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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.

OMB No 1545-0052

For c	alendar year 2012 or tax year beginning		, and ending		
	ne of foundation .W. AND ELOISE D. GAY FOU	NDATION,		A Employer Identification	number
	O MR. W.W. GAY	,		31-1724609	
	ber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	24 STOCKTON STREET		<u> </u>	(904)356-6	
-	or town, state, and ZIP code ACKSONVILLE, FL 32204			C If exemption application is p	ending, check here
	heck all that apply: Initial return	Initial return of a for	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2 5	cations the OSOV tools
	Address change	Name change		Foreign organizations me check here and attach co	ering the 85% test, emputation
쁜	heck type of organization: X Section 501(c)(3) ex		han	E If private foundation sta	
L Fai	Section 4947(a)(1) nonexempt charitable trust ir market value of all assets at end of year   J   Accounting	Other taxable private foundating method: X Cash	Accrual	under section 507(b)(1)	
	om Part II, col. (c), line 16)	ther (specify)		F If the foundation is in a under section 507(b)(1)	
<u> </u>		ımn (d) must be on cash b	asis.)		
Pa	Tt 1 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) Disburseme for charitable puri (cash basis on
	1 Contributions, gifts, grants, etc., received	303,000.		N/A	
	2 Check If the foundation is not required to attach Sch B Interest on savings and temporary				ļ
	cash investments  Dividends and interest from securities	44,522.	44,522.		STATEMEN'
	5a Gross rents	34,322	11,000	<del></del>	
	Net rental income or (loss)				
e e	68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 200 553	51,159.			
Revenue	b assets on line 6a 1,300,553.  7 Capital gain net income (from Part IV, line 2)		51,159.	DECE	, C
æ	8 Net short-term capital gain	<del></del>	31,137	H-KEUE!	(ED)
	9 Income modifications			[8]	1%
	10a Gross sales less returns and allowances			ISI JUN Z O	1013 <u>  O  </u>
	b Less Cost of goods sold	<del>                                     </del>			<u>                                    </u>
	c Gross profit or (loss)  11 Other income			LOGDEN	UT
	12 Total. Add lines 1 through 11	398,681.	95,681.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		
	14 Other employee salaries and wages				ļ
ses	15 Pension plans, employee benefits 16a Legal fees STMT 2	150.	0,		
ens	b Accounting fees STMT 3	1,975.	1,975		
Exp	c Other professional fees				
tive	17 Interest	222	100	-	
stra	18 Taxes STMT 4 19 Depreciation and depletion	223.	223.	<u>'</u>	
Fin	20 Occupancy				<del>                                     </del>
Ad	21 Travel, conferences, and meetings				
ano	22 Printing and publications				
Operating and Administrative Expen	23 Other expenses STMT 5	33.	0.	<del>\</del>	
era	expenses, Add lines 13 through 23	2,381.	2,198	,	
Ö	25 Contributions, gifts, grants paid	515,767.			515,
	26 Total expenses and disbursements.	-10 11			
	23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 31-12 LHA For Paperwork Reduction Act Notice, see	518,148.	2,198		515,
	27 Subtract line 26 from line 12:  8 Excess of revenue over expenses and disbursements	<119,467.	>		
	b Net investment income (if negative, enter -0-)		93,483		<u> </u>
	C Adjusted net income (if negative, enter -0-)			N/A	
_	21 LHA For Paperwork Reduction Act Notice, see				Form <b>990-P</b>

		The state of the schedules and amounts in the description	Beginning of year	End of	vear
<u>P</u>	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1.		
	2	Savings and temporary cash investments	554,390.	930,443.	930,443.
	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			
sts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	615,348.	277,575.	170,350.
	C	Investments - corporate bonds STMT 7	1,032,201.	1,304,455.	1,284,101.
	11	Investments - land, buildings, and equipment, basis			
		Less accumulated depreciation			
		Investments - mortgage loans	620 000		200 000
	13	Investments - other STMT 8	630,000.	200,000.	200,008.
	14	Land, buildings, and equipment basis	ļ		
		Less accumulated depreciation			
	15	Other assets (describe			
	46	Tatal assets (to be completed by all filers)	2,831,940.	2,712,473.	2,584,902.
_	17	Total assets (to be completed by all filers)  Accounts payable and accrued expenses	2,031,340.	2,112,413.	2,304,302.
	18	Grants payable	-		
<i>'</i> A	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable	-	-	
Ë	22				
		, in maximum (dosoring p			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
lan	25	Temporarily restricted			
Ba	26	Permanently restricted [			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
Net Assets or Fund Balan	27	Capital stock, trust principal, or current funds	2,831,940.	2,712,473.	
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ĕ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ž	30	Total net assets or fund balances	2,831,940.	2,712,473.	
			0 001 040	0.540.450	
_	31	Total liabilities and net assets/fund balances	2,831,940.	2,712,473.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
=	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30	<u> </u>	
		st agree with end-of-year figure reported on prior year's return)		1	2,831,940.
	-	r amount from Part I, line 27a	•	2	<119,467.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	2,712,473.
		reases not included in line 2 (itemize)	••	5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	2,712,473.
_					Form <b>990-DE</b> (2012)

b SEE ATTACHED c d e (e) Gross sales price	STATEMENT								
c d e (e) Gross sales price	STATEMENT								
d e (e) Gross sales price									
e (e) Gross sales price									
(e) Gross sales price									
				Ĺ.,					
a	(f) Depreciation allowed (or allowable)	1 10	t or other basis xpense of sale				(h) Gain (e) plus (f	or (loss) ) minus (	
				_					
b									
С					_				
d									= 4 + 6
e 1,300,553.			1,249,39	4.					51,159
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69				Gains (Col.		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any				k), but not Losses (fro		
a									
b									
C									
d									
e		ĺ							51,159
2 Capital gain net income or (net cap	If gain, also entitital loss)			}	2				51,159
, , ,			•	7					<u> </u>
Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c		mu (o).		٦١					
If (loss), enter -0- in Part I, line 8	olullin (c).			1	3			N/A	
Part V   Qualification Ur	der Section 4940(e) fo	r Reduced	Tax on Net	Inv	estm	ent Inco	me		
Vas the foundation liable for the section if "Yes," the foundation does not qualif	y under section 4940(e). Do not o	omplete this pa	rt.						Yes X No
1 Enter the appropriate amount in ea	ich column for each year; see the	instructions bef	ore making any e	ntries					
(a) Base period years Calendar year (or tax year beginning			Net value of no		rıtable-			Dıstrıt ol. (b) dıv	( <b>d)</b> oution ratio rided by col. (c))
2011		68,000.		1	<u>, 97</u>	7,327.	<u> </u>		.18611
2010		80,750.				8,992.			.35830
2009		20,400.				5,676.			.31728
2008		32,534.				1,958.			.14825
2007		45,298.		4	<u>,04</u>	2,250.			.15963
2 Total of line 1, column (d)							2		1.16959
3 Average distribution ratio for the 5- the foundation has been in existent	•	l on line 2 by 5,	or by the number	of ye	ars		3		.23392
4 Enter the net value of noncharitable	e-use assets for 2012 from Part X	, line 5					4		2,409,884
5 Multiply line 4 by line 3							5		563,720
6 Enter 1% of net investment income	e (1% of Part I. line 27h)					•	6		935
7 Add lines 5 and 6	. ( or are game Er by					•	7		564,655
1 Man IIIIes 2 alia 0	D. A. William	•		-				_	515,767
<b></b>							8		n i n / n /
8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions.	-	e 1b, and comp	lete that part usin	g a 1	 % tax r	ate.	<u> </u>		313,707

W.W. AND ELOISE D. GAY FOUNDATION,

	990-PF (2012) C/O MR. W.W. GAY		7246		F	age 4
	rt VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948 -	see ins	tru	ctior	1S) _
1a	Exempt operating foundations described in section 4940(d)(2), check here 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 and enter 1%	1			1,8	<u>70.</u>
	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-)	2				0.
3	Add lines 1 and 2	3			1,8	70.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			1,8	70.
6	Credits/Payments:					
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 731	. •				
b	Exempt foreign organizations - tax withheld at source 6b					
C	Tax paid with application for extension of time to file (Form 8868)  6c 1,650	<b>.</b>				
d	Backup withholding erroneously withheld 6d	7 1				
	Total credits and payments. Add lines 6a through 6d	7 7 1			2,3	81.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			5	<del>11.</del>
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	- 11				0.
Pa	rt VII-A   Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in		П	Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi					
	distributed by the foundation in connection with the activities.		1			
C	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		١.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<del></del>				
	managers. ►\$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporatio	n, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Г	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	'A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	·	Γ	5		X
	If "Yes," attach the statement required by General Instruction T.					
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 s	tate law				
	remain in the governing instrument?		Ī	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	FL		— I			
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	_	<del></del>			
-	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	alendar				
-	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT	9	10	X	

f 1

Pa	art VII-A   Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► W.W. GAY, TRUSTEE  Telephone no. ► (904)3		631	1
	Located at ▶ 524 STOCKTON STREET, JACKSONVILLE, FL ZIP+4 ▶32	204		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year .	N	/A_	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
	country			
Pa	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		ľ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	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.)  Yes X No			
'	o 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 instructions)?  N/A	4.		
		1b		$\vdash$
	Organizations relying on a current notice regarding disaster assistance check here			
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	10		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<b>├</b> **		<del> </del>
_	defined in section 4942(j)(3) or 4942(j)(5)):		İ	
	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2012?			
	If "Yes," list the years ▶ , , , ,			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(	the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
1	b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	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			1
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2012) N/A	3b	<u> </u>	<b> </b>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	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 2012?	4b	<u> </u>	(2242)
		rm <b>990</b>	,-PF	(2012)

2	Compensation of five highest-paid employees (other than those inc	luded 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				
_					
			Ì		
To	otal number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·	1	<b></b>	0
	···			Form	<b>990-PF</b> (2012)

### W.W. AND ELOISE D. GAY FOUNDATION,

FOFM 990-PF (2012) C/O MR. W.W. GAY		1724609 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	<del></del>
(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  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical	information cuch as the	
number of organizations and other beneficiaries served, conferences convened, research papers produce	d, etc.	Expenses
1N/A		
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 line:	s 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
		_
Total. Add lines 1 through 3	▶	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, 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	2,062,480.
b	Average of monthly cash balances	1b	384,103.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,446,583.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,446,583.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	36,699.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,409,884.
6	Minimum investment return. Enter 5% of line 5	6	120,494.
P	art XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	<del></del>
1	Minimum investment return from Part X, line 6	1	120,494.
2a	Tax on investment income for 2012 from Part VI, line 5 2a 2 1,870.		· · · · · · · · · · · · · · · · · · ·
b			
C	Add lines 2a and 2b	2c	1,870.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	118,624.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	118,624.
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	118,624.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	515,767.
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	515,767.
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	515,767.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	or the section

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## Part XIII Undistributed Income (see instructions)

		Years prior to 2011	2011	2012
1 Distributable amount for 2012 from Part XI,				
line 7				118,624.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 507, 455.				
b From 2008 355, 478.				
c From 2009 692,516.				
dFrom 2010 674,584.				
eFrom 2011 269,801.				
f Total of lines 3a through e	2,499,834.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ►\$ 515,767.	1			
a Applied to 2011, but not more than line 2a			0.	
<b>b</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 2012 distributable amount				118,624.
e Remaining amount distributed out of corpus	397,143.			
5 Excess distributions carryover applied to 2012 (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:				
8 Corpus Add lines 31, 4c, and 4e Subtract line 5	2,896,977.			
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 2011. Subtract line	,		<del> </del>	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				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 2007		· · ·		
not applied on line 5 or line 7	507,455.			
9 Excess distributions carryover to 2013.			-	
Subtract lines 7 and 8 from line 6a	2,389,522.			
10 Analysis of line 9:				
a Excess from 2008 355, 478.				
b Excess from 2009 692,516.				
c Excess from 2010 674,584.				
d Excess from 2011 269,801.				
e Excess from 2012 397,143.				5 000 PF (0040)

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	W.W. GAY				724609 Page 10
Part XIV   Private Operating Fo			A, question 9)	N/A	
1 a If the foundation has received a ruling or		· · · · · · · · · · · · · · · · · · ·			
foundation, and the ruling is effective for		= -	. ▶ ∟, ,		10.10(.)(5)
b Check box to indicate whether the found		ng foundation described in		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	/E\$ 0011	Prior 3 years	T (4) 2000	_ (a) Total
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
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				ļ <u> </u>	
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 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 Info	rmation (Comple	te this part only	if the foundatior	n had \$5,000 or r	nore in assets
at any time during t	he year-see inst	ructions.)			
Information Regarding Foundation     List any managers of the foundation wh year (but only if they have contributed in W.W. GAY AND ELOISE	o have contributed more nore than \$5,000). (See s	section 507(d)(2).)			
<b>b</b> List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on or the ownership or a	i partifership of
NONE					
2 Information Regarding Contribute Check here ► X if the foundation of the foundation makes gifts, grants, etc.	nly makes contributions	to preselected charitable	organizations and does i		
a The name, address, and telephone num	ber or e-mail of the perso	on to whom applications s	hould be addressed:		
SEE STATEMENT 10					
b The form in which applications should b	e submitted and informa	tion and materials they st	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	

Form 990-PF (2012)

C/O MR. W.W. GAY

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3 Grants and Contributions Paid During the		Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ALLEN CHAPEL	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1529 SWAN ST				
JACKSONVILLE, FL 32204				28,000
AMERICAN CANCER SOCIETY	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1430 PRUDENTIAL DR				2 500
JACKSONVILLE, FL 32207				2,500
AMERICAN LUNG ASSN 6852 OAKS PLACE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32216				2,000
,				
BAPTIST ASSN FOR SPECIAL CHILDREN &	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
ADULTS				
PO BOX 7098				5 004
ORANGE PARK, FL 32073				5,000
BAPTIST MEDICAL CENTER	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
836 PRUDENTIAL DRIVE STE 1205 JACKSONVILLE, FL 32207				20.000
	NTINUATION SHE	፲ ፪ጥ(ያ)	▶ 3a	20,000 515,761
b Approved for future payment	**************************************			525,70
MOME				
NONE				
				· · · · · · · · · · · · · · · · · · ·
Total			<b>&gt;</b> 3b	(

Form 990-PF (2012) Part XVI-A

C/O MR. W.W. GAY

**Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated.	Unrelati	ed business income	Exclu	ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					<del></del>
			$\vdash$		<del></del>
<u> </u>					
			+		
•	ļ				
g Fees and contracts from government agencies			+		
2 Membership dues and assessments			<del>                                     </del>		
3 Interest on savings and temporary cash			╁┈╴	<u></u>	
investments					
4 Dividends and interest from securities			14	44,522.	
5 Net rental income or (loss) from real estate:			1	11,322	
a Debt-financed property			╁		<del></del>
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			+		<u> </u>
than inventory			18	51,159.	
9 Net income or (loss) from special events			+	31,1330	
10 Gross profit or (loss) from sales of inventory			╂	<del> </del>	
11 Other revenue:	<b>—</b>		+		==
a					
b			<del> </del>		
<u> </u>		-	<del>                                     </del>		
<u> </u>			+		
e			+		
12 Subtotal. Add columns (b), (d), and (e)		0.		95,681.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u></u>		<u> </u>	13	95,681.
(See worksheet in line 13 instructions to verify calculations.)				-	
Part XVI-B Relationship of Activities to	n the Acc	omplishment of F	yemr	nt Purnoses	
Line No. Explain below how each activity for which incor			A contri	buted importantly to the accon	iplishment of
the foundation's exempt purposes (other than l	by providing to	inds for such purposes).			
					<del></del>
					<u> </u>
		<del> </del>			
				· · ·	
					<del></del>
		·			<del> </del>
223621 12-05-12	-				Form <b>990-PF</b> (2012)

Form 990-P	<del></del>	R. W.W. G				31-1/2			ige 13
Part XV	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	hips With Noncha	aritabl	е	-
1 Did th	e organization directly or indir	rectly engage in any	of the followin	g with any other organization	on described in sect	ion 501(c) of		Yes	No
the Co	de (other than section 501(c)	)(3) organizations) o	r ın section 52	7, relating to political organ	izations?				
a Trans	ers from the reporting founda	ation to a noncharita	ble exempt org	ganization of:					
(1) C	ash <sub>.</sub> .	-					1a(1)		X
(2) 0	ther assets	-					1a(2)		X
<b>b</b> Other	transactions:							ļ	
(1) S	ales of assets to a noncharital	ble exempt organiza	tion				1b(1)		X
	urchases of assets from a no	•	organization				1b(2)	_	Х
	ental of facilities, equipment,						1b(3)	-	X
	eimbursement arrangements						1b(4)	-	X
	oans or loan guarantees						1b(5)	_	X
	erformance of services or me	*	-				1b(6)	<u> </u>	X
	ig of facilities, equipment, ma	•		•			10	l	X
	answer to any of the above is							sets,	
	vices given by the reporting fo			ed less than fair market valu	ie in any transactioi	or sharing arrangement,	show in		
	n (d) the value of the goods, (b) Amount involved			avamet avantimen	1 (4) -				
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(0) Description	n of transfers, transactions, and	d sharing a	rangeme	nts
			N/A		_				
					-				
		· · · · · · · · · · · · · · · · · · ·			<del></del>				
	<del></del>								
					+				
ın sec	foundation directly or indirection 501(c) of the Code (other	r than section 501(c		· -	zations described	[	Yes	X	] No
D IT Yes	; complete the following sch (a) Name of org			(b) Type of organization	1	(c) Description of relation	chin		
	N/A	janization		(b) Type of organization		(c) Description of relation	Silip		
	14/11			<u> </u>		<del></del>	-		
				<u></u>	<del> </del>		-		
	· - · · -					<del> </del>			
						<del></del>			
Sigili	nder penalties of perjury / declare nd belief, it is true, correct and cor	that I have examined the implete Declaration of pr	is return, including separer (other the	ng accompanying schedules and maxpayer) is based on all inform	statements, and to the nation of which prepare		ay the IRS turn with the	discuss ne prepar v (see ins	this er
Here		<u>  ///                                 </u>		6-17.13	TRUST		X Yes		No
	Signature of officer or trustee	, , ,	7	Date	Trtle	<u> </u>		-	
	Print/Type preparer's na	ame	Preparer's s	ugnature\	Date	Check if PTIN			
Paid	JIM PEAVEY	•	1//	ALX	6/10/13	self- employed	0449	704	
Prepar	er Firm's name ► THE		ROUP, C	PAS	// _	Firm's EIN ► 20 – 0			
Use Or	-	8 PONTE V	/EDRA P	ARK DR, ST 2	301				
	PO	NTE VEDRA	BEACH	, FL 32082		Phone no. 904-	280-	205	3

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No 1545-0047

2012

**Employer identification number** 

W.W. AND ELOISE D. GAY FOUNDATION, 31-1724609 C/O MR. W.W. GAY 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 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, 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

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) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

W.W. AND ELOISE D. GAY FOUNDATION,

C/O MR. W.W. GAY

Employer identification number

31-1724609

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	ALPHA EQUIPMENT SALES & RENTAL CO.  STOCKTON STREET  JACKSONVILLE, FL 32204		Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	FLORIDA MECHANICAL SYSTEMS  526 STOCKTON STREET  JACKSONVILLE, FL 32204		Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
223452 12-2		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)				

Name of organization

W.W. AND ELOISE D. GAY FOUNDATION,

C/O MR. W.W. GAY

Employer identification number

31-1724609

(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
			<del> </del>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	:
		\$	<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		<del></del>	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization **Employer identification number** W.W. AND ELOISE D. GAY FOUNDATION, 31-1724609 C/O MR. W.W. GAY 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 Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enterthis information once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from

(d) Description of how gift is held

(b) Purpose of gift

Part IV   Capital Gains and Los	ses for Tax on Investment Income					
(a) List and a 2-story brid	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)			
1a AMERICAN FUNDS	MONEY MKT FND		P	12/31/11	01/19/12	
b AMERICAN FUNDS			P	12/31/11	04/18/12	
c BANK BARODA NEW			P	12/22/11	10/01/12	
d BANK INDIA NEW			P		06/27/12	
e BANK OF CHINA N			P	/	03/30/12	
f CSX CORPORATION			P	06/15/12	11/09/12	
g CSX CORPORATION			P	07/13/11	11/09/12	
h SOUTHERN CO COM		·	P	02/15/08		
COCA COLA COMPA			P	06/11/10	08/29/12	
CAPITAL GAINS I	DIVIDENDS					
<u>k</u>						
1						
m				-		
n		<del></del>	-	-		
0	(6) Depresention offered	(a) Coot or other basis	1	) Coup or (loss)	L	
(e) Gross sales price	<ul><li>(f) Depreciation allowed (or allowable)</li></ul>	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)		
a 50,000.		50,000.			0.	
b 225,000.		225,000.			0.	
c 200,000.		200,000.			0.	
d 200,000.		200,000.			0.	
e 230,000.		230,000.			0.	
f 1,123.		1,225.			<102.	
g 59,424.		71,853.	<12,429			
n 305,703.		251,333.	54,370.			
28,642.	· · ·	19,983.	8,659			
661.					661.	
k						
1						
m						
n						
0						
Complete only for assets showing	g gain in column (h) and owned by			sses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		of col. (h) gain ove not less than "-0-")	GUI. (K),	
a					0.	
b					0.	
С	, <del></del>				0.	
d					0.	
е					0.	
f					<102.	
g					<12,429.	
h					54,370.	
1					8,659.	
J					661.	
k						
1						
m						
n						
0						
2 Capital gain net income or (net cap	pital loss) { if gain, also enter "-(	r in Part I, line 7 0-" in Part I, line 7	2		51,159.	
3 Net short-term capital gain or (loss		, I				
If gain, also enter in Part I, line 8, of the state of th	column (c).	}	2	N/A		

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor BOB TEBOW EVANGELISTIC ASSOC NONE NON-PRIVATE UNRESTRICTED - CHARITY 8834-14 GOODBY'S EXEC DR JACKSONVILLE, FL 32217 10,000. BOY SCOUTS OF AMERICA NONE NON-PRIVATE UNRESTRICTED - CHARITY 521 S EDWOOD AVE JACKSONVILLE, FL 32205 10,000. UNRESTRICTED - CHARITY BROOKS REHABILITATION CENTER NONE NON-PRIVATE 3599 UNIVERSITY BLVD SOUTH 10,000. JACKSONVILLE, FL 32216 CAMP TRACY NONE NON-PRIVATE UNRESTRICTED - CHARITY 1057 ARLINGTON ROAD 2,500. JACKSONVILLE, FL 32211 CATHEDRAL ARTS PROJECT NONE NON-PRIVATE UNRESTRICTED - CHARITY 4063 SALISBURY ROAD, SUITE 107 JACKSONVILLE, FL 32216 10,000. CATHEDRAL OF DELIVERANCE NONE NON-PRIVATE UNRESTRICTED - CHARITY 1939 BELVEDERE ST 10,000. JACKSONVILLE, FL 32208 UNRESTRICTED - CHARITY CHEROKEE OF GEORGIA TRIBAL COUNCIL NONE NON-PRIVATE RT 1 BOX 1019 1,000. SAINT GEORGE, GA 31562 CHILD DEVELOPMENT CENTER NONE NON-PRIVATE UNRESTRICTED - CHARITY 318 OCEAN BLVD 1,000. ATLANTIC BEACH, FL 32233 CHILDRENS CANCER RECOVERY FDN NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 238 1,000. HERSHEY, PA 17033 NONE NON-PRIVATE INRESTRICTED - CHARITY CITY RESCUE MISSION PO BOX 60291 5,000. JACKSONVILLE, FL 32236 458,267. Total from continuation sheets

31-1724609

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE NON-PRIVATE UNRESTRICTED - CHARITY CLAY COUNTY YOUTH CHARACTER BLDG 461 MCINTOSH AVE ORANGE PARK FL 32073 2,000. UNRESTRICTED - CHARITY COMMUNITY FOUNDATION NONE NON-PRIVATE 245 RIVERSIDE AVENUE, STE 310 JACKSONVILLE, FL 32202 3,000. COUNCIL ON AGING OF CLAY COUNTY NONE NON-PRIVATE UNRESTRICTED - CHARITY 604 WALNUT STREET GREEN COVE SPRINGS, FL 32043 2,000. CROHNS & COLITIS FOUNDATION NON-PRIVATE UNRESTRICTED - CHARITY NONE PO BOX 9842 JACKSONVILLE, FL 32208 5,000. CUMMER ART MUSEUM NONE NON-PRIVATE UNRESTRICTED - CHARITY 829 RIVERSIDE AVENUE 20,000. JACKSONVILLE, FL 32204 CYSTIC FIBROSIS FDN NONE NON-PRIVATE UNRESTRICTED - CHARITY 8382 BAYMEADOWS RD #9 JACKSONVILLE, FL 32256 5,000. DESIRE STREET MINISTRIES NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 18057 ATLANTA, GA 30316 1,000. DREAMS COME TRUE NONE NON-PRIVATE UNRESTRICTED - CHARITY 6803 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216 1,000. EAST WEST MINISTRIES NONE NON-PRIVATE UNRESTRICTED - CHARITY 4450 SOJOURN DRIVE, STE 100 ADDISON, TX 75001 5,000. NONE NON-PRIVATE UNRESTRICTED - CHARITY EMPOWERED PARENTS PO BOX 60722 5,000. JACKSONVILLE, FL 32236 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient EPIC SURF MINISTRIES NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 50952 JACKSONVILLE BEACH, FL 32240 3,000. FIRESIDE MINISTRIES UNRESTRICTED - CHARITY NONE NON-PRIVATE 2313 LAUREL LN AUGUSTA, GA 30904 500. FIRST BAPTIST ACADEMY OF JAX INC NONE NON-PRIVATE UNRESTRICTED - CHARITY 124 WEST ASHLEY ST JACKSONVILLE, FL 32202 3,000. FIRST BAPTIST CHURCH OF JACKSONVILLE NONE NON-PRIVATE UNRESTRICTED - CHARITY 124 WEST ASHLEY STREET JACKSONVILLE, FL 32202 3,000. FIRST COAST CRIME STOPPERS INC NONE NON-PRIVATE UNRESTRICTED - CHARITY 8647 BAYPINE RD JACKSONVILLE, FL 32256 2,000. FL FAIRTAX ED ASSN INC NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 1913 PONTE VEDRA BEACH, FL 32004 25,000. FRIENDS OF NEFSH NONE NON-PRIVATE UNRESTRICTED - CHARITY 7487 SOUTH STATE ROAD 121 500. MACCLENNY, FL 32063 FUTURE NOW NONE NON-PRIVATE UNRESTRICTED - CHARITY 5809 CEDAR OAKS DRIVE 1,000. JACKSONVILLE, FL 32210 GUARDIAN OF DREAMS NONE NON-PRIVATE UNRESTRICTED - CHARITY 4920 BRENTWOOD AVE JACKSONVILLE, FL 32206 4,000. HAGGAI INST NONE UNRESTRICTED - CHARITY NON-PRIVATE PO BOX 13 3,000. ATLANTA, GA 30370 Total from continuation sheets

31-1724609

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient HANDS ON JACKSONVILLE NONE NON-PRIVATE UNRESTRICTED - CHARITY 6817-1902 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216 12,000. HAVEN HOSPICE DEVELOPMENT NONE NON-PRIVATE UNRESTRICTED - CHARITY 8301 CYPRESS PLAZA DR JACKSONVILLE, FL 32256 30,000. HEART FOR CHILDREN INC NONE NON-PRIVATE UNRESTRICTED - CHARITY 1429 WINTHROP ST 2,500. JACKSONVILLE, FL 32206 JACKSONVILLE YOUNG LIFE NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 2173 JACKSONVILLE, FL 32203 1,000. JHNSA NONE NON-PRIVATE UNRESTRICTED - CHARITY 2 INDEPENDENT DR. SUITE 144 20,000. JACKSONVILLE, FL 32202 JUNIOR ACHIEVEMENT NONE NON-PRIVATE UNRESTRICTED - CHARITY 4049 WOODCOCK DR, 2ND FL JACKSONVILLE, FL 32207 5,000. L'ARCHE HARBOR HOUSE NONE NON-PRIVATE UNRESTRICTED - CHARITY 700 ARLINGTON RD N JACKSONVILLE, FL 32211 3,000. MAYO CLINIC NONE NON-PRIVATE UNRESTRICTED - CHARITY 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 20,000. MENDED LITTLE HEARTS NONE NON-PRIVATE UNRESTRICTED - CHARITY 7272 GREENVILLE AVE DALLAS, TX 75231 1,000. MERCY SHIPS NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 2020 GARDEN VALLEY, TX 75771 3,000. Total from continuation sheets

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
METRO KIDS KONNECTION 5020 CLEVELAND RD, STE 246 JACKSONVILLE, FL 32209	none	NON-PRIVATE	UNRESTRICTED - CHARITY	5,000
MURRAY HILL MINISTRIES PO BOX 380006 JACKSONVILLE, FL 32205	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	4,500
PRISONERS OF CHRIST PO BOX 28159 JACKSONVILLE, FL 32226	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	10,000
RODELL ROBERTS SCHOLARSHIP FUND 524 STOCKTON STREET JACKSONVILLE, FL 32204	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	1,000
RONALD MCDONALD HOUSE 824 CHILDRENS WAY JACKSONVILLE, FL 32207	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	3,000
SALVATION ARMY 1032 MEETROPOLITAN PKWY SW ATLANTA, GA 30310	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	5,000
SONS OF CONFEDERATE VETERANS 4884 VICTORIA CHASE CT JACKSONVILLE, FL 32257	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	32,000
ST VINCENTS HEART CENTER PO BOX 41564 JACKSONVILLE, FL 32203	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	25,000
STEPHEN BIKO PRIVATE CHARTER HIGH SCHOOL 11710 J ANTHONY DR JACKSONVILLE, FL 32258	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	29,26
THE ASHLEY FOUNDATION PO BOX 1688 ST AUGUSTINE, FL 32085 Total from continuation sheets	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	1,00

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE NON-PRIVATE UNRESTRICTED - CHARITY THE LORDS FOUNDATION 6215 WILSON BLVD, BLDG #5 7,500. JACKSONVILLE, FL 32210 THEATRE WORKS INC NON-PRIVATE UNRESTRICTED - CHARITY NONE 8355 W PEORIA AVE 3,000. PEORIA, AZ 85345 TIM TEBOW FOUNDATION NONE NON-PRIVATE UNRESTRICTED - CHARITY 2220 COUNTY ROAD 210 W, STE 108 1,000. JACKSONVILLE, FL 32259 TOCCOA FALLS COLLEGE NONE NON-PRIVATE UNRESTRICTED - CHARITY 17 RAINWATER DR TOCCOA FALLS, GA 30598 5,000. UNF CONT & BLOG COLLEGE NONE NON-PRIVATE UNRESTRICTED - CHARITY 1 UNF DRIVE JACKSONVILLE, FL 32224 1,000. UNIVERSITY OF FLORIDA COLLEGE OF NONE NON-PRIVATE UNRESTRICTED - CHARITY ENGINEERING UNIVERSITY BLVD GAINESVILLE, FL 32611 50,000. NON-PRIVATE UNRESTRICTED - CHARITY UNIVERSITY OF NORTH FLORIDA COLLEGE NONE OF HEALTH 1 UNF DRIVE JACKSONVILLE, FL 32224 10,000. WISHING WELL FOUNDATION USA NONE NON-PRIVATE UNRESTRICTED - CHARITY 3000 WEST ESPLANADE AVE, STE 100 1,000. METAIRIE, LA 70002 WOMENS BD OF WOLFSON UNRESTRICTED - CHARITY NONE NON-PRIVATE 1325 SAN MARCO BLVD, STE 802 JACKSONVILLE, FL 32207 5,000. WOUNDED WARRIOR FOUNDATION NONE NON-PRIVATE UNRESTRICTED - CHARITY 4899 BELFORT ROAD, STE 300 JACKSONVILLE, FL 32256 5,000. Total from continuation sheets

## W.W. AND ELOISE D. GAY FOUNDATION,

C/O MR. W.W. GAY

31-1724609

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
YMCA	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
12735 GRAN BAY PKWY W, STE 250				
JACKSONVILLE, FL 32258				1,000.
ZOE UNIV INC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
6504 ARLINGTON RD JACKSONVILLE, FL 32211				1,000
	-			
<del></del>		1		-
Tabliform and to the chart			1	
Total from continuation sheets	<u> </u>		<u> </u>	

FORM 990-PF DIVIDEND	S AND	INTER	EST	FROM	SECUE	RITIES	STATEMENT	_1	
SOURCE		GROSS	AMC	UNT		TAL GAINS VIDENDS	COLUMN (A AMOUNT	)	
NORTHWESTERN MUTUAL INVESTMENT SERVICES	TT.		45,	183.		661.	44,5	22.	
TOTAL TO FM 990-PF, PART I, I	LN 4		45,	183.		661.	44,5	22.	
FORM 990-PF	-	LEGAL	FEE	s			STATEMENT	2	
DESCRIPTION	EXPE	A) NSES BOOKS	NET MEN	(B) INVI IT INC	EST- COME	(C) ADJUSTED NET INCOM			
LEGAL FEES		150.		-	0.			0.	
TO FM 990-PF, PG 1, LN 16A		150.			0.			0.	
FORM 990-PF	AC	COUNTI	NG F	EES			STATEMENT	3	
DESCRIPTION	EXPE	A) NSES BOOKS	NET MEN	(B) INVI IT INC	EST- COME	(C) ADJUSTED NET INCOM			
ACCOUNTING FEES		1,975.		1	,975.			0.	
TO FORM 990-PF, PG 1, LN 16B	*****	1,975.		1	,975.			0.	
FORM 990-PF		ТАХ	ES			· · · · · · · · · · · · · · · · · · ·	STATEMENT	4	
DESCRIPTION	EXPE	A) NSES BOOKS		(B) INVI IT IN		(C) ADJUSTED NET INCOM			
FOREIGN TAXES		223.			223.			0.	
TO FORM 990-PF, PG 1, LN 18		223.			223.			0.	
=									

FORM 990-PF	OTHER E	XPENSES		STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOL			
BANK CHARGES	33.	-	0.		0.
TO FORM 990-PF, PG 1, LN 23	33.		0.		0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKET	יִ
EQUITIES			277,575.	170,35	50.
TOTAL TO FORM 990-PF, PART II	I, LINE 10B		277,575.	170,35	50.
FORM 990-PF	CORPORAT	E BONDS		STATEMENT	7
DESCRIPTION			BOOK VALUE	FAIR MARKET	י
MUTUAL FUNDS		_	1,304,455.	1,284,10	)1.
TOTAL TO FORM 990-PF, PART II	I, LINE 10C	_	1,304,455.	1,284,10	)1.
101111 10 10111 350 11, 11111 1.					
FORM 990-PF	OTHER INV	/ESTMENTS		STATEMENT	8
	V.	VESTMENTS ALUATION METHOD	BOOK VALUE		8
FORM 990-PF	V.	LUATION	BOOK VALUE 200,000.	STATEMENT FAIR MARKET	8

9

STATEMENT

	FANTIAL CONTRIBUTORS			
NAME OF CONTRIBUTOR	ADDRESS			
ALPHA EQUIPMENT SALES & RENTAL CO	524 STOCKTON STREET JACKSONVILLE, FL 32204			
FLORIDA MECHANICAL SYSTEMS	526 STOCKTON STREET JACKSONVILLE, FL 32204			
FMS MAINTENANCE INC	520 NIXON STREET JACKSONVILLE, FL 32204			
NFC CONSTRUCTION & RENTAL CO	526 STOCKTON STREET JACKSONVILLE, FL 32204			
W.W. AND ELOISE D. GAY	5809 CEDAR OAKS DRIVE			

JACKSONVILLE, FL 32210

FORM 990-PF

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

STATEMENT

10

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

W.W. GAY, TRUSTEE C/O W.W. GAY MECHANICAL CONTRACTOR 524 STOCKTON STREET JACKSONVILLE, FL 32204

TELEPHONE NUMBER

904-280-2053

#### FORM AND CONTENT OF APPLICATIONS

NAME, ADDRESS, FORM 501(C)(3) APPROVAL LETTER FROM THE IRS, REASON FOR APPL. TELEPHONE NUMBER & ANY OTHER INFORMATION DEEMED APPROPRIATE.

#### ANY SUBMISSION DEADLINES

NONE

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

ALL DISTRIBUTIONS ARE TO BE MADE AT THE SOLE DISCRETION OF THE TRUSTEES; HOWEVER, THE TRUSTEES SHALL AVOID THE SUPPORT OF FUND RAISING CAMPAIGNS AND SHALL MAKE NO CONTRIBUTIONS TO THE UNITED WAY.

Form **8868** 

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			$\triangleright$ $X$
If you a	re filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II (on page 2 of t	hıs form).		
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tim	e to file (6	months for a	corporation
	o file Form 990-T), or an additional (not automatic) 3-mor			•		
•	file any of the forms listed in Part I or Part II with the exc		· ·		•	
	Benefit Contracts, which must be sent to the IRS in pap					
	irs.gov/efile and click on e-file for Charities & Nonprofits.		Good Motification by: 1 of More detaile o	11 1110 0100	tromo ming or	
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies nee	eded)		<del></del>
	tion required to file Form 990-T and requesting an auton					
Part I only		natic offic	THE EXCENSION - CHECK THIS BOX AND C	ompiete		
•	•	10				
	orporations (including 1120-C filers), partnerships, REM. me tax returns.	ics, and u	usts must use Form 7004 to request	t an exten	sion or ume	
				Faralassa		
Type or	Name of exempt organization or other filer, see instruction of the results of the control of the results of the		OM.	Employer	identification	number (EIN) or
orint	W.W. AND ELOISE D. GAY FOUNDATION, C/O MR. W.W. GAY				21 172	4600
ile by the			31-172			
tue date for iling your	Number, street, and room or suite no. If a P.O. box, so	ee instruct	tions.	Social se	cunty number	(SSN)
eturn See	524 STOCKTON STREET					
nstructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	JACKSONVILLE, FL 32204					
Enter the I	Return code for the return that this application is for (file	a separat	te application for each return)			0 4
Application	on	Return	Application			Return
Is For Code Is For				Code		
om 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-	BL	02	Form 1041-A			08
Form 4720	) (individual)	03	Form 4720			09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
	W.W. GAY, TRUST	ree				
• The bo	oks are in the care of ▶ 524 STOCKTON ST		- JACKSONVILLE, F	L 322	04	
	one No. ► (904)356-6311		FAX No. ▶			
	rganization does not have an office or place of business	e in the l ln			<del></del>	▶ □
	s for a Group Return, enter the organization's four digit (			f this is fo	the whole arc	NUD check this
oox ► [	<u> </u>					
					ers the extens	on is ior.
	quest an automatic 3-month (6 months for a corporation $AUGUST \ 15$ , $2013$ , to file the exemp				The audonouse	
	•	t organiza	tion return for the organization name	ed above.	ine extension	
	r the organization's return for:					
	$\frac{X}{X}$ calendar year $\frac{2012}{X}$ or					
	tax year beginning	, an	d ending		_ ·	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: L Initial return L I	Final retur	n	
L	☐ Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
non	refundable credits. See instructions.			3a	\$	<u>2,381.</u>
<b>b</b> If th	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
<u>est</u> ıı	mated tax payments made. Include any prior year overp	ayment al	llowed as a credit.	3ь	\$	731 <u>.</u>
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System).	-	·	3с	\$	1,650.
	If you are going to make an electronic fund withdrawal v		<del></del>	orm 8879-	EO for paymen	
	or Privacy Act and Panerwork Reduction Act Notice		= :-			88 (Rev. 1-2013)