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Form 990-PF

## Return of Private Foundation

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

2009

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

For calendar year 2009, or tax year beginning 07-01-2009, and ending 06-30-2010

**G** Check all that apply  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

<b>Use the IRS label. Otherwise, print or type. See Specific Instructions.</b>	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 page 10 of 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) **\$ 3,992** **J** Accounting method  Cash  Accrual  
 Other (specify) *(Part I, column (d) must be on cash basis.)*

<b>Part I</b> Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))</i>		<b>(a)</b> Revenue and expenses per books	<b>(b)</b> Net investment income	<b>(c)</b> Adjusted net income	<b>(d)</b> Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule)	240,960			
	2 Check <input 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) . . . . .	30,189	0	30,189		
12 <b>Total.</b> Add lines 1 through 11 . . . . .	271,149	0	30,189		
<b>Operating and Administrative Expenses</b>	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 page 14 of the instructions)				
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings . . . . .				
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule) . . . . .	40,977	0	37,754	3,223
	24 <b>Total operating and administrative expenses.</b>				
Add lines 13 through 23 . . . . .	40,977	0	37,754	3,223	
25 Contributions, gifts, grants paid . . . . .	228,986			228,986	
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	269,963	0	37,754	232,209	
27 Subtract line 26 from line 12					
a <b>Excess of revenue over expenses and disbursements</b>	1,186				
b <b>Net investment income</b> (if negative, enter -0-) . . . . .		0			
c <b>Adjusted net income</b> (if negative, enter -0-) . . . . .			0		

<b>Part II</b> <b>Balance Sheets</b>		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
<b>Assets</b>					
1	Cash—non-interest-bearing . . . . .	2,703	3,992	3,992	
2	Savings and temporary cash investments . . . . .				
3	Accounts receivable ►				
	Less allowance for doubtful accounts ►	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 page 15 of 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	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	2,806	3,992	3,992	
<b>Liabilities</b>					
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	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	0	
<b>Net Assets or Fund Balances</b>					
	<b>Foundations that follow SFAS 117, check here ►</b> <input type="checkbox"/>				
	<b>and complete lines 24 through 26 and lines 30 and 31.</b>				
24	Unrestricted . . . . .				
25	Temporarily restricted . . . . .				
26	Permanently restricted . . . . .				
	<b>Foundations that do not follow SFAS 117, check here ►</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27 through 31.</b>				
27	Capital stock, trust principal, or current funds . . . . .	0	0	0	
28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	0	
29	Retained earnings, accumulated income, endowment, or other funds	2,806	3,992	3,992	
30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	2,806	3,992	3,992	
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	2,806	3,992	3,992	

**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	2,806
2	Enter amount from Part I, line 27a . . . . .	2	1,186
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3 . . . . .	4	3,992
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	3,992

Part IV Capital Gains and Losses for Tax on Investment Income

**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 page 18 of the instructions before making any entries.

<b>(a)</b> Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	<b>(d)</b> Distribution ratio (col (b) divided by col (c))
2008	206,542	5,147	40 128619
2007			
2006			
2005			
2004			
<b>2</b>	<b>Total of line 1, column (d).</b>		<b>2</b> 40 128619
<b>3</b>	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		<b>3</b> 40 128619
<b>4</b>	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5.		<b>4</b> 8,951
<b>5</b>	Multiply line 4 by line 3.		<b>5</b> 359,195
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b).		<b>6</b> 0
<b>7</b>	Add lines 5 and 6.		<b>7</b> 359,195
<b>8</b>	Enter qualifying distributions from Part XII, line 4.		<b>8</b> 232,209

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 on page 18.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1	1	0
Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</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 . . . . .	2	0
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	3	0
3	Add lines 1 and 2. . . . .		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		
6	<b>Credits/Payments</b>	6a 6b 6c 6d	
a	2009 estimated tax payments and 2008 overpayment credited to 2009		
b	Exempt foreign organizations—tax withheld at source . . . . .		
c	Tax paid with application for extension of time to file (Form 8868)		
d	Backup withholding erroneously withheld . . . . .		
7	Total credits and payments Add lines 6a through 6d. . . . .	7	0
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		
9	<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"/>	9	0
10	<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"/>		
11	Enter the amount of line 10 to be <b>Credited to 2010 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

		<b>Yes</b>	<b>No</b>
1a	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? . . . . .	1a	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .		
<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>			
c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	1c	No
d	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		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0	2	No
2	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>		
3	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> . . . . .	3	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . <i>If "Yes," attach the statement required by General Instruction T.</i>		
6	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? . . . . .	6	No
7	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>		
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> FL	7	Yes
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>		
9	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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i> . . . . .	8b	Yes
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> <input type="checkbox"/>		

**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). . . . .	<input type="checkbox"/> 11		<input type="checkbox"/> No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? . . . . .	<input type="checkbox"/> 12		<input type="checkbox"/> No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? . . . . .	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> Yes	
Website address ► N/A				
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 . . . . . ►		15	
	and enter the amount of tax-exempt interest received or accrued during the year . . . . . ►			

**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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>1a</b>	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? (Exception. 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>b</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 page 20 of the instructions)? . . . . .		
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ►		
<b>c</b>	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 2009? . . . . .		<input type="checkbox"/> No
<b>2</b>	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))		
<b>a</b>	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</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 page 20 of the instructions) . . . . .		
<b>c</b>	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____		
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2009 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 2009). . . . .		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . .		
<b>b</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 2009? . . . . .		<input type="checkbox"/> 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))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 page 22 of the instructions). . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here. . . . .	<input checked="" type="checkbox"/>	5b	
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? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			
	<i>If "Yes" to 6b, file Form 8870.</i>			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .			

**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 page 22 of the instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-)</b>	(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 page 23 of 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				
<b>Total number of other employees paid over \$50,000.</b>			<input checked="" type="checkbox"/>	0

**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

**3 Five highest-paid independent contractors for professional services (see page 23 of 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		

## **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.

1	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments** (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and

1		Amount
2		
<b>All other program-related investments</b> See page 24 of the instructions		
3		
<b>Total</b> Add lines 1 through 3		

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a Average monthly fair market value of securities. . . . .	1a	0
b Average of monthly cash balances. . . . .	1b	9,087
c Fair market value of all other assets (see page 24 of the instructions). . . . .	1c	0
<b>d Total</b> (add lines 1a, b, and c). . . . .	1d	9,087
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2 Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3 Subtract line 2 from line 1d. . . . .	3	9,087
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions). . . . .	4	136
<b>5 Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,951
<b>6 Minimum investment return.</b> Enter 5% of line 5. . . . .	6	448

**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.)

1 Minimum investment return from Part X, line 6. . . . .	1	448
2a Tax on investment income for 2009 from Part VI, line 5. . . . .	2a	
b Income tax for 2009 (This does not include the tax from Part VI ). . . . .	2b	
c Add lines 2a and 2b. . . . .	2c	0
3 Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	448
4 Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5 Add lines 3 and 4. . . . .	5	448
6 Deduction from distributable amount (see page 25 of the instructions). . . . .	6	0
<b>7 Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	448

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	232,209
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	
<b>4 Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	232,209
<b>5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income</b> Enter 1% of Part I, line 27b (see page 26 of the instructions). . . . .	5	0
<b>6 Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	232,209

**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)

	<b>(a)</b> Corpus	<b>(b)</b> Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
<b>1</b> Distributable amount for 2009 from Part XI, line 7				448
<b>2</b> Undistributed income, if any, as of the end of 2008				
<b>a</b> Enter amount for 2008 only. . . . .			0	
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2009				
<b>a</b> From 2004. . . . .				
<b>b</b> From 2005. . . . .				
<b>c</b> From 2006. . . . .				
<b>d</b> From 2007. . . . .				
<b>e</b> From 2008. . . . .	206,285			
<b>f Total</b> of lines 3a through e. . . . .	206,285			
<b>4</b> Qualifying distributions for 2009 from Part XII, line 4 ► \$ 232,209				
<b>a</b> Applied to 2008, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
<b>c</b> Treated as distributions out of corpus (Election required—see page 26 of the instructions). . . .	0			
<b>d</b> Applied to 2009 distributable amount. . . . .			448	
<b>e</b> Remaining amount distributed out of corpus	231,761			
<b>5</b> Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> Enter the net total of each column as indicated below:	438,046			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . . .		0		
<b>e</b> Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions . . . . .			0	
<b>f</b> Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) . . . . .	0			
<b>8</b> Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) . . . . .	0			
<b>9</b> Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a . . . . .	438,046			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2005. . . . .				
<b>b</b> Excess from 2006. . . . .				
<b>c</b> Excess from 2007. . . . .				
<b>d</b> Excess from 2008. . . . .	206,285			
<b>e</b> Excess from 2009. . . . .	231,761			

**Part XIV Private Operating Foundations** (see page 27 of 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 2009, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 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.			
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 page 27 of 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 foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of 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)				
<b>a Paid during the year</b> See Additional Data Table				
<b>Total</b> . . . . .			► 3a	228,986
<b>b Approved for future payment</b>				
<b>Total</b> . . . . .			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Line number	Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions )
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue							
a							
b							
c							
d							
e							
f							
<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							
a Debt-financed property							
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							
<b>10</b> Gross profit or (loss) from sales of inventory							-7,565
<b>11</b> Other revenue a							
b							
c							
d							
e							
<b>12</b> Subtotal Add columns (b), (d), and (e)			0			0	-7,565
<b>13</b> Total Add line 12, columns (b), (d), and (e)						13	-7,565

(See worksheet in line 13 instructions on page 28 to verify calculations )

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) (See page 28 of the instructions )
9	the mission of the gate foundation is to support the efforts and services that nuture and protect the well being of Family and Community Assisting us in fulfilling our mission was the golf tournament to benefit PAL (Police Athletic League) of Jacksonville and St Johns County Information regarding the organizations mission, goals and achievements were shared with registrants of the event The participants went away with a greater knowledge and awareness of PAL and can now be "ambassadors of PAL" in our communities



## Schedule of Contributors

OMB No 1545-0047

2009

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

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

**Name of organization**  
The Gates Foundation Inc

**Employer identification number**

26-299067

**Organization type (check one)**

## Filers of

## Section:

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 an organization 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 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not 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.** An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**Name of organization**  
 The Gate Foundation Inc
**Employer identification number**

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	\$ <u>33,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>                  </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>                  </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>                  </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>                  </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ <u>                  </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution )

<b>Name of organization</b> The Gate Foundation Inc	<b>Employer identification number</b> 26-2990671
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**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
		\$ _____	_____
(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
		\$ _____	_____

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

**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) ► \$

## Additional Data

**Software ID:** 09000028  
**Software Version:** 2009.04050  
**EIN:** 26-2990671  
**Name:** The Gate Foundation Inc

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

<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
Hill Peyton	Director, Chairman, Presid 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, T 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 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)				
<b>a Paid during the year</b>				
American Heart Association 5851 St Augustine Rd Jacksonville, FL 32207		tax Exempt	community & Cultural Development and Health/Human Se	2,000
American Heart Association -GA 1101 NOTCHASE PARKWAY STE 1 MARIETTA, GA 30067		tax Exempt	community & Cultural Development and Health/Human Se	5,000
American Red Cross 751 RIVERSIDE Ave Jacksonville, FL 32204		tax Exempt	community & Cultural Development and Health/Human Se	36,000
Art With A Heart In Healthcare 841 Prudential Dr Ste 204 Jacksonville, FL 32207		tax Exempt	community & Cultural Development and Health/Human Se	1,000
Big Brothers Big Sisters -Bowling Green KY 716 E 10th Ave Bowling Green, KY 42101		Tax Exempt	Community & Cultural Development and Health/Human Se	215
Big Brothers Big Sisters - Campbellsville KY 116 S Columbia Ave Campbellsville, KY 42718		Tax Exempt	Community & Cultural Development and Health/Human Se	23
Big Brothers Big Sisters -Charlotte NC 3801 E Independence Blvd Charlotte, NC 28205		Tax Exempt	Community & Cultural Development and Health/Human Se	1,704
Big Brothers Big Sisters -Columbia SC 4300 Main St Columbia, SC 29203		Tax Exempt	Community & Cultural Development and Health/Human Se	44
Big Brothers Big Sisters -Deland FL 302 E New York Ave Deland, FL 32724		Tax Exempt	Community & Cultural Development and Health/Human Se	404
Big Brothers Big Sisters -Fernandina Beach FL 516 S 10th St 103 Fernandina Beach, FL 32034		Tax Exempt	Community & Cultural Development and Health/Human Se	1,688
Big Brothers Big Sisters -Florence SC 110 Toledo Rd Florence, SC 29505		Tax Exempt	Community & Cultural Development and Health/Human Se	70
Big Brothers Big Sisters -Gainesville FL 1155 NW 13th St Gainesville, FL 32601		Tax Exempt	Community & Cultural Development and Health/Human Se	145
Big Brothers Big Sisters -Greensboro NC 510 Summit Ave Greensboro, NC 27405		Tax Exempt	Community & Cultural Development and Health/Human Se	10
Big Brothers Big Sisters -High Point NC 200 N Main St High Point, NC 27260		Tax Exempt	Community & Cultural Development and Health/Human Se	73
Big Brothers Big Sisters -Morganton NC 300 N Green St 213 Morganton, NC 28655		Tax Exempt	Community & Cultural Development and Health/Human Se	6
<b>Total . . . . .</b>			<b>► 3a</b>	<b>228,986</b>

**Form 990PF Part XV Line 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)				
<b>a Paid during the year</b>				
Big Brothers Big Sisters -North Charleston SC 5055 Lackawanna Blvd North Charleston, SC 29405		Tax Exempt	Community & Cultural Development and Health/Human Se	631
Big Brothers Big Sisters -Jacksonville FL3100 University Blvd S Suite 120 Jacksonville, FL 32216		Tax Exempt	Community & Cultural Development and Health/Human Se	24,587
Big Brothers Big Sisters 201 N Kentucky Ave Lakeland, FL 33801		tax Exempt	community & Cultural Development and Health/Human Se	526
Big Brothers Big Sisters 1600 Hillsborough St Raleigh, NC 27605		tax Exempt	community & Cultural Development and Health/Human Se	586
Big Brothers Big Sisters -St Augustine FL1400 Old Dixie Hwy B St Augustine, FL 32084		Tax Exempt	Community & Cultural Development and Health/Human Se	4,000
Big Brothers Big Sisters -Somerset KY 49 Southport Dr 2 Somerset, KY 42501		Tax Exempt	Community & Cultural Development and Health/Human Se	166
Big Brothers Big Sisters -Tallahassee FL565 E Tennessee St Tallahassee, FL 32308		Tax Exempt	Community & Cultural Development and Health/Human Se	1,583
Big Brothers Big Sisters 101 W Venice Ave Venice, FL 34285		tax Exempt	community & Cultural Development and Health/Human Se	785
Big Brothers Big Sisters -Winter Park FL807 S Orlando Ave L Winter Park, FL 32789		Tax Exempt	Community & Cultural Development and Health/Human Se	292
Boggy Creek Camp 30500 Brantley Branch Road Eustis, FL 32736		Tax Exempt	Community & Cultural Development and Health/Human Se	1,300
Boys And Girls Clubs Of Northeast FL 1300 Riverplace Blvd Ste 310 Jacksonville, FL 32207		tax Exempt	community & Cultural Development and Health/Human Se	500
Boys & Girls Club -Cabarrus County NC247 Spring St NW Concord, NC 28025		Tax Exempt	Community & Cultural Development and Health/Human Se	274
Community Connections 327 E Duval St Jacksonville, FL 32202		Tax Exempt	Community & Cultural Development and Health/Human Se	1,500
Gleaners Dispatch Inc 8207 103rd St Jacksonville, FL 32210		tax Exempt	community & Cultural Development and Health/Human Se	500
Green Cove Springs Police Department 205 Spring St Green Cove Springs, FL 32043		tax Exempt	community & Cultural Development and Health/Human Se	100
<b>Total . . . . .</b>			<b>► 3a</b>	<b>228,986</b>

**Form 990PF Part XV Line 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)				
<b>a Paid during the year</b>				
Hope Haven Children's Clinic 4600 Beach Blvd Jacksonville, FL 32207		tax Exempt	community & Cultural Development and Health/Human Se	2,000
Hubbard House PO Box 4909 Jacksonville, FL 32201		tax Exempt	community & Cultural Development and Health/Human Se	500
Jacksonville Zoo and Gardens 370 Zoo Pkwy Jacksonville, FL 32218		tax Exempt	community & Cultural Development and Health/Human Se	1,750
Meals On Wheels 849 Park St Jacksonville, FL 32204		Tax Exempt	Community & Cultural Development and Health/Human Se	2,500
Morocco Shrine 3800 St Johns Bluff Rd S Jacksonville, FL 32224		tax Exempt	community & Cultural Development and Health/Human Se	120
Muscular Dystrophy Association 3300 E Sunrise Dr Tucson, AZ 85718		tax Exempt	community & Cultural Development and Health/Human Se	500
Nemours Jacksonville 807 Childrens Way Jacksonville, FL 32207		tax Exempt	community & Cultural Development and Health/Human Se	2,500
Pancreatic Cancer Action 2141 Rosecrans Ave Ste 7000 El Segundo, CA 90245		tax Exempt	community & Cultural Development and Health/Human Se	500
Police Athletic League - Jacksonville FL PO Box 351060 Jacksonville, FL 32235		tax Exempt	community & Cultural Development and Health/Human Se	65,974
Police Athletic Leage - St Johns County FL PO Box 2240 St Augustine, FL 32084		tax Exempt	community & Cultural Development and Health/Human Se	20,360
Race for the Cure SUSAN G KOMEN - Northeast FL 4446 HENDRICKS AVE 372 JACKSONVILLE, FL 32207		tax Exempt	community & Cultural Development and Health/Human Se	36,489
Samuel C Taylor Foundation 6601 Chester Ave Jacksonville, FL 32217		tax Exempt	community & Cultural Development and Health/Human Se	200
Ted Hires Legacy Dinner 1935 Lane Ave S Ste 1 Jacksonville, FL 32210		tax Exempt	community & Cultural Development and Health/Human Se	500
The Bridge of Northeast Florida 1824 Pearl St Jacksonville, FL 32206		tax Exempt	community & Cultural Development and Health/Human Se	100
The Children's Christmas Party PO Box 5338 Jacksonville, FL 32247		Tax Exempt	Community & Cultural Development and Health/Human Se	5,000
<b>Total . . . . .</b>				<b>228,986</b>
			<b>► 3a</b>	

**Form 990PF Part XV Line 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)				
<b>a Paid during the year</b>				
The Sanctuary On 8th Street 120 East 8th St Jacksonville, FL 32206		tax Exempt	community & Cultural Development and Health/Human Se	500
The Sulzbacher Center 611 East Adams St Jacksonville, FL 32202		tax Exempt	community & Cultural Development and Health/Human Se	500
Trinity Rescue Mission 622 West Union St Jacksonville, FL 32202		tax Exempt	community & Cultural Development and Health/Human Se	250
Wolfson Children's Hospital 800 Prudential Drive Jacksonville, FL 32207		Tax Exempt	Community & Cultural Development and Health/Human Se	750
Alden RoAD School - Gift Basket - Bartram Spa 11780 ALDEN RD Jacksonville, FL 32246		tax Exempt	community & Cultural Development and Health/Human Se	213
American Red Cross - Gate Gift Card 751 Riverside Avenue Jacksonville, FL 32204		tax Exempt	community & Cultural Development and Health/Human Se	100
Biker's Ball RIDING INTO HISTORY - Gift Card - Epping Forest 10920 BAYMEADOWS RD STE 27-221 Jacksonville, FL 32256		tax Exempt	community & Cultural Development and Health/Human Se	100
Child Cancer Fund - Gift Basket - Bartram Spa 4811 Atlantic Blvd Jacksonville, FL 32207		tax Exempt	community & Cultural Development and Health/Human Se	202
Cystic Fibrosis Foundation - Gift Basket - Bartram Spa 6931 Arlington Rd 2nd Floor Bethesda, MD 20814		tax Exempt	community & Cultural Development and Health/Human Se	201
Jacksonville Sheriff's Office - Gate Gift Cards 501 E BAY ST Jacksonville, FL 322022927		tax Exempt	community & Cultural Development and Health/Human Se	300
JSO Life Saving Award - Gate Gift Card 501 E BAY ST Jacksonville, FL 322022927		tax Exempt	community & Cultural Development and Health/Human Se	100
Mount Carmel Gardens - Used Ice Bin-Premier Refrigeration Inc 5846 Mount Carmel Terrace Jacksonville, FL 32216		tax Exempt	community & Cultural Development and Health/Human Se	268
PACE Center for Girls - Gift Basket - Bartram Spa 1 WEST Adams St 301 Jacksonville, FL 32205		tax Exempt	community & Cultural Development and Health/Human Se	201
Rita Foundation - Gift Basket - Bartram Spa 8334 Amherst Hills Lane Jacksonville, FL 32256		tax Exempt	community & Cultural Development and Health/Human Se	200
Sanctuary on 8th St - Flowers for Thanksgiving Dinner 120 East 8th St Jacksonville, FL 32206		tax Exempt	community & Cultural Development and Health/Human Se	96
<b>Total . . . . .</b>			<b>► 3a</b>	<b>228,986</b>

**Form 990PF Part XV Line 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)				
<b>a Paid during the year</b>				
Sanctuary on 8th St - Thanksgiving Dinner 120 East 8th St jacksonville, FL 32206		tax Exempt	community & Cultural Development and Health/Human Se	300
<b>Total</b>			► 3a	228,986

## TY 2009 Other Expenses Schedule

**Name:** The Gate Foundation Inc

**EIN:** 26-2990671

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Supplies	400	0	0	400
Miscellaneous	2,823	0	0	2,823
Golf Tournament	37,754	0	37,754	0

## TY 2009 Other Income Schedule

**Name:** The Gate Foundation Inc**EIN:** 26-2990671

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Gross Income from Special Fundraising Events	30,189		30,189

## TY 2009 Substantial Contributors Schedule

**Name:** The Gate Foundation Inc

**EIN:** 26-2990671

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