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# SCANNED AUG 0 4 2014

Form **990-PF** 

### **Return of Private Foundation**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of. For calendar year 2013 or tax year beginning

	me of foundation	·····		A Employer identification	number
	.W. AND ELOISE D. GAY FOUR	24 1004600			
	C/O MR. W.W. GAY	Room/suite	31-1724609	<u>-</u>	
	nber and street (or P O box number if mail is not delivered to street a $24~{ m STOCKTON}~{ m STREET}$	Hoonvalle	B Telephone number (904)356-6	311	
	y or town, state or province, country, and ZIP or foreign po	stal code		C If exemption application is p	
	ACKSONVILLE, FL 32204	Star Couc		i exemption application is p	rending, check here
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		0 -	
	Address change	Name change		Foreign organizations me check here and attach co	pering the 85% test, perputation
H C	Check type of organization: X Section 501(c)(3) exe			E If private foundation sta	tus was terminated
		Other taxable private founda		under section 507(b)(1)	)(A), check here
	air market value of all assets at end of year J Accountin	_	Accrual	F If the foundation is in a	
	rom Part II, col. (c), line 16)  ▶\$ 2 , 778 , 467 . (Part I, colun	er (specify)	) asis )	under section 507(b)(1)	)(B), check here
	art   Analysis of Revenue and Expenses		(b) Net investment	(c) Adjusted net	(d) Disbursements
Fe	(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	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	308,000.		N/A	
	2 Check If the foundation is not required to attach Sch B	· ·			
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	33,725.	33,725.		STATEMENT 1
i	5a Gross rents				
	b Net rental income or (loss)	11 214			
e	62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all Q1 F Q F 7	11,314.		REG	EIVED :
Revenue	b Gross sales price for all 815,852.		11,314.	1 \	LIVED 18
Æ	7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain		11,014.	<u> </u>	3 1 2014 G
	9 Income modifications		·	4 101 101	3 - 20:11 0
	Gross sales less returns and allowances				<u> </u>
	b Less Cost of goods sold			OG	DEN, UT
	c Gross profit or (loss)				The second secon
	11 Other income				
	12 Total. Add lines 1 through 11	353,039.	45,039.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				<u> </u>
S	15 Pension plans, employee benefits 16a Legal fees STMT 2	65.	0.		0.
enses	16a Legal fees   STMT 2   b Accounting fees   STMT 3	2,100.	2,100.		0.
Š	c Other professional fees	2,100.	2,200.		
Б	17 Interest				<del> </del>
ati	18 Taxes STMT 4	2,478.	339.		0.
nistr	19 Depreciation and depletion				
<u>=</u>	20 Occupancy				
١٩d	21 Travel, conferences, and meetings				
anc	22 Printing and publications				
Operating and Administrative Exp	23 Other expenses STMT 5	10.	0.	_	0.
erat	24 Total operating and administrative	4,653.	2,439.	ļ	0.
ŏ	expenses. Add lines 13 through 23	447,750.	2,433.		447,750.
	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.				131,1301
	Add lines 24 and 25	452,403.	2,439.		447,750.
_	27 Subtract line 26 from line 12				
	Excess of revenue over expenses and disbursements	<99,364.			
	b Net investment income (if negative, enter -0-)		42,600.		
	c Adjusted net income (if negative, enter -0-)			N/A	
3235 10-1	501 10-13 LHA For Paperwork Reduction Act Notice, see in	nstructions.			Form <b>990-PF</b> (2013)

C/O MR. W.W. GAY

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ᆷ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	
<u></u>	ar t	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.	1.
	2	Savings and temporary cash investments	930,443.	639,260.	639,260.
	3	Accounts receivable >	·		
	ļ	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 ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 6	277,575.	283,819.	
	C	Investments - corporate bonds STMT 7	1,304,455.	1,340,029.	1,554,433.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans	_		
	13	Investments - other STMT 8	200,000.	350,000.	349,818.
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation	_		
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item 1)	2,712,473.	2,613,109.	2,778,467.
	17	Accounts payable and accrued expenses			1
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
ap	21	Mortgages and other notes payable			ļ.
_	22	Other liabilities (describe			,
			,		1
	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			
	25	Temporarily restricted			
Fund Balan	26	Permanently restricted			, ,
힏		Foundations that do not follow SFAS 117, check here	-		, ,
Ę		and complete lines 27 through 31.			
s or	27	Capital stock, trust principal, or current funds	2,712,473.	2,613,109.	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Šet	30	Total net assets or fund balances	2,712,473.	2,613,109.	
	31	Total liabilities and net assets/fund balances	2,712,473.	2,613,109.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30	Τ-	
'		st agree with end-of-year figure reported on prior year's return)	<del></del>	1	2,712,473.
2	•	r amount from Part I, line 27a		2	<99,364.>
		er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	<del></del>	4	2,613,109.
		reases not included in line 2 (itemize)		5	0.
		I net assets or fund halances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,613,109.

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W.W. AND ELOISE D. GAY FOUNDATION, 31-1724609 C/O MR. W.W. GAY Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (a) List and describe the kind(s) of property sold (e.g., real estate, (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) SEE ATTACHED STATEMENT (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 815,852. 804,538. 11,314. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 11,314. If gain, also enter in Part I, line 7 11,314. 2 Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 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 N/A Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

Enter the appropriate amount in each colu	mn for each year; see the instructions be	fore 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	(col.	Distribution ratio (b) divided by col. (c))
2012	515,767.	2,409,884.		.214022
2011	368,000.	1,977,327.		.186110
2010	780,750.	2,178,992.		.358308
2009	820,400.	2,585,676.		.317286
2008	532,534.	3,591,958.		.148257
<ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the 5-year ba</li></ul>	see paried - divide the total on line 2 by 5	or by the number of years	2	1.223983
the foundation has been in existence if less		or by the number of years	3	.244797
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5				2,473,087.
5 Multiply line 4 by line 3	5	605,404.		
6 Enter 1% of net investment income (1% or	6	426.		
7 Add lines 5 and 6			7	605,830.
8 Enter qualifying distributions from Part XII	, line 4		8	447,750.
If line 8 is equal to or greater than line 7, c	heck the box in Part VI, line 1b, and comp	olete that part using a 1% tax rate.		

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See the Part VI instructions.

w.w. AND ELOISE D. GAY FOUNDATION,

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 4948 -</u>	see ins	stru	ctio	ns)
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			8	52.
	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.
	Add lines 1 and 2	3			8	<u>52.</u>
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			8	52.
6	Credits/Payments:					1
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 1,000	.				
b	Exempt foreign organizations - tax withheld at source	7 ]				!
C	Tax paid with application for extension of time to file (Form 8868)  6c 750					i
	Backup withholding erroneously withheld 6d	7				i
	Total credits and payments. Add lines 6a through 6d	7 7 1			1,7	50.
	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				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			8	98.
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ 898. Refunded ▶	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 interver	e in			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 the definition	n) <b>?</b>		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish					
	distributed by the foundation in connection with the activities					
С	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.					
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •						1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				ł
	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 incorporation	or				1
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	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?						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 state of the state	te law		i		
	remain in the governing instrument?			6	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part )	v		7	X	
						-
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					X	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10		STMT	9	10	Х	

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W.W. AND ELOISE D. GAY FOUNDATION, Form 990-PE (2013) C/O MR. W.W. GAY 31-1724609 Page 5 Part VII-A | Statements Regarding Activities (continued) 11. At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X 12 If "Yes," attach statement (see instructions) X 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A Telephone no  $\triangleright$  (904)356-6311 14 The books are in care of W.W. GAY, TRUSTEE ZIP+4 ►32204 Located at ▶ 524 STOCKTON STREET, JACKSONVILLE, FL 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A **▶** | 15 | and enter the amount of tax-exempt interest received or accrued during the year No Yesl 16 At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, X 16 securities, or other financial account in a foreign country? 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 File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly); Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No 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 Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b 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 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 X 1c before the first day of the tax year beginning in 2013? 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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning Yes X No before 2013? 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 N/A2b statement - see instructions.) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2013 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

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X

X

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2013)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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

31-1724609 Form 990-PF (2013) C/O MR. W.W. GAY Page 7 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 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 Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 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. Amount N/A All other program-related investments. See instructions.

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▶

Total. Add lines 1 through 3

C/O MR. W.W. GAY

31-1724609 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 2,043,857. a Average monthly fair market value of securities 1a 466,891. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 2,510,748. 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 2 2.510.748. 3 3 Subtract line 2 from line 1d 37,661.Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5 Net value of noncharitable-use assets, Subtract line 4 from line 3. Enter here and on Part V, line 4 5 2,473,087. 123,654 6 Minimum investment return. Enter 5% of line 5 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.) 123,654. Minimum investment return from Part X, line 6 1 852. Tax on investment income for 2013 from Part VI, line 5 Income tax for 2013. (This does not include the tax from Part VI.) 2b h 852 2c c Add lines 2a and 2b 122.802 3 Distributable amount before adjustments Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) 122,802.Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 447,750. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 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 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 447.750. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income. Enter 1% of Part I, line 27b 6 Adjusted qualifying distributions. Subtract line 5 from line 4

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

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4940(e) reduction of tax in those years.

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C/O MR. W.W. GAY

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,		<u> </u>	<del></del>	
line 7				122,802.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only	ĺ		0.	
b Total for prior years:			<del>-</del>	
•		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 355, 478.				
<b>b</b> From 2009 692,516.				
c From 2010 674,584.				
dFrom 2011 269,801.				
eFrom 2012 397,143.				
f Total of lines 3a through e	2,389,522.	<u></u>		
4 Qualifying distributions for 2013 from				
Part XII, line 4. ► \$ 447,750.				
a Applied to 2012, 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.			100 000
d Applied to 2013 distributable amount				122,802.
e Remaining amount distributed out of corpus	324,948.			
5 Excess distributions carryover applied to 2013 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,714,470.	ľ		,
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	<u></u>	0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014			<del></del>	0.
7 Amounts treated as distributions out of	}			į
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008	255 470	:		
not applied on line 5 or line 7	355,478	, <u>.                                  </u>		
9 Excess distributions carryover to 2014.	2 250 002			
Subtract lines 7 and 8 from line 6a	2,358,992.	<del></del>	<del> </del>	
10 Analysis of line 9: a Excess from 2009 692,516.	ļ			}
CB4 504				!
	1			
dExcess from 2012 e Excess from 2013 324, 948.	ł			
6 LACGOO II UIII 2010 JAT, JEO			<u> </u>	

Part XIV   Private Operating For	oundations (see in	structions and Part VI	I-A guestion 9)	N/A	Z-1007 Tage N			
<del></del>			1	11/11				
	1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling							
b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or 4942(j)(5)								
2 a Enter the lesser of the adjusted net Tax year Prior 3 years								
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total			
investment return from Part X for	(-)		(,,	<del>                                     </del>				
each year listed  b 85% of line 2a				<del>                                     </del>	<del></del>			
c Qualifying distributions from Part XII,					<del></del>			
line 4 for each year listed								
d Amounts included in line 2c not				-	-			
used directly for active conduct of								
exempt activities								
e Qualifying distributions made directly								
for active conduct of exempt activities.								
Subtract line 2d from line 2c								
3 Complete 3a, b, or c for the	<del></del>	·		<del></del>				
alternative test relied upon:								
<ul><li>a "Assets" alternative test - enter.</li><li>(1) Value of all assets</li></ul>								
` '					<del> </del>			
(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					<u> </u>			
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets			
at any time during t		ructions.)			<del></del>			
1 Information Regarding Foundation	_							
a List any managers of the foundation wh year (but only if they have contributed n			tributions received by the	ne foundation before the cic	ise of any tax			
W.W. GAY AND ELOISE		3011011 007 (d)(L).)						
<b>b</b> List any managers of the foundation wh	o own 10% or more of th		(or an equally large por	tion of the ownership of a p	partnership or			
other entity) of which the foundation has <b>NONE</b>	s a 10% or greater intere	st.						
	ion Coont Ciff Lore	Cohelerahin etc. D	rogramo					
2 Information Regarding Contribution				s not accept unsolicited rea	uests for funds. If			
Check here 🕨 🔀 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.								
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:								
, , , , ,	bot of a man address of	mo por com to military						
SEE STATEMENT 10  b The form in which applications should b	as submitted and informa	tion and materials they a	hould include:	·				
The form in which applications should t			noula include.		·			
c Any submission deadlines:								
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutions, o	r other factors:				

31-1724609 C/O MR. W.W. GAY Page 11 Supplementary Information (continued)

3 · Grants and Contributions Paid During the Year or Approved for Future Payment 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 a Paid during the year UNRESTRICTED - CHARITY ALZHEIMER'S ASSOCIATION NONE NON-PRIVATE 4237 SALISBURY RD 750. JACKSONVILLE, FL 32216 AMERICAN CANCER SOCIETY NON-PRIVATE UNRESTRICTED - CHARITY NONE 1430 PRUDENTIAL DR JACKSONVILLE, FL 32207 2,500. AMERICAN LUNG ASSN NONE NON-PRIVATE UNRESTRICTED - CHARITY 6852 OAKS PLACE JACKSONVILLE, FL 32216 2,000. BAPTIST ASSN FOR SPECIAL CHILDREN & NONE NON-PRIVATE UNRESTRICTED - CHARITY ADULTS PO BOX 7098 ORANGE PARK, FL 32073 50,000. BAPTIST MEDICAL CENTER NONE NON-PRIVATE UNRESTRICTED - CHARITY 836 PRUDENTIAL DRIVE STE 1205 JACKSONVILLE, FL 32207 90,000. SEE CONTINUATION SHEET(S) 447,750. ➤ 3a b Approved for future payment NONE Total **▶** 3b

323611 10-10-13

C/O MR. W.W. GAY

Part XVI-A Analysis of Income-Producing Activities
--

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	Couc		1000		<del></del>
h	-		_		
·	-		-		
d	-		<del></del>	-	
u	-	<del></del>	+ -	·	
	-  +	<del>_</del>	+		
g Fees and contracts from government agencies		<del></del>		<del></del>	<del></del>
g Fees and contracts from government agencies  2 Membership dues and assessments	<del></del>			_	
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	33,725.	
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					<del></del>
8 Gain or (loss) from sales of assets other than inventory			18	11,314.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					·
11 Other revenue:					
a					
b	_				
C					<u> </u>
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	- [	0	).	45,039.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	45,039.
(See worksheet in line 13 instructions to verify calculations.)					

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
·	
	<del></del>
323621	F 000 DE (004)
23621 0-10-13	Form <b>990-PF</b> (2013

C/O MR. W.W. GAY

31-1724609 Page 13

	Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable											
•		Exempt Organ										
1 Did	the org	anization directly or indi	rectly engage in any	of the followin	ng with ar	y other organizati	on describ	ed in section	on 501(c) of		Yes	No
the	Code (d	other than section 501(c	)(3) organizations) o	r ın section 52	27, relatın	g to political orgai	nızatıons?					İ
		rom the reporting found										
(1)	Cash									1a(1	)	X
	Other	assets								1a(2	!)]	X
		actions:										
		of assets to a noncharita	ble exempt organizat	tion						1b(1	)	X
٠.		ases of assets from a no								1b(2	_	X
٠,		of facilities, equipment,	•	J						1b(3	)	X
, ,		ursement arrangements								1b(4	)	X
									1b(5	_	X	
(-)									1b(6	_	X	
٠,,		facilities, equipment, ma	•	-						1c	1	X
		er to any of the above is				umn (b) should al	wavs show	v the fair m	arket value of the goods	other as	ssets.	
		given by the reporting f									,	
		) the value of the goods,					, .		,	•		
(a)Line no		(b) Amount involved		f noncharitable		organization	(d)	Description	of transfers, transactions, an	d sharing a	arrangem	ents
<del>(-/</del>	+			N/A			+ ``					
	╫┈											
	+-		· · · · · · · · · · · · · · · · · · ·									
	+				_							
	┼┈╌	<del></del>										—
	+-											
	┼─		<del>                                     </del>					_				—
	+		<del>                                     </del>									
	+		<del> </del>	<del>,</del>	<del></del>							
	+		<del> </del>									
	-		<del> </del>									
	-						+					
		<u> </u>										
	-											
	+-	<del>-</del>	<del></del>			<u></u>						
						tou ouemat araon	uzotro po de					—
		dation directly or indirec					izations ut	escribed		Ye:	. 🔽	☐ No
		501(c) of the Code (othe	•	)(3)) or in seci	110/1 52/						S <u>L</u>	-1 MO
<u> </u>	res," co	mplete the following sch			L (b) Tur	e of organization			c) Description of relation	ehin		
		(a) Name of org	Janizanon		(0) 191	or organization		'	C) Description of relation	-		
		N/A			-		-					
					<del> </del>		<del> </del>					
			<del></del>			_	<del> </del>		·			
					<del> </del>		<del> </del>				<del></del>	
	Under	penalties of perjury, I declare	that I have examined th	is return, includin	ng accomp	anving schedules and	d statements	s, and to the	best of my knowledge —			
Cian	and be	lief, it is true, correct, and co	mplete Declaration of pr	reparer (other tha	an taxpayer	) is based on all infor	mation of wh	nich preparer	has any knowledge	Nay the IRS eturn with	the prepa	rer
Sign					RUSTE		hown belo		<b></b>			
11010	Sign	ature of officer or trustee		<u> </u>		ate				LX Ye	:\$ ∟	∟ No
	J			Preparer's s		aic	Date	Т	Check   If   PTIN			
		Print/Type preparer's n	anno 0	Troparer 5	J'icruie	<b>1</b> .	Date		self- employed	•		
Paid		TTM DESTES	7	1 / 1	1	1/ _	12/11	1.0		0044	9701	l
	370-	JIM PEAVEY			<u> </u>		1//6	114	Firm's EIN ► 20 – 0			
Prepa Use (		Firm's name ► THE	, GKIGGSGF	KUUL/, C	CPAS	•			FIRM SEIN P ZU-	0100.	<b>∠</b> <del>'</del> ± 0	
Use (	Jilly	Firm's address > 2.3	O DONTOR	יי גמחםז	NDV	DD Cm '	001		<del>                                     </del>			
Firm's address ▶ 238 PONTE VEDRA PARK DR, ST 20							T U T		I			

PONTE VEDRA BEACH, FL 32082

Phone no. 904-280-2053

### 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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs.gov/form990 ·

OMB No 1545-0047

2013

Name of the organization

W.W. AND ELOISE D. GAY FOUNDATION, C/O MR. W.W. GAY

Employer identification number

31-1724609

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	501(c)( ) (enter number) organization					
		4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990-	-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
•	ŭ	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions					
General R	Rule						
	For an organization contributor Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II					
Special R	ules						
5	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.						
t	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						
o II F	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 lf 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
		hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV. line 2. of its Form 990: or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2. 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) (2013)

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

	<u></u>	q <del></del>	
(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	\$300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FMS MAINTENANCE INC 2516 EDISON AVENUE  JACKSONVILLE, FL 32204	\$8,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

W.W. AND ELOISE D. GAY FOUNDATION, C/O MR. W.W. GAY

31-1724609

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part 1 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I 323453 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization **Employer identification number** W.W. AND ELOISE D. GAY FOUNDATION. C/O MR. W.W. GAY 31-1724609 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) Part III 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 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 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM, 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUR	RITIES S'	FATEMENT 1	
GROSS AMOUNT		CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
NORTHWESTERN MUTUAL INVESTMENT SERVICES	48,286	. 14,56	1. 33,725.	33,725.		
TO PART I, LINE 4 =	48,286	14,56	33,725.	33,725.		
FORM 990-PF	<u> </u>	LEGAL	FEES	sı	PATEMENT 2	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES		65.	0.		0.	
TO FM 990-PF, PG 1,	LN 16A =	65.	0.		0.	
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES		2,100.	2,100.		0.	
TO FORM 990-PF, PG 1	, LN 16B	2,100.	2,100.		0.	
FORM 990-PF		TAXES		STATEMENT 4		
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES FEDERAL INCOME TAX	_	339. 2,139.	339.		0.	
TO FORM 990-PF, PG 1		2,478.	339.		0.	
	=					

FORM. 990-PF	OTHER E	XPENSES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON		
BANK CHARGES	10.	0	•		0.
TO FORM 990-PF, PG 1, LN 23	10.	0			0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	6
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	1
EQUITIES		-	283,819.	234,95	5.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	<u> </u>	283,819.	234,95	5.
FORM 990-PF	CORPORAT	E BONDS		STATEMENT	7
DESCRIPTION		ВС	OOK VALUE	FAIR MARKET VALUE	1
MUTUAL FUNDS			1,340,029.	1,554,43	3.
TOTAL TO FORM 990-PF, PART II	, LINE 10C		1,340,029.	1,554,43	3.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT	8
		LUATION ETHOD BO	OOK VALUE	FAIR MARKET VALUE	1
DESCRIPTION	M				
DESCRIPTION FIXED INCOME		COST E	350,000.	349,81	8.

9

STATEMENT

•	PART VII-A, LINE 10				
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 LIST OF SUBSTANTIAL CONTRIBUTORS

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 10 PART XV, LINES 2A THROUGH 2D

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.

	Losses for Tax on Investment Income				
(a) List a 2-story	nd describe the kind(s) of property sol brick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr )
1a THE BOND FUND OF AMERICA CL A					06/24/13
b PIMCO LOW DUR			P	09/13/12	
	OF AMERICA CL A		P		06/24/13
d BANK BARODA N	EW YORK	· · · · · · · · · · · · · · · · · · ·	P	04/24/13	10/30/13
e BANK INDIA NE	W YORK		P	04/01/13	
	OF AMERICA CL A		P	VARIOUS	
g SAFRA NATL BK			P	01/19/12	01/31/13
h CAPITAL GAINS	DIVIDENDS				
					· · · · · ·
1	<del>-</del>				
<u>k</u>					<del></del>
<u></u>					
m n					
<u>n</u> 0					
	(f) Depreciation allowed	(g) Cost or other basis	(hi	Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale		lus (f) minus (g)	
a 1,091	•	1,135.			<44.>
b 200,000		202,624.		·	<2,624.>
c 544		561.			<17.>
d 150,000		150,000.			0.
e 200,000		200,000.			0.
f 49,656		50,218.			<562.>
g 200,000		200,000.			0.
h 14,561	•		<del></del>		14,561.
<u>J</u>					
<u>k</u>					
<u></u>				·	
m n					
0					
	wing gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col (h))	
	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess of	of col. (h) gain over	
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but n	ot less than "-0-")	
a					<44.>
b			_		<2,624.>
C					<17.>
d					0.
e			<del> </del>	<del></del>	0.
f					<562.>
<u>g</u>					<u>0.</u> 14,561.
<u>h</u>					14,561.
1					
k				<del></del>	
	+	+		· <u> </u>	
m	<u> </u>		<del>.</del>	<del></del> -	
n					<del></del>
0					_
	. If som also onto	un Part I lung 7			
2 Capital gain net income or (net	capital loss) { If gain, also enter If (loss), enter "-C	)-" in Part I, line 7 }	2		11,314.
3 Net short-term capital gain or (	loss) as defined in sections 1222(5) an	, I			
If gain, also enter in Part I, line	8, column (c).	}		/-	
If (loss), enter "-0-" in Part I, lin	e 8	j l	ર !	N/A	

3 Grants and Contributions Paid During the	Year (Continuation)			
, Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	ļ.	
BEACHES MUSEUM & HISTORY	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
881 BEACH BLVD				F0.0
JACKSONVILLE, FL 32250			<del>                                     </del>	500
BOB TEBOW EVANGELISTIC ASSOC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
834-14 GOODBY'S EXEC DR	NONE	NON-PRIVATE	ONESTRICIED - CHARITI	
ACKSONVILLE, FL 32217				10,000
				<u> </u>
BOY SCOUTS OF AMERICA	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
21 S EDWOOD AVE				
ACKSONVILLE, FL 32205				10,000
ROOKS REHABILITATION CENTER	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
3599 UNIVERSITY BLVD SOUTH				
JACKSONVILLE, FL 32216				20,000
CAMP TRACY 1057 ARLINGTON ROAD	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32211				2,500
,		<u> </u>		
CATHEDRAL ARTS PROJECT	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
4063 SALISBURY ROAD, SUITE 107				
JACKSONVILLE, FL 32216		<u> </u>		10,000
CHEROKEE OF GEORGIA TRIBAL COUNCIL	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
RT 1 BOX 1019				1 000
SAINT GEORGE, GA 31562		<u> </u>	<u> </u>	1,000
CHILD DEVELOPMENT CENTER	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
318 OCEAN BLVD	HONE	AIRVINI-NON	DIKESTRICIED - CHARITI	
ATLANTIC BEACH, FL 32233				1,000
CHILDRENS CANCER RECOVERY FON	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 238				
HERSHEY, PA 17033		<del> </del>		1,000
				-
CITY RESCUE MISSION PO BOX 60291	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32236				5,000
Total from continuation sheets				302,500

Part XV Supplementary Informati  3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	1	<del></del>	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	<del>                                     </del>	
CLAY COUNTY YOUTH CHARACTER BLDG	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
461 MCINTOSH AVE	14.12			
ORANGE PARK, FL 32073		ļ		2,000
COMMUNITY FOUNDATION	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
245 RIVERSIDE AVENUE, STE 310				
JACKSONVILLE, FL 32202		<u> </u>	-	3,000
COMMUNITY HOSPICE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1266 SUNBEAM RD	NONE	NOW TRIVILLE	DARESTRICTES CHARTIT	
JACKSONVILLE, FL 32257				5,000
CONSERVATIVE THEOLOGICAL	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
12021 OLD ST AUGUSTINE RD				
JACKSONVILLE, FL 32258				3,000
COUNCIL ON AGING OF CLAY COUNTY	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
604 WALNUT STREET	10.12			
GREEN COVE SPRINGS, FL 32043				2,000
CROHNS & COLITIS FOUNDATION	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 9842				5 000
JACKSONVILLE, FL 32208				5,000
CUMMER ART MUSEUM	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
329 RIVERSIDE AVENUE				
JACKSONVILLE, FL 32204				20,000
CYSTIC FIBROSIS FDN	NONE	NON-PRIVATE	THE EGGE LOWER GALLET	
3382 BAYMEADOWS RD #9	HOME	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32256				15,000
DESIRE STREET MINISTRIES	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 18057				
ATLANTA, GA 30316				1,000
מספגעע מישוב מישוב	NONE	MON - DD TVA MV	(INDECEDIOMED CUARTOR	
DREAMS COME TRUE 6803 SOUTHPOINT PARKWAY	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32216				1,000
Total from continuation sheets				

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor EAST WEST MINISTRIES NONE NON-PRIVATE UNRESTRICTED - CHARITY 4450 SOJOURN DRIVE, STE 100 ADDISON, TX 75001 5,000. EMPOWERED PARENTS UNRESTRICTED - CHARITY NONE NON-PRIVATE PO BOX 60722 JACKSONVILLE, FL 32236 5,000. EPIC SURF MINISTRIES NON-PRIVATE UNRESTRICTED - CHARITY NONE PO BOX 50952 JACKSONVILLE BEACH, FL 32240 3,000. FIRESIDE MINISTRIES NONE NON-PRIVATE UNRESTRICTED - CHARITY 2313 LAUREL LN AUGUSTA, GA 30904 500. NON-PRIVATE FIRST BAPTIST CHURCH OF JACKSONVILLE NONE UNRESTRICTED - CHARITY 124 WEST ASHLEY STREET 3,000. JACKSONVILLE, FL 32202 NONE FIRST COAST CRIME STOPPERS INC NON-PRIVATE UNRESTRICTED - CHARITY 8647 BAYPINE RD JACKSONVILLE, FL 32256 2,000. FIRST MORNING STAR NON-PRIVATE NONE UNRESTRICTED - CHARITY 115 NW 55TH ST GAINESVILLE, FL 32607 1,000. 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 NON-PRIVATE FUTURE NOW NONE UNRESTRICTED - CHARITY 5809 CEDAR OAKS DRIVE JACKSONVILLE, FL 32210 500. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor GUARDIAN OF DREAMS NONE NON-PRIVATE UNRESTRICTED - CHARITY 4920 BRENTWOOD AVE JACKSONVILLE, FL 32206 3,000. HAGGAI INST NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 13 ATLANTA, GA 30370 3,000. NONE NON-PRIVATE UNRESTRICTED - CHARITY HANDS ON JACKSONVILLE 6817-1902 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216 2,000. HEART FOR CHILDREN INC NONE NON-PRIVATE UNRESTRICTED - CHARITY 1429 WINTHROP ST JACKSONVILLE, FL 32206 1,000. NONE NON-PRIVATE UNRESTRICTED - CHARITY ICARE 1650 PARK ST JACKSONVILLE, FL 32204 5,000. JACKSONVILLE SPEECH & HEARING CENTER NONE NON-PRIVATE UNRESTRICTED - CHARITY 1128 N LAURA ST 5,000. JACKSONVILLE, FL 32206 UNRESTRICTED - CHARITY JACKSONVILLE YOUNG LIFE NONE NON-PRIVATE PO BOX 2173 1,000. JACKSONVILLE, FL 32203 JUNIOR ACHIEVEMENT NONE NON-PRIVATE UNRESTRICTED - CHARITY 4049 WOODCOCK DR, 2ND FL JACKSONVILLE, FL 32207 5,000. NONE NON-PRIVATE UNRESTRICTED - CHARITY **K9S FOR WARRIORS** 260 S ROSCOE BLVD PONTE VEDRA BEACH, FL 32082 5,000. NON-PRIVATE UNRESTRICTED - CHARITY L'ARCHE HARBOR HOUSE NONE 700 ARLINGTON RD N 2,000. JACKSONVILLE, FL 32211 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor MAYO CLINIC NONE NON-PRIVATE UNRESTRICTED - CHARITY 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 20,000. MERCY SHIPS NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 2020 GARDEN VALLEY, TX 75771 3,000. MURRAY HILL MINISTRIES NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 380006 JACKSONVILLE, FL 32205 3,000. OPERATION NEW HOPE NONE NON-PRIVATE UNRESTRICTED - CHARITY 1830 N MAIN ST 1,000. JACKSONVILLE, FL 32206 RODELL ROBERTS SCHOLARSHIP FUND NONE NON-PRIVATE UNRESTRICTED - CHARITY 524 STOCKTON STREET JACKSONVILLE, FL 32204 500. RONALD MCDONALD HOUSE NONE NON-PRIVATE UNRESTRICTED - CHARITY 824 CHILDRENS WAY JACKSONVILLE, FL 32207 3,000. SALVATION ARMY NONE NON-PRIVATE UNRESTRICTED - CHARITY 1032 MEETROPOLITAN PKWY SW ATLANTA, GA 30310 5,000. ST VINCENTS HEART CENTER NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 41564 JACKSONVILLE, FL 32203 25,000. THE ASHLEY FOUNDATION NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 1688 ST AUGUSTINE, FL 32085 1,000. THEATRE WORKS INC NONE NON-PRIVATE UNRESTRICTED - CHARITY 8355 W PEORIA AVE PEORIA, AZ 85345 1,500. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Purpose of grant or Foundation show any relationship to status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor TIM TEBOW FOUNDATION NONE NON-PRIVATE UNRESTRICTED - CHARITY 2220 COUNTY ROAD 210 W, STE 108 JACKSONVILLE, FL 32259 2,000. NON-PRIVATE TOCCOA FALLS COLLEGE NONE 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 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 NONE NON-PRIVATE UNRESTRICTED - CHARITY 1325 SAN MARCO BLVD, STE 802 JACKSONVILLE, FL 32207 5,000. YMCA NONE NON-PRIVATE UNRESTRICTED - CHARITY 12735 GRAN BAY PKWY W, STE 250 JACKSONVILLE, FL 32258 20,000. ZOE UNIV INC NONE NON-PRIVATE UNRESTRICTED - CHARITY 6504 ARLINGTON RD JACKSONVILLE, FL 32211 1,000. Total from continuation sheets

### Form **8868** (Rev. January 2014)

Department of the Treasury

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

File a separate application for each return.

OMB No. 1545-1709

Internal Rev	enue Service	► Information about Form 886	8 and its	instructions is at www.rrs.gov/fo	rm8868		·
• If you	are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box			► X
-	_	litional (Not Automatic) 3-Month Ex	-		this form)		
Do not c	omnlete Part II unl	ess you have already been granted	an automa	atic 3-month extension on a previous	slv filed Fo	rm 8868.	
	•	u can electronically file Form 8868 if y					a corporation
		or an additional (not automatic) 3-mo					
		ns listed in Part I or Part II with the ex		•		-	
	=	which must be sent to the IRS in pap	•				
		lick on e-file for Chanties & Nonprofits		(See Instructions). For Thore details	on the ele	ottorne ming	or this form,
Part I	<del></del>	c 3-Month Extension of Time		submit original (no conica	noodo	4)	
		Form 990-T and requesting an autor				<del></del>	
Part I on		er offit 930 Fand requesting air actor	natic offic	onth extension - check this box and	complete		▶ □
	•	ding 1120 C filem) partnembine PEM	IICo and t	musto must use Form 7004 to require			
	corporations (inclut ome tax returns	ding 1120-C filers), partnerships, REM	ics, and t	rusts must use Form 7004 to reques			
	<del></del>	A				er's identify	
Type or		t organization or other filer, see instru		ONI	Employe	r identificatio	on number (EIN) or
print		ELOISE D. GAY FOUR	NDATI	JN,		31-1724609	
File by the		W.W. GAY					
due date for		and room or suite no. If a P.O. box, s KTON STREET	ee instruc	tions.	Social se	curity numb	er (SSN)
return See instructions		st office, state, and ZIP code. For a fo	oreign add	lress, see instructions.			
	JACKSONV	ILLE, FL 32204	<del>.</del>				<del></del>
Enter the	Return code for th	e return that this application is for (file	a separa	te application for each return)			0 4
Applicat	ion		Return	Application			Return
Is For	1011		Code	Is For			'''
	or Form 990-EZ				· · · · · · · · · · · · · · · · · · ·		Code
			01	Form 990-T (corporation)			07
Form 990			02	Form 1041-A			08
	20 (individual)		03	Form 4720 (other than individual)			09
Form 990		00/-> 4 1)	04	Form 5227			10
	0-T (sec 401(a) or 4		05				11
Form 990	D-T (trust other than		<u>06</u>	Form 8870		<del></del>	12
		W.W. GAY, TRUST		TACKCONSTITE	T 222	0.4	
		of $\triangleright$ 524 STOCKTON ST	TREET		L 322	04	
		4)356-6311		Fax No.			. —
	_	not have an office or place of business					▶ □
_	is for a Group Retu	rn, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole (	group, check this
box 🕨		of the group, check this box				ers the exte	nsion is for
1   re	equest an automatic AUGUST 15	3-month (6 months for a corporation 2014 to file the exemp		to file Form 990-T) extension of time tion return for the organization name		The extension	nn.
is f	or the organization	<del></del>				o omonon	<del>- · ·</del>
	X calendar year						
	tax year begin	<del></del>	an	d ending			
	tax year begin		, an	d ending		<u> </u>	
2 If t	_	in line 1 is for less than 12 months, c	heck reas	on: Initial return	Fınal retur	n	
	Change in acco			<del></del>			
		r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			1 750
	nrefundable credits	·			3a	\$	1,750.
		r Forms 990-PF, 990-T, 4720, or 6069					
		ts made. Include any prior year overp			3ь	\$	1,000.
c Ba	lance due. Subtrac	t line 3b from line 3a Include your pa	yment wit	h this form, if required,			
		ronic Federal Tax Payment System).			3c	_\$	<u>750.</u>
		make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
ınstructio	ons						

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

LHA 323841 12-31-13

Form 8868 (Rev. 1-2014)