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Return of Private Foundation

OMB No 1545-0052

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.

▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

For	calen	idar year 2016 or tax year beginning		, and ending	_	_
Nai	ne of	foundation . AND ELOISE D. GAY FOU	NDATION,		A Employer identification	n number
		MR. W.W. GAY			31-1724609)
Nun	nber a	nd street (or P O box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
5	24	STOCKTON STREET			(904)356-6	311
		own, state or province, country, and ZIP or foreign power in the country in the c	postal code		C If exemption application is p	pending, check here
_	_	all that apply: Initial return	lastral returns of a fe		D 1. Foreign organization:	a abask basa
u (HIGUN	Final return	Amended return	rmer public charity	i. Foreigh organization	S, CHECK HEIE
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
HC	heck	type of organization: X Section 501(c)(3) e			1	
	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	E If private foundation sta under section 507(b)(1	
I Fa	air ma	arket value of all assets at end of year J Account	ing method: X Cash	Accrual	F If the foundation is in a	,, ,,
(fr	om I	Part II, col (c), line 16)	ther (specify)		under section 507(b)(1	
<u></u>	\$	2,557,962. (Part I, colu	ımn (d) must be on cash t	oasis)	L	
Pa	art I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,110,000.		N/A	
	3	Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	28,340.	28,340.		STATEMENT 1
	5a	Gross rents				
	b	Net rental income or (loss)				
<u>o</u>	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	47,499.			
0¦ <i>∤</i> Revenue	b	assets on line 6a 431,336.		45 400	RECEIVE	
2017 Reve	١.	Capital gain net income (from Part IV, line 2)		47,499		1 20
~	8	Net short-term capital gain			MAY 2 2 201	0
e	100	Income modifications Gross sales less returns	····		D	<u> </u>
2€8	ι.	and ellowances Less Cost of goods sold	 		OGDEN. U	
MAY	ı	Gross profit or (loss)		<u></u>	0002	
	ı	Other income			 	
	12	Total Add lines 1 through 11	1,185,839.	75,839.		
OCANNIC ies	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
50	14	Other employee salaries and wages				
3 ,	15	Pension plans, employee benefits				
Ø euse	ı	Legal fees STMT 2	339.	0.	ļ <u> </u>	0.
		Accounting fees STMT 3	2,000.	2,000.		0.
Ú) O	ı	Other professional fees Interest				
ativ	17 18	Taxes STMT 4	557.	264.		0.
str	19	Depreciation and depletion	337.		 	
nin.	20	Occupancy				
Adı	21	Travel, conferences, and meetings				
pu	22	Printing and publications				
ng 8	23	Other expenses STMT 5	20.	0.		0.
Operating and Administrative Ex	24	Total operating and administrative		_		
<u>a</u>	1	expenses. Add lines 13 through 23	2,916.	2,264.		0.
J		Contributions, gifts, grants paid	492,000.			492,000.
	26	Total expenses and disbursements.	404 016	2 264		400 000
	07	Add lines 24 and 25	494,916.	2,264.	<u> </u>	492,000.
	i	Subtract line 26 from line 12:	690,923.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	0,0,923.	73,575.	 	
		Adjusted net income (if negative, enter -0-)	-		N/A	

C/O MR. W.W. GAY

31-1724609

Page 2

Cash-non-enterest-bearing 2 Cash-non-enterest-bearing 3 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts ▶ Less: allowance for	Part II Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only		II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year			
2 Sewings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts 4 Pledges receivable ▶ Less advance for doubtful accounts 5 Grants receivable 1 Sewings and the control of the company of the co		art -	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
A Pictogres recovable ► Less: allowance for doubtful accounts ► 4 Pictogres recovable ► Less: allowance for doubtful accounts ► 5 Grants recovable 6 Recevables due from officers, directors, trustees, and other dequalified persons 7 Other securations receive the less: allowance for doubtful accounts ► 1 Investments - U.S. and state government obligations 1 Investments - Corporate bonds 1 Investments - Corporate		1	Cash - non-interest-bearing					
A Pledges receivable ► Lasts allowance for doubtful accounts ► 4 Pledges receivable ► Last allowance for doubtful accounts ► 5 Grants receivable ► Lasts allowance for doubtful accounts ► 6 Receivable Sture from officers, directors, trustees, and other disqualified persons 7 Own enteractions corrected to a flow for the following sture of the following students of the followin		2	Savings and temporary cash investments	168,018.	583,944.	583,944.		
Periodics receivable Less: allowance for doubtful accounts Signature content		3	Accounts receivable ►					
Becausables due from officers, directors, ruistees, and other disqualified persons 7 One about a final state state and the final state of the fin			Less: allowance for doubtful accounts	╗ .				
S crints recevables due from officers, directors, rustees, and other discussion officers of the eleven discussion of the	ĺ	4	Pledges receivable ▶					
8 Receivables due from officers, directors, trustees, and other of squalified persons 7 Total relations receive Less; allowance for doubtful accounts 10a investments - Cuty order bonds 2 Investments - Corporate bonds 3 Investments - Corporate bonds 5 TMT 7 11 investments - Corporate bonds 5 TMT 8 10a investments - Corporate bonds 5 TMT 8 10b investments - Corporate bonds 5 TMT 8 10b investments - Corporate bonds 5 TMT 8 10c investments - Corporate bonds 10			Less: allowance for doubtful accounts	7				
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Both Complete Co		7	_					
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1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 1,654,925.	P	art						
(must agree with end-of-year figure reported on prior year's return)		_			_ 			
2 Enter amount from Part Line 27a				ine 30		1 65/ 925		
		•				690 923		

2,345,848. Form **990-PF** (2016)

5

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5 Decreases not included in line 2 (itemize)

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Page 3

Part IV Capital Gains	and Lo	sses for Tax on In	vestment	Income							
(a) List and desc 2-story brick wa	ribe the ki irehouse;	nd(s) of property sold (e.g. or common stock, 200 shs	., real estate, s. MLC Co.)		(6)	b) How acquired P - Purchase D - Donation (c			acquired day, yr.)	(d) Date sold (mo., day, yr.)	
18 FUNDAMENTAL IN	VEST	OR S CLASS A					P	06/0	5/07	03/24/16	
b GENERAL ELECTR	IC C	COM					P	06/0	5/07	03/24/16	
c CAPITAL GAINS	DIVI	DENDS									
d		<u> </u>								1	
e					Ī						
(e) Gross sales price	(f) l	Depreciation allowed (or allowable)		t or other basis xpense of sale					Gain or (loss is (f) minus	(g)	
a 300,000.				260,98	9.					39,011.	
b 100,250.				123,05	0.					<22,800.>	
c 31,288.			1							31,288.	
d											
е											
Complete only for assets shown	ng gain in	column (h) and owned by	the foundation	on 12/31/69				(I) Gains (Col. (h) gair	n minus	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			CC	ol. (k), but Losse:	not less that s (from col.	n -0-) or (h))	
a										39,011.	
<u>b</u>			 							<22,800.	
C	<u> </u>					<u> </u>				31,288.	
d						 					
e											
	_				$\overline{}$	\vdash					
2 Capital gain net income or (net ca	apital loss)	If gain, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7 7	}	2				47,499.	
3 Net short-term capital gain or (los			nd (6):		`						
If gain, also enter in Part I, line 8,	column (3).				ا ا			NT / 7		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	mala v C		Dadwaaa	Tay on Nat	ر ا	3	ont In	00000	N/A	<u> </u>	
If section 4940(d)(2) applies, leave to Was the foundation liable for the sec If "Yes," the foundation does not quarter than the section the section of the	tion 4942 lify under	tax on the distributable an section 4940(e). Do not co	omplete th <u>is pa</u>	rt.					<u></u>	Yes X No	
1 Enter the appropriate amount in	each colu		iisu uctions de	iore making any e				-,-		-(0)	
Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dis		Net value of no		ritable-	_	_ 1 _	(col. (b) di	(d) bution ratio vided by col. (c))	
2015			1,227.				2,90			.338429	
2014		55	0,000.				3,16			.221492	
2013			7,750.				3,08			.181049	
2012			5,767.				9,88				
2011		36	8,000.		_1	<u>, 97</u>	7,32	7.	.18611		
2 Total of line 1, column (d)								2		1.141102	
3 Average distribution ratio for the the foundation has been in existe	-	•	on line 2 by 5,	or by the number	of ye	ears		3		.228220	
4 Enter the net value of noncharital	ole-use as	sets for 2016 from Part X,	line 5					4		1,912,138.	
5 Multiply line 4 by line 3				5		436,388.					
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		736.	
7 Add lines 5 and 6		·						7		437,124.	
8 Enter qualifying distributions from	n Part XII.	line 4						8		492,000.	
, , ,	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.										
ose the Falt VI IIISHUCHORS.											

W.W. AND ELOISE D. GAY FOUNDATION,

Form 990-PF (2016) C/O MR. W.W. GAY		31-1724		<u> </u>	age 4	
Part VI Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b), 4940(e), or	4948 - see i	nstru	ction	1S)	
1a Exempt operating foundations described in section 4940(d)(2), check here and element of the section 4940(d)(2), check here	nter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if nec	cessary-see instructions)				٠	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1 1 1		7	36.	
of Part I, line 27b	ĺ					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b).	1 1				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of		2			0.	
3 Add lines 1 and 2	more eme. • ,	3		7	36.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. 0	thers enter -N-1	4			0.	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	and onto o	5		7	36.	
6 Credits/Payments:		 " 		<u>_</u>		
•	[6a [728	1 1				
a 2016 estimated tax payments and 2015 overpayment credited to 2016		'				
b Exempt foreign organizations - tax withheld at source	6b	-}				
c Tax paid with application for extension of time to file (Form 8868)	6c	-				
d Backup withholding erroneously withheld	6d	- _		7	20	
7 Total credits and payments. Add lines 6a through 6d		7			<u>28.</u>	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	iched	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			8.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	, •	10				
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded	. 11				
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or interve	ne in		Yes	No	
any political campaign?			1a		X	
b Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	ses (see instructions for the definiti	on)?	1b_		X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	and copies of any materials publ	ished or				
distributed by the foundation in connection with the activities						
c Did the foundation file Form 1120-POL for this year?						
d 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	s.▶ \$	•				
e Enter the reimbursement (if any) paid by the foundation during the year for political expend		_				
managers. ► \$ 0.						
2 Has the foundation engaged in any activities that have not previously been reported to the II	RS?		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						
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year			4a		X	
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		<u> </u>	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	•	5	l —	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 e	ther.		1	ľ	ł	
By language in the governing instrument, or			,			
By state legislation that effectively amends the governing instrument so that no mandator	ny directions that conflict with the st	ate law	ļ '		ļ	
remain in the governing instrument?	y directions that connect with the st	ato kavv	6	x		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	maleta Bert II. eel. (e). and Bert	vi/	7	X	 	
To but the foundation have at least \$5,000 in assets at any line during the year in thes, cor	ripiete Part II, coi (c), and Part	^V	 	<u> </u>	 	
O- Fate the state to the labe to redeter a second control of the state						
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ons)			ļ		
FL						
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
of each state as required by General Instruction G? If "No," attach explanation						
9 Is the foundation claiming status as a private operating foundation within the meaning of se		alendar				
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," of		amer o	9	<u> </u>	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedu	ule listing their names and addresses	STMT 9	10	X	<u> </u>	

X

3b

4a

N/A

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

0.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndation	is, 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	1,534,923.
b		1b	1,534,923.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	10	1,941,257.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,941,257.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	29,119.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,912,138.
6	Minimum investment return. Enter 5% of line 5	6	95,607.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.)	ıd certai	
1	Minimum investment return from Part X, line 6	1	95,607.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	736.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	94,871.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	94,871.
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	94,871.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	492,000.
þ	Program-related investments - total from Part IX-B	1b	<u>0.</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	- <u>-</u>
3	Amounts set aside for specific charitable projects that satisfy the:		
8	Surtability test (prior IRS approval required)	3a	
b	,	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	492,000.
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	736.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	491,264.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,		-		
line 7				94,871.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
aFrom 2011 269,801.				
bFrom 2012 397,143.				
c From 2013 324, 948.				
d From 2014 427, 355.				
e From 2015 582,328.				
f Total of lines 3a through e	2,001,575.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 492,000.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				<u> </u>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			,
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				94,871.
e Remaining amount distributed out of corpus	397,129.			
5 Excess distributions carryover applied to 2016 (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	2,398,704.			
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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	060 001			
not applied on line 5 or line 7	269,801.			
9 Excess distributions carryover to 2017.	2 120 002			
Subtract lines 7 and 8 from line 6a 10 Analysis of line 9:	2,128,903.			
a Excess from 2012 397,143.				
b Excess from 2013 324, 948.		İ		
c Excess from 2014 427, 355.	İ			
dExcess from 2015 582, 328.				
e Excess from 2016 397,129.				
623581 11-23-16				Form 990-PF (2016)

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Part XIV Private Operating F	oundations (see ins	structions and Part VII	A, question 9)	N/A		
1 a If the foundation has received a ruling of	determination letter that	it is a private operating				
foundation, and the ruling is effective fo		*	▶			
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) 2016	(b) 2015	(c) 2014	(d) 2013	(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		_				
d Amounts included in line 2c not						
used directly for active conduct of						
exempt activities				<u> </u>		
e Qualifying distributions made directly						
for active conduct of exempt activities.				J		
Subtract line 2d from line 2c				<u> </u>		
3 Complete 3a, b, or c for the alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets		<u> </u>				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					[
b "Endowment" afternative test - enter	 -			<u> </u>		
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			if the foundatior	n had \$5,000 or m	ore in assets	
at any time during t	he year-see instr	uctions.)			<u> </u>	
1 Information Regarding Foundation						
a List any managers of the foundation wh year (but only if they have contributed n			ributions received by the	foundation before the clo	ose of any tax	
W.W. GAY AND ELOISE	D. GAY					
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large porti	on of the ownership of a p	partnership or	
NONE						
2 Information Regarding Contribut				*		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.						
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addre	ssed:		
SEE STATEMENT 10						
b The form in which applications should be	e submitted and informat	tion and materials they sh	nould include:			
c Any submission deadlines:	-		-			
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:						
a Any restrictions of limitations of awards	s, such as by geographica	u areas, charitable tielos,	KIIIUS OI IIISIIIUIIONS, OF	omer factors;		

Part XV Supplementary Information (continued) 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 AMERICAN CANCER SOCIETY NONE NON-PRIVATE UNRESTRICTED - CHARITY 1430 PRUDENTIAL DR 21,000. JACKSONVILLE, FL 32207 AMERICAN HOMETOWN VETERAN NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 559 1,000. NEWBERRY, FL 32669 AMERICAN LUNG ASSN NONE NON-PRIVATE UNRESTRICTED - CHARITY 6852 OAKS PLACE JACKSONVILLE, FL 32216 1,000. BOB TEBOW EVANGELISTIC ASSOC NONE NON-PRIVATE UNRESTRICTED - CHARITY 8834-14 GOODBY'S EXEC DR JACKSONVILLE, FL 32217 10,000. BOY SCOUTS OF AMERICA NON-PRIVATE UNRESTRICTED - CHARITY NONE 521 S EDWOOD AVE JACKSONVILLE, FL 32205 10,000. SEE CONTINUATION SHEET(S) 492,000. ➤ 3a **b** Approved for future payment NONE Total **▶** 3b Form **990-PF** (2016)

Part XVI-A	Analysis	of Income	-Producina	Activities

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		by section 512, 513, or 514	(e)	
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		code			
<u> </u>						
b	-		_ 			
<u> </u>	-	· · · · · · · · · · · · · · · · · · ·	-+			
g	-					
e	-					
g Fees and contracts from government agencies	-					
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			+ +-			
4 Dividends and interest from securities	-		14	28,340.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory			18	47,499.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
C						
d						
e			$_$ T $-$ I $_$			
12 Subtotal. Add columns (b), (d), and (e)			0.	75,839.	0.	
13 Total Add line 12, columns (b), (d), and (e)				13	75,839.	
(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).

Part X\	/II Information Re Exempt Organ	egarding Tra	nsfers To	and Transactions	and Relation	nships With Nonch	aritabl		-g <u>-</u>
1 Did th	e organization directly or indi		v of the following	ng with any other organizat	tion described in s	ection 501(c) of		Yes	No
	ode (other than section 501(c					0011011001(0)01			
	fers from the reporting found								
(1) C	Cash						1a(1)	-	x
(2) 0	Other assets						1a(2)		Х
b Other	transactions:								
(1) S	Sales of assets to a noncharita	ıble exempt organız	ation				1b(1)		X
(2) P	urchases of assets from a no	incharitable exempt	organization				1b(2)		X
(3) R	Rental of facilities, equipment,	or other assets					1b(3)		Х
(4) R	Reimbursement arrangements	}					1b(4)		Х
(5) L	oans or loan guarantees						1b(5)		X
(6) P	erformance of services or me	embership or fundra	aising solicitatio	ons			1b(6)		Х
	ng of facilities, equipment, ma						10		X
d If the	answer to any of the above is	"Yes," complete the	e following sche	edule. Column (b) should a	lways show the fa	ır market value of the goods,	other as:	sets,	
or ser	vices given by the reporting f	oundation. If the fo	undation receiv	ed less than fair market va	lue in any transact	ion or sharing arrangement,	show in		
	nn (d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name		e exempt organization	(d) Descrip	tion of transfers, transactions, and	d sharing ar	rangeme	nts
			N/A						
			<u> </u>						
				<u> </u>	_				
				· · · · · · · · · · · · · · · · · · ·			<u>.</u>		
									
									
				-					
									
	-								
		-							
								*	
2a Is the	foundation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	nizations described				
	tion 501(c) of the Code (other					[Yes	X] No
	s," complete the following sch	-							
	(a) Name of org	janization		(b) Type of organization		(c) Description of relation	ship		
	N/A								
			<u> </u>	<u></u> _	<u> </u>				
	nder penalties of perjury. I declare and belief, it is true, correct, and con	that Thave examined the notete Declaration of p	nie return, includin preparer (other tha	ng accompanying schedules and n taxpayer) is based on all infor	d statements, and to mation of which prepa	arer has any knowledge	ay the IRS		
Sign "			Last 5			sh	turn with th	(see ins	
1	Cuppeture of fofficer and trustee	<i>pr /</i>	//	3/15/17	TRUS	PEE	X Yes	L_	J No
	Signature of officer or trustee	2000	I/Drépararia a	Date	Title	I Chook I I # I DTIN			_
	Print/Type preparer's na	ınıe	(Preparer's s	gynature	Date	Check if PTIN			
Paid	TTM DEAUEV		/ /	11/1/	d/2/1-	self- employed	0440	704	
Prepare	JIM PEAVEY Firm's name ▶ PIV			14°//	171417		0449		
Use On		OI CPAS			/	Firm's EIN ► 20 - 0	/082	4 ð	
	·	8 PONTE V	ZEDRA D	YBK UB Gu (201	- 			
Firm's address ► 238 PONTE VEDRA PARK DR, ST 201 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

2016

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 charitable trust not 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						
Note: Only a section	zation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions						
General Rule							
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or om any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions						
Special Rules							
sections 50 any one cor	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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						
year, total o	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
year, contril is checked, purpose Do	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), No" on 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 meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

W.W. AND ELOISE D. GAY FOUNDATION,

Employer identification number

C/O M	R. W.W. GAY	3:	1-17 <u>24609</u>
Part I	Contributors (See instructions) Use duplicate copies of Part I	I if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	W.W. AND ELOISE D. GAY 5809 CEDAR OAKS DRIVE JACKSONVILLE, FL 32210	\$	Person 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 Noncash (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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 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 Noncash (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

623452 10-18-16

Name of organization

W.W. AND ELOISE D. GAY FOUNDATION,

C/O MR. W.W. GAY

Employer identification number

31-1724609

(b) Description of noncash property given	(c)	
	FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions) (b) Description of noncash property given (c) FMW (or estimate) (See instructions) (d) FMV (or estimate) (See instructions) (e) FMV (or estimate) (See instructions) (f) FMV (or estimate) (See instructions) (g) FMV (or estimate) (See instructions) (h) Description of noncash property given (c) FMV (or estimate) (See instructions) (d) FMV (or estimate) (See instructions)

-		(e) Transfer of	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
lo.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of	gift

(c) Use of gift

(a) No.

Part I

(b) Purpose of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(d) Description of how gift is held

Part XV Supplementary Information				
3 Grants and Contributions Paid During the			_	
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
	or śubstantial contributor	recipient		
BROOKS REHABILITATION CENTER 3599 UNIVERSITY BLVD SOUTH	NONE	NON-PRIVATE	ONRESTRICTED - CHARITY	10.000
JACKSONVILLE, FL 32216			+	10,000.
BWS MINISTRIES, INC 2732 BEAUCLERC RD	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32257		 		5,000.
CHILD DEVELOPMENT CENTER 318 OCEAN BLVD	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
ATLANTIC BEACH, FL 32233		-	+	1,000.
CHILDRENS CANCER RECOVERY FDN PO BOX 238	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
HERSHEY, PA 17033	<u> </u>		 	1,000.
CITY RESCUE MISSION PO BOX 60291	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32236		ļ	 	5,000.
CLAY COUNTY YOUTH CHARACTER BLDG 461 MCINTOSH AVE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
ORANGE PARK, FL 32073		 		2,500.
COMMUNITY HOSPICE 4266 SUNBEAM RD	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32257				3,000.
COUNCIL ON AGING OF CLAY COUNTY	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
GREEN COVE SPRINGS, FL 32043				2,000.
CROHNS & COLITIS FOUNDATION PO BOX 9842	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32208				1,000.
CHAND ADM MICRIN	NONE	NON-DRIVE	INTERCEPT CHEE	
CUMMER ART MUSEUM 829 RIVERSIDE AVENUE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32204 Total from continuation sheets	<u> </u>	<u></u>		20,000. 44 9,000.

Part XV Supplementary Information 3 Grants and Contributions Paid During the 1				
Recipient	If recipient is an individual,	<u> </u>		
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		
DESIRE STREET MINISTRIES	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 18057				
ATLANTA, GA 30316	<u> </u>	ļ	 	1,000
DREAMS COME TRUE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
5803 SOUTHPOINT PARKWAY				1,000.
JACKSONVILLE, FL 32216	 			1,000
EAST WEST MINISTRIES	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
4450 SOJOURN DRIVE, STE 100	10.72	TATIVALE	CIMITI	
ADDISON, TX 75001				3,000.
EDWARDS WATERS COLLEGE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1658 KINGS RD				65 000
JACKSONVILLE, FL 32209	 	 		65,000.
EMPONEDED DADRING	VO.V.	NOW DRIVING	INDECEMBLOWED CHARLES	
EMPOWERED PARENTS PO BOX 60722	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32236				5,000.
EPIC SURF MINISTRIES	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 50952				
JACKSONVILLE BEACH, FL 32240				3,000.
	}			
FIRESIDE MINISTRIES	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
2313 LAUREL LN AUGUSTA, GA 30904				500
FIRST BAPTIST CHURCH OF JACKSONVILLE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
124 WEST ASHLEY STREET				
JACKSONVILLE, FL 32202			 	3,000
FL FAIRTAX ED ASSN INC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 1913 PONTE VEDRA BEACH, FL 32004				20,000.
FRIENDS OF NEFSH	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
7487 SOUTH STATE ROAD 121				
MACCLENNY, FL 32063				500
Total from continuation sheets	<u> </u>			

Supplementary Information 3 ' 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 HAGGAI INST NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 13 ATLANTA, GA 30370 3,000. UNRESTRICTED - CHARITY HANDS ON JACKSONVILLE NONE NON-PRIVATE 6817-1902 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32216 12,000. HEART FOR CHILDREN INC NONE NON-PRIVATE UNRESTRICTED - CHARITY 1429 WINTHROP ST JACKSONVILLE, FL 32206 1,000. JACKSONVILLE CHILDREN'S COMMISSION UNRESTRICTED - CHARITY NONE NON-PRIVATE 1095 A PHILIP RANDOLPH BLVD JACKSONVILLE, FL 32206 3,000. JACKSONVILLE SPEECH & HEARING CENTER NONE NON-PRIVATE UNRESTRICTED - CHARITY 1128 N LAURA ST 5,000. JACKSONVILLE, FL 32206 JACKSONVILLE YOUNG LIFE NONE NON-PRIVATE UNRESTRICTED - CHARITY PO BOX 2173 JACKSONVILLE, FL 32203 1,000. JUNIOR ACHIEVEMENT NON-PRIVATE UNRESTRICTED - CHARITY NONE 4049 WOODCOCK DR, 2ND FL JACKSONVILLE, FL 32207 5,000. **K9S FOR WARRIORS** NON-PRIVATE UNRESTRICTED - CHARITY NONE 260 S ROSCOE BLVD PONTE VEDRA BEACH, FL 32082 12,500. L'ARCHE HARBOR HOUSE NONE NON-PRIVATE UNRESTRICTED - CHARITY 700 ARLINGTON RD N 2,000. JACKSONVILLE, FL 32211 MAYO CLINIC NONE NON-PRIVATE UNRESTRICTED - CHARITY 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 20,000. Total from continuation sheets

3° Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
MERCY SHIPS	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 2020		Į.		
GARDEN VALLEY, TX 75771				3,000
METRO KIDS KONNECTION	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
5020 CLEVELAND RD, STE 246				
JACKSONVILLE, FL 32209		-		3,000
MUSEUM OF SCIENCE AND HISTORY	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1025 MUSEUM CIRCLE				
JACKSONVILLE, FL 32207		 		1,00
PRISONERS OF CHRIST	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 28159	NONE	NOW THIVAIL	DARESTRICIES CHARTII	
JACKSONVILLE, FL 32226		<u> </u>		5,00
REELING FOR KIDS, INC.	none	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 382				100.00
MELROSE, FL 32666		 	 	100,00
RONALD MCDONALD HOUSE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
824 CHILDRENS WAY	NONE			
JACKSONVILLE, FL 32207		ļ		32,50
SALVATION ARMY 1032 MEETROPOLITAN PKWY SW	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
ATLANTA, GA 30310				5,00
SENIORS ON A MISSION, INC 2050 ART MUSEUM DR. #102	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32207				5,00
SONS OF CONFEDERATE VETERANS	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
4884 VICTORIA CHASE CT		}		2 ^^
JACKSONVILLE, FL 32257		 	+	2,00
ST VINCENTS HEART CENTER	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 41564				25 22
JACKSONVILLE, FL 32203 Total from continuation sheets			 +	25,00

3° Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	CONTRIBUTION	
THEATRE WORKS INC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
8355 W PEORIA AVE				
PEORIA, AZ 85345			 	1,50
FIM TEBOW FOUNDATION	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
2220 COUNTY ROAD 210 W, STE 108 JACKSONVILLE, FL 32259				3,00
	1			
TOCCOA FALLS COLLEGE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
17 RAINWATER DR TOCCOA FALLS, GA 30598				1,00
roccon mand, on source			 	
UNIVERSITY OF NORTH FLORIDA COLLEGE OF HEALTH	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1 UNF DRIVE		1	1	
JACKSONVILLE, FL 32224			 	10,00
			1	
VISION IS PRICELESS	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
3 SHIRCLIFF WAY #546 JACKSONVILLE, FL 32204	1	Ì	1	10,00
ORCESONVILLE, FE 32201		 	 	
WISHING WELL FOUNDATION USA	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
3000 WEST ESPLANADE AVE, STE 100				
METAIRIE, LA 70002	ļ	 		1,00
WOMENS BD OF WOLFSON 1325 SAN MARCO BLVD, STE 802	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32207				3,00
YMCA	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
12735 GRAN BAY PKWY W, STE 250 JACKSONVILLE, FL 32258				20,00
ZOE UNIV INC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
6504 ARLINGTON RD JACKSONVILLE, FL 32211				1,00
,				
Total from continuation sheets				

FORM 990-PF DI	VIDENDS	S AND INTER	EST FROM SECUR	RITIES ST	PATEMENT 1	
	ROSS MOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME		
NORTHWESTERN MUTUAL INVESTMENT SERVICES	59,628.	31,28	8. 28,340.	28,340.		
TO PART I, LINE 4	59,628.	31,28	8. 28,340.	28,340.		
FORM 990-PF		LEGAL	FEES	Si	PATEMENT 2	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES		339.	0.		0.	
TO FM 990-PF, PG 1, LN	16A =	339.	0.		0.	
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING FEES		2,000.	2,000.		0.	
TO FORM 990-PF, PG 1, L	N 16B	2,000.	2,000.		0.	
FORM 990-PF		TAX	TAXES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
FOREIGN TAXES FEDERAL INCOME TAX	_	264. 293.	264.		0.	
TO FORM 990-PF, PG 1, L	N 18	557.	264.		0.	
	_			 =		

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		
BANK CHARGES	20.		0.			0.
TO FORM 990-PF, PG 1, LN 23	20.		0.			0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	K VALUE	FAIR MARKE VALUE	Т
EQUITIES		-		67,507.	89,168	
TOTAL TO FORM 990-PF, PART II, LINE 10B				67,507.	89,1	68.
FORM 990-PF	CORPORAT					
	CORPORAT	E BONDS			STATEMENT	7
DESCRIPTION	CORPORAL	E BONDS	вос	OK VALUE	STATEMENT FAIR MARKE VALUE	
	CORPORAL	E BONDS		OK VALUE	FAIR MARKE	T
DESCRIPTION		E BONDS	1		FAIR MARKE VALUE	т
DESCRIPTION MUTUAL FUNDS			1	,094,397.	FAIR MARKE VALUE 1,285,7	т
DESCRIPTION MUTUAL FUNDS TOTAL TO FORM 990-PF, PART II	OTHER INV		1	,094,397.	FAIR MARKE VALUE 1,285,7	80. 80.
DESCRIPTION MUTUAL FUNDS TOTAL TO FORM 990-PF, PART II	OTHER INV	/ESTMENTS	1	.,094,397.	FAIR MARKE VALUE 1,285,7 1,285,7 STATEMENT FAIR MARKE	80. 80.

STATEMENT

9

FORM 990-PF

PART VI	II-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		

LIST OF SUBSTANTIAL CONTRIBUTORS

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.