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

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

2011

For calendar year 2011 or tax year beginning

JUL 1, 2011

, and ending

JUN 30, 2012

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

City or town, state, and ZIP code

JACKSONVILLE, FL 32241

G Check all that apply

<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change

H Check type of organization

<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust
<input type="checkbox"/> Other taxable private foundation

I Fair market value of all assets at end of year

(from Part II, col. (c), line 16)

J Accounting method

Cash

Accrual

 Other (specify) _____

► \$ 3,449. (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))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	356,639.		N/A	
2	Check ► <input type="checkbox"/> if the foundation is not 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)				
11	Other income				
12	Total. Add lines 1 through 11	356,639.	0.		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees				
b	Accounting fees				
c	Other professional fees				
17	Interest				
18	Taxes				
19	Depreciation and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses	58,162.	0.		58,162.
24	Total operating and administrative expenses Add lines 13 through 23	58,162.	0.		58,162.
25	Contributions, gifts, grants paid	306,356.			306,356.
26	Total expenses and disbursements. Add lines 24 and 25	364,518.	0.		364,518.
27	Subtract line 26 from line 12	<7,879.			
a	Excess of revenue over expenses and disbursements				
b	Net investment income (if negative, enter -0-)		0.		
c	Adjusted net income (if negative, enter -0-)			N/A	

123501
12-02-11 a Excess of revenue over expenses and disbursements

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2011)

SCANNED JAN 30 2013

Operating and Administrative Expenses

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JAN 22 2013
OSC

P A

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	3,490.	3,449.	3,449.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons			
	7	Other notes and loans receivable ►			
		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			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
Liabilities	11	Investments - land, buildings, and equipment basis ►			
		Less accumulated depreciation ►			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment, basis ►			
		Less accumulated depreciation ►			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers)	3,490.	3,449.	3,449.
	17	Accounts payable and accrued expenses	250.	8,088.	
	18	Grants payable			
Net Assets or Fund Balances	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	250.	8,088.	
	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	3,240.	<4,639.>	
	30	Total net assets or fund balances	3,240.	<4,639.>	
	31	Total liabilities and net assets/fund balances	3,490.	3,449.	

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	3,240.
2	Enter amount from Part I, line 27a	2	<7,879.>
3	Other increases not included in line 2 (itemize) ►	3	0.
4	Add lines 1, 2, and 3	4	<4,639.>
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	<4,639.>

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					
b	NONE				
c					
d					
e					
(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) FMV 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) 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 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))
2010	257,198.	29,069.	8.847845
2009	232,209.	8,951.	25.942241
2008	206,542.	5,147.	40.128619
2007			
2006			

2 Total of line 1, column (d)

2 74.918705

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 24.972902

4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5

4 9,748.

5 Multiply line 4 by line 3

5 243,436.

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

6 0.

7 Add lines 5 and 6

7 243,436.

8 Enter qualifying distributions from Part XII, line 4

8 364,518.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1	Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b 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 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments a 2011 estimated tax payments and 2010 overpayment credited to 2011 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 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2012 estimated tax ►	1	0.
2			2	0.
3			3	0.
4			4	0.
5			5	0.
6a			7	0.
6b			8	
6c			9	0.
6d			10	
	Refunded ►		11	

Part VII-A Statements Regarding Activities

1a	Yes	No
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8a		
8b		X
9		X
10		X
N/A		
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.		
If "Yes," attach a detailed description of the activities.		
If "Yes," attach a conformed copy of the changes.		
If "Yes," attach the statement required by General Instruction T.		
If "Yes," complete Part II, col. (c), and Part XV.		
If "Yes," attach explanation.		
If "Yes," attach a schedule listing their names and addresses.		

1 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?

2 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?

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? If "Yes," attach a conformed copy of the changes

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 Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

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?

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► FL

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? If "No," attach explanation

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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV

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

Part VII-A Statements Regarding Activities (continued)

11		X
12		X
13	X	
Website address ► <u>N/A</u>		
14	The books are in care of ► <u>FRANK GWALTNEY</u> Telephone no ► <u>904-346-5584</u>	
Located at ► <u>9540 SAN JOSE BOULEVARD, JACKSONVILLE, FL</u> ZIP+4 ► <u>32241</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► <u>15</u> N/A	
16	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country ►		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	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? (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 If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <u>N/A</u>	1b	
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 2011?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," list the years ► _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see 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 ► _____		
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 2011 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 2011)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

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))?

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

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

(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)?

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

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 instructions)?

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?

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?

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

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

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.

(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 STATEMENT 2		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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

Form 990-PF (2011)

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) 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.

1	N/A	Expenses
2		
3		
4		

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

1	N/A	Amount
2		
3		
Total. Add lines 1 through 3	►	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a Average monthly fair market value of securities	1a	0.
b Average of monthly cash balances	1b	9,896.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	9,896.
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	9,896.
4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	148.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,748.
6 Minimum investment return. Enter 5% of line 5	6	487.

Part XI Distributable Amount (see 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	487.
2a Tax on investment income for 2011 from Part VI, line 5	2a	
b Income tax for 2011 (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	487.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	487.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	487.

Part XII Qualifying Distributions (see 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	364,518.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	364,518.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b	5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	364,518.

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 instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				487.
2 Undistributed income, if any, as of the end of 2011			0.	
a Enter amount for 2010 only				
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2011				
a From 2006				
b From 2007				
c From 2008	206,285.			
d From 2009	231,761.			
e From 2010	255,745.			
f Total of lines 3a through e	693,791.			
4 Qualifying distributions for 2011 from Part XII, line 4 ► \$ 364,518.			0.	
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2011 distributable amount				487.
e Remaining amount distributed out of corpus	364,031.			
5 Excess distributions carryover applied to 2011 (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	1,057,822.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	1,057,822.			
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008	206,285.			
c Excess from 2009	231,761.			
d Excess from 2010	255,745.			
e Excess from 2011	364,031.			

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
a Paid during the year				
BIG BROTHERS AND BIG SISTERS OF NORTH EAST FLORIDA 3100 UNIVERSITY BLVD SOUTH SUITE 120 JACKSONVILLE, FL 32216	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	1,500.
BOGGY CREEK CAMP 30500 BRANTLEY BRANCH ROAD EUSTIS, FL 32736	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	5,000.
BOY SCOUTS OF AMERICA 521 EDGEWOOD AVENUE S. JACKSONVILLE, FL 32205	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	7,500.
GIRL SCOUTS OF GATEWAY COUNCIL 1000 SHEARER AVENUE JACKSONVILLE, FL 32205	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	5,000.
JACKSONVILLE ASSOCIATION OF FIREFIGHTERS LOCAL #122 3046 BEACH BLVD JACKSONVILLE, FL 32207	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	350.
Total	SEE CONTINUATION SHEET(S)			► 3a 306,356.
b Approved for future payment				
NONE				
Total				► 3b 0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

1 Program service revenue

a _____
 b _____
 c _____
 d _____
 e _____
 f _____

g Fees and contracts from government agencies

2 Membership dues and assessments**3 Interest on savings and temporary cash investments****4 Dividends and interest from securities****5 Net rental income or (loss) from real estate**

a Debt-financed property _____
 b Not debt-financed property _____

6 Net rental income or (loss) from personal property**7 Other investment income****8 Gain or (loss) from sales of assets other than inventory****9 Net income or (loss) from special events****10 Gross profit or (loss) from sales of inventory****11 Other revenue**

a _____
 b _____
 c _____
 d _____
 e _____

12 Subtotal Add columns (b), (d), and (e)**13 Total. Add line 12, columns (b), (d), and (e)**

(See worksheet in line 13 instructions to verify calculations)

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

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 foundation's exempt purposes (other than by providing funds for such purposes)
9	FUNDS RECEIVED THROUGH THE ORGANIZATION'S FUNDRAISING EVENTS ARE UTILIZED TO FUND GRANTS TO VARIOUS ORGANIZATIONS.
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 FULFULLING 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.

THE GATE FOUNDATION, INC.

26-2990671

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
JSO AWARDS-GATE GIFT CARD 500 EAST ADAMS ST. JACKSONVILLE, FL 32202	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	400.
JUVENILE DIABETES 9700 PHILIPS HWY #106 JACKSONVILLE, FL 32256	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	72,000.
MEALS ON WHEELS 849 PARK ST. JACKSONVILLE, FL 32204	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	2,500.
POLICE APPRECIATION AWARD-GATE GIFT CARD 500 EAST ADAMS ST. JACKSONVILLE, FL 32202	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	600.
SANCTUARY ON 8TH STREET-THANKSGIVING DINNER 120 EAST 8TH ST. JACKSONVILLE, FL 32206	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	471.
JACKSONVILLE ZOOLOGICAL 370 ZOO PKWY JACKSONVILLE, FL 32218-5770	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	500.
HOPE HAVEN CHILDREN'S CLINIC 4600 BEACH BOULEVARD JACKSONVILLE, FL 32207	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	1,000.
ART WITH A HEART 841 PRUD DR. STE 204 JACKSONVILLE, FL 32207-8347	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	75,000.
FRATERNAL ORDER OF POLICE P.O. BOX 441055 JACKSONVILLE, FL 32222-0011	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	3,000.
CHILDREN'S CHRISTMAS PARTY P.O. BOX 5338 JACKSONVILLE, FL 32247-5338	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	5,000.
Total from continuation sheets				287,006.

THE GATE FOUNDATION, INC.

26-2990671

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
POLICE ATHLETIC LEAGUE P.O. BOX 351060 JACKSONVILLE, FL 32235-1060	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	1,250.
NEUROLOGICAL RESEARCH FOUNDATION 1700 W 25TH ST MIAMI BEACH, FL 33140-4205	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	10,000.
AMERICAN CANCER SOCIETY 3709 W JETTON AVE TAMPA, FL 33629-5111	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	94,817.
THE SANCTUARY ON 8TH STREET 120 E ST. JACKSONVILLE, FL 32206	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	2,500.
EPISCOPAL CHILDREN'S SERVICE 8443 BAYMEADOWS RD SUITE 1 JACKSONVILLE, FL 32256-7440	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	500.
DANIEL FOUNDATION 4203 SOUTHPPOINT BLVD JACKSONVILLE, FL 32216-6164	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	575.
BOYS & GIRLS CLUB OF NORTHEAST FL 1300 RIVERPLACE BLVD JACKSONVILLE, FL 32207-9054	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	3,000.
PINE CASTLE INC. 4911 SPRING PARK RD JACKSONVILLE, FL 32207-7456	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	500.
THE COMMUNITY FOUNDATION 245 RIVERSIDE AVENUE, SUITE 310 JACKSONVILLE, FL 32202-0000	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	10,000.
MAY STORM RELIEF ASSISTANCE-GIFT CARDS	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	400.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
JDRF SNEAKER AWARD REDEMPTION-GATE GIFT CARDS	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	<10. >
NICK CORDA MEMORIAL SCHOLARSHIP-GOLF GIFT CERTIFICATE	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	428.
DIGNITY U WEAR-SPA BASKET 136 N MYRTLE AVE JACKSONVILLE, FL 32204-1310	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	200.
ART WITH A HEART-SPA BASKET 841 PRUD DR. STE 204 JACKSONVILLE, FL 32207-8347	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	196.
RONALD MCDONALD HOUSE-GAS FOR VAN 824 CHILDREN'S WAY JACKSONVILLE, FL 32207-8427	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	1,304.
NEMOURS-GALA PV GIFT CERTIFICATE 10140 CENTURN PKWY N JACKSONVILLE, FL 32256-0532	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	121.
SOUTHERN COMMUNITY BLOOD	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	200.
ST. VINCENTS SILENT AUCTION-THE RIVER CLUB	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	300.
SECOND HARVEST-SPA MERCHANDISE 1502 JESSIE STREET JACKSONVILLE, FL 32206	NONE	501(C)(3)	COMMUNITY & CULTURAL DEVELOPMENT AND HEALTH/HUMAN SE	254.
Total from continuation sheets				

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

2011**Name of the organization**THE GATE FOUNDATION, INC.**Employer identification number**

26-2990671

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

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 on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

THE GATE FOUNDATION, INC.

Employer identification number

26-2990671

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GATE PETROLEUM 9540 SAN JOSE BOULEVARD P.O. BOX 23627 JACKSONVILLE, FL 32241-3627	\$ 75,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

THE GATE FOUNDATION, INC.

Employer identification number

26-2990671

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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

Employer identification number

THE GATE FOUNDATION, INC.

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ► \$ _____*
Use duplicate copies of Part III if additional space is needed.

FORM 990-PF	OTHER EXPENSES	STATEMENT	1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SUPPLIES	1,399.	0.		1,399.
MISCELLANEOUS	15,193.	0.		15,193.
GOLF TOURNAMENT	41,570.	0.		41,570.
TO FORM 990-PF, PG 1, LN 23	58,162.	0.		58,162.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	2
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HILL PEYTON 9540 SAN JOSE BOULEVARD JACKSONVILLE, FL 32241	CHAIRMAN, PRESIDENT 1.00	0.	0.	0.
DAVID DILL 9540 SAN JOSE BOULEVARD JACKSONVILLE, FL 32241	DIRECTOR 1.00	0.	0.	0.
SAMMY PATTEN 9540 SAN JOSE BOULEVARD JACKSONVILLE, FL 32241	DIRECTOR 1.00	0.	0.	0.
FRANK GWALTNEY 9540 SAN JOSE BOULEVARD JACKSONVILLE, FL 32241	SECRETARY, TREASURER, VICE PRESIDENT 1.00	0.	0.	0.
DEAN GWIN 9540 SAN JOSE BOULEVARD JACKSONVILLE, FL 32241	DIRECTOR 1.00	0.	0.	0.
DREW FRICK 9540 SAN JOSE BOULEVARD JACKSONVILLE, FL 32241	DIRECTOR 1.00	0.	0.	0.
DALE HANEY 9540 SAN JOSE BOULEVARD JACKSONVILLE, FL 32241	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 3

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATHY J. BRADY
P.O. BOX 23627
JACKSONVILLE, FL 32241

TELEPHONE NUMBER

904-448-2979

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS CAN BE VIEWED AND PRINTED FROM WWW.GATEPETRO.COM AND SHOULD BE
COMPLETED AND SUBMITTED WITH: DESCRIPTION OF ORGANIZATION, CURRENT
OPERATING BUDGET, AND LIST OF OFFICERS/BOARD MEMBERS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION'S FUNDING GUIDELINES MAY BE VIEWED AT WWW.GATEPETRO.COM