Services	396
Boggy Creek Camp 30500 Brantley Branch Road Eustis, FL 32736		Tax Exempt	Community & Cultural Development and Health/Human Services	2,600
Boys & Girls Club -Cabarrus County NC 247 Spring St NW Concord,NC 28025		Tax Exempt	Community & Cultural Development and Health/Human Services	80
Boys & Girls Club -Cheraw SC 1329 Dizzy Gillespie Dr Cheraw,SC 29520		Tax Exempt	Community & Cultural Development and Health/Human Services	33
Boys & Girls Club -Statesboro GA 515 Denmark St Statesboro,GA 30458		Tax Exempt	Community & Cultural Development and Health/Human Services	185
Central FL Boy Scouts of America 1951 South Orange Blossom Trail Suite 102 Apopka, FL 32703		Tax Exempt	Community & Cultural Development and Health/Human Services	300
Children's Home Society 3027 San Diego Rd Jacksonville, FL 32207		Tax Exempt	Community & Cultural Development and Health/Human Services	500
City Rescue Mission 426 Mcduff Ave S Jacksonville, FL 32254		Tax Exempt	Community & Cultural Development and Health/Human Services	200
Clarke Jacksonville AuditoryOral Center 9857 St Augustine Road Suite 6 Jacksonville, FL 32257		Tax Exempt	Community & Cultural Development and Health/Human Services	500
<b>Total . . . . .</b>  <b>3a</b>				202,803


Form 990PF Part XV Line 3a - Grants and Contributions Paid During the Year

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Community Connections 327 E Duval St Jacksonville, FL 32202		Tax Exempt	Community & Cultural Development and Health/Human Services	750
Duval County 4-H Foundation 1010 N McDuff Ave Jacksonville, FL 32256		Tax Exempt	Community & Cultural Development and Health/Human Services	100
First Coast Crime Stoppers PO Box 47875 Jacksonville, FL 32247		Tax Exempt	Community & Cultural Development and Health/Human Services	150
Florida's Children First 1801 University Drive Suite 3B Coral Springs, FL 33071		Tax Exempt	Community & Cultural Development and Health/Human Services	200
Girl Scouts of Gateway Council 1000 Shearer Ave Jacksonville, FL 32205		Tax Exempt	Community & Cultural Development and Health/Human Services	5,000
God's Chosen Vessel 8250 Calvine Road Suite C-229 Sacramento, CA 95828		Tax Exempt	Community & Cultural Development and Health/Human Services	250
Hands on Jacksonville 6817 Southpoint Pkwy Suite 1902 Jacksonville, FL 32216		Tax Exempt	Community & Cultural Development and Health/Human Services	1,000
Hart Felt Ministries 10920 Baymeadows Rd 27-203 Jacksonville, FL 32256		Tax Exempt	Community & Cultural Development and Health/Human Services	200
Jacksonville Jewish Center 3662 Crown Point Road Jacksonville, FL 32257		Tax Exempt	Community & Cultural Development and Health/Human Services	120
Jacksonville Speech & Hearing Center 1128 N Laura St Jacksonville, FL 32206		Tax Exempt	Community & Cultural Development and Health/Human Services	500
Justice Coalition 1935 S Lane Ave Suite 1 Jacksonville, FL 32210		Tax Exempt	Community & Cultural Development and Health/Human Services	250
Juvenile Diabetes Foundation 8400 Baymeadows Way 9 Jacksonville, FL 32256		Tax Exempt	Community & Cultural Development and Health/Human Services	34,026
Meals On Wheels 849 Park St Jacksonville, FL 32204		Tax Exempt	Community & Cultural Development and Health/Human Services	2,500
Mercy Ships PO Box 2020 Garden Valley, TX 75771		Tax Exempt	Community & Cultural Development and Health/Human Services	2,500
N FL Boy Scouts of America 521 Edgewood Ave S Jacksonville, FL 32205		Tax Exempt	Community & Cultural Development and Health/Human Services	2,500
<b>Total . . . . .</b>  <b>3a</b>				202,803

Form 990PF Part XV Line 3a - Grants and Contributions Paid During the Year

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Ronald McDonald House 824 Childrens Way Jacksonville, FL 32207		Tax Exempt	Community & Cultural Development and Health/Human Services	500
Safe Harbor Boys Home 4772 Safe Harbor Way Jacksonville, FL 32226		Tax Exempt	Community & Cultural Development and Health/Human Services	500
Spina Bifida Association 4590 MacArthur Boulevard NW Suite 250 Washinton, DC 20007		Tax Exempt	Community & Cultural Development and Health/Human Services	100
St Vincent De Paul 3512 Beach Blvd Jacksonville, FL 32207		Tax Exempt	Community & Cultural Development and Health/Human Services	100
St Johns County Sheriffs 4015 Lewis Speedway St Augustine, FL 32084		Tax Exempt	Community & Cultural Development and Health/Human Services	100
Starlight Childrens Foundation 2220 County Road 210 West Suite 108 Box 426 St Johns, FL 32259		Tax Exempt	Community & Cultural Development and Health/Human Services	500
The Child Cancer Fund 4811 Atlantic Boulevard Jacksonville, FL 32207		Tax Exempt	Community & Cultural Development and Health/Human Services	250
The Children's Christmas Party PO Box 5338 Jacksonville, FL 32247		Tax Exempt	Community & Cultural Development and Health/Human Services	5,000
The Community Safety Net Fund 121 West Forsyth Street Suite 900 Jacksonville, FL 32202		Tax Exempt	Community & Cultural Development and Health/Human Services	5,000
The Salvation Army 10900 Beach Blvd Jacksonville, FL 32246		Tax Exempt	Community & Cultural Development and Health/Human Services	1,000
Wolfson Children's Hosptial 800 Prudential Drive Jacksonville, FL 32207		Tax Exempt	Community & Cultural Development and Health/Human Services	500
American Diabetes - Gift Basket - Bartram Spa 8384 Baymeadows Rd Suite 10 Jacksonville, FL 32256		Tax Exempt	Community & Cultural Development and Health/Human Services	200
American Red Cross - Gift Basket - Bartram Spa 751 Riverside Avenue Jacksonville, FL 32204		Tax Exempt	Community & Cultural Development and Health/Human Services	199
Animal Rescue & Adoption Agency - Gift Basket - PV Spa 1423 Quinlan Rd E Jacksonville, FL 32225		Tax Exempt	Community & Cultural Development and Health/Human Services	202
Christs Starfish - Gas Card 11750 Coastal Ln W Jacksonville, FL 32258		Tax Exempt	Community & Cultural Development and Health/Human Services	100
<b>Total . . . . .</b>  <b>3a</b>				202,803

Form 990PF Part XV Line 3a - Grants and Contributions Paid During the Year

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Girl Scout - Gas Card 1000 Shearer Ave Jacksonville, FL 32205		Tax Exempt	Community & Cultural Development and Health/Human Services	50
PACE CENTER FOR GIRLS - Gas Card 1 WEST Adams St 301 JACKSONVILLE, FL 32202		Tax Exempt	Community & Cultural Development and Health/Human Services	100
PINK RIBBON SUSAN G KOMEN - Gas Card 2014 University Boulevard West Jacksonville, FL 32217		Tax Exempt	Community & Cultural Development and Health/Human Services	225
HABITAT ST JOHNS CO - Gas Card SEVEN HOPKINS STREET ST AUGUSTINE, FL 32084		Tax Exempt	Community & Cultural Development and Health/Human Services	200
JACKSONVILLE SPEECH & HEARING CENTER - Misc Gift Basket - Epping Forest 1128 N Laura St JACKSONVILLE, FL 32206		Tax Exempt	Community & Cultural Development and Health/Human Services	100
Monique Burr Foundation - Bartram Spa 7807 Baymeadows Rd E 205 Jacksonville, FL 32256		Tax Exempt	Community & Cultural Development and Health/Human Services	469
Pace Center - Gas Card 1 West Adams St 301 Jacksonville, FL 32202		Tax Exempt	Community & Cultural Development and Health/Human Services	50
St Vincent's Healthcare Foundation Red Rose Ball - Gift Basket 1 Shircliff Way Jacksonville, FL 32204		Tax Exempt	Community & Cultural Development and Health/Human Services	253
RITA Foundation Inc - Ponte Vedra Club 8334 Amherst Hills Lane Jacksonville, FL 32256		Tax Exempt	Community & Cultural Development and Health/Human Services	970
The Swan Ball - 2 Night Stay PVIC 1200 Forrest Park Drive Nashville, TN 32206		Tax Exempt	Community & Cultural Development and Health/Human Services	780
Habitat for Humanity - GAS CARD 2404 Hubbard St Jacksonville, FL 32206		Tax Exempt	Community & Cultural Development and Health/Human Services	200
The Mayo Clinic Pink Ribbon Golf Classic - Gas Card 4500 San Pablo Road Jacksonville, FL 32224		Tax Exempt	Community & Cultural Development and Health/Human Services	250
<b>Total . . . . .</b>  <b>3a</b>				202,803



**TY 2008 Other Expenses Schedule****Name:** The Gate Foundation Inc**EIN:** 26-2990671

Description	Revenue and Expenses per Books	Net Invest ment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Supplies	2,860	0	0	2,860
Miscellaneous	879	0	0	879
Golf Tournament	50,591	0	50,591	0

TY 2008 Other Income Schedule

**Name:** The Gate Foundation Inc

**EIN:** 26-2990671

Description	Revenue And Expenses Per Books	Net Invest ment Income	Adjusted Net Income
Gross Income from Special Fundraising Events	129,829		129,829

## TY 2008 Substantial Contributors Schedule

**Name:** The Gate Foundation Inc

**EIN:** 26-2990671

Name	Address
Gate Petroleum Company	9450 San Jose Boulevard Jacksonville, FL 32241