

## **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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Depart	ment	of the Treasury						security numbers on				2017
Interna	I Rø⊻¹	enue Service dar year 2017	or toy year	r beginn		www.i	rs.gov	/Form990PF for instr	uctions and e		ormation.	Open to Public Inspection
			UI IAX YEA	Deginin	ing				, and c	- Inding	A Employer identification	number
		foundation  AND E	יז.חדפו	B D	CAV	<b>₽</b> ∩II	NTD Z	TON			A Employer Identification	IIUINDEI
		MR. W.			GAI	1.00	NDF	iiion,			31-1724609	
		nd street (or PO			ot delivered	to street	addres	s)		Room/suite	B Telephone number	
		STOCKT						-,			(904)356-6	311
		wn, state or pr				reign n	netal r	ende .		<u> </u>	C if exemption application is p	<del></del> /
		KSONVIL			32204		USIAI C	oue			o if exemption application is p	ending, check here
		all that apply:	122,	Initial re		<u> </u>	$\overline{}$	Initial return of a fo	rmer public	charity	D 1. Foreign organizations	check here
<b>u</b> ()	IGUN	an mar appry.	-	Final re			_	Amended return	Title public	Citatity	1. Toroigh organizations	, cricck flore
			-	_	s change			Name change			Foreign organizations me check here and attach co	eting the 85% test,
H C	neck	type of organiz	ration:			c)(3) ex	empt	private foundation	<del></del>	11)	<b>i</b> .	-
<u> </u>		ction 4947(a)(1						taxable private founda	tion		E If private foundation star under section 507(b)(1)	
I Fai		rket value of al	<u> </u>				_	thod: X Cash	Acc	rual	F If the foundation is in a	
		art II, col. (c), i		···· · · · · · ·			_	pecify)			under section 507(b)(1)	
\		, (-,,	2,31	0,27	3 . (Part	l, colun	nn (d)	must be on cash basi	S.)	·		(-), emes
Pa		Analysis of F	Revenue a	nd Expen	ises		1	(a) Revenue and		nvestment	(c) Adjusted net	(d) Disbursements
<u> </u>		(The total of am necessarily equ	ounts in colu at the amour	umns (b), (c nts in colu	c), and (d) m mn (a) )	ay not		xpenses per books		ome	income	for charitable purposes (cash basis only)
$\neg$	1	Contributions,	gifts, gran	nts, etc., r	eceived						N/A	
ł	2	Check X	if the foundation	on is not real	ured to attach S	Sch B						
1	3	Interest on savin	gs and temp	orary								
	4	Dividends and		om secu	rities			35,094.	3	5,094.		STATEMENT 1
ì	5a.	Gross rents										
ľ	_	Net rental income	e or (loss)									
اء	6a	Net gain or (loss)	from sale of	assets no	t on line 10			68,186.				
Revenue	b	Gross sales price	e for all		37,72	23.						
<u>§</u>	7	Capital gain net		n Part IV, III	ne 2)				6	8,186.		
ď	8	Net short-term	n capital ga	ıın								
	9	Income modif	ications									
	10a	Gross sales less and allowances	returns						-			
		Less Cost of go	od <del>a sold</del>		C 1\ /E	<u> </u>	$\neg$					
1	C	Gross profit of	r (loss)	REC	EIVE	- U						
	11	Other income	1				8					
	12	Total. Add lin	es Contour	gh filii	307	D18	P	103,280.	10	3,280.		
	13	Compensation of	f officers, dir	rectors, tru	stees-eto-	-	33	0.		0.		0.
	14	Other employe	e salanes-	and wag	es	117						
	15	Pension plans	, employee	@@[	DEN.	UI						
Ses	16 <b>a</b>	Legal fees	L								l	
en l	b	Accounting fe	es		STMT	2	L	2,000.		2,000.	L	0.
EX	C	Other profess	onal fees								<u></u>	
<u>\$</u>	17	Interest					<u> </u>					
rat	18	Taxes			STMT	3		1,097.		343.		0.
nist	19	Depreciation a	ınd depleti	on			Ĺ				L	
<u>=</u>	20	Occupancy										
Ψ	21	Travel, confer	ences, and	l meeting	S		<u> </u>				<u> </u>	
anc	22	Printing and p	ublications				<u> </u>					
Operating and Administrative Expense	23	Other expense			STMT	4		8.		0.		0.
rati	24	Total operation	-							0 0 1 -		
ed(		expenses. Ad		_	23		<u> </u>	3,105.		2,343.	ļ	0.
J		Contributions					Щ	499,500.				499,500.
	26	Total expense		burseme	nts.					0 01-		400 500
		Add lines 24 a					Ь—	502,605.		2,343.		499,500.
	27	Subtract line 2	26 from lin	e 12:								
	а	Excess of revenu	adxe tevo er	nses and	disbursemer	nts	<u> </u>	<399,325.	>	<u> </u>	<del> </del>	<u></u>
	b	Net investme	nt income	(if negative	e, enter -0-)		<u> </u>		10	00,937.	<del> </del>	<u> </u>
	C	Adjusted net	income (ff f	negative, e	nter -0-)		<u>L_</u>				N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)

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

Form 990-PF (2017) C/O MR. W.W. GAY 31-1724609 Page 2 Beginning of year End of year Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 583,944 289,364 289,364. 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 67,507. b Investments - corporate stock 1,094,397. 1,257,159. STMT 5 1,621,618. c Investments - corporate bonds 11 Investments - land, buildings and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 6 600,000. 400,000. 399,291. Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 2,345,848. 1,946,523 2,310,273. instructions. Also, see page 1, item I) Accounts payable and accrued expenses 17 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable 21 Other liabilities (describe 0. Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Net Assets or Fund Balances Unrestricted 24 25 Temporarily restricted 26 Permanently restricted ► X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 2,345,848. 1,946,523 27 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund 0. Retained earnings, accumulated income, endowment, or other funds 1,946,523. Total net assets or fund balances 2,345,848. 2,345,848. 1,946,523 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 2,345,848 (must agree with end-of-year figure reported on prior year's return) 2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 4 Add lines 1, 2, and 3 5 5 Decreases not included in line 2 (itemize) 946,523. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Form **990-PF** (2017)

	and Losses for Tax on	Investment	Income				1 1/2	14000 rages
(a) List and describe 2-story brick wa	the kind(s) of property sold (for ex arehouse; or common stock, 200 s	ample, real esta hs. MLC Co.)	te,	<b>(b)</b> Ho P - I D -	w acquired Purchase Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a NORTHEWESTERN	MUTUAL - SEE ST	MT ATTA	CHED		P	VARI	ous	12/31/17
b NORTHEWESTERN		MT ATTA	CHED		P	VARI	OUS	12/31/17
c CAPITAL GAINS	DIVIDENDS							
<u>d</u>			<del></del>	ļ		ļ		
<u>e</u>	<del></del>	<del></del>		Ь_		<u> </u>		<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	1			ain or (loss s (f) minus	
8 202,119.	1		202,68	3.				<564.
b 264,684.		<del> </del>	266,85			<del> · -</del>		<2,170.
c 70,920.		<del>- </del>						70,920.
đ	<del></del>							
e						- · · · ·		
Complete only for assets show	ng gain in column (h) and owned b	y the foundation	on 12/31/69.			(I) Gains (C	ol. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		(	col. (k), but i Losses	not less tha (from col.	
â								< 564.
b								<2,170.
С								70,920.
d				$-oldsymbol{\perp}$				
<u>e</u>	<u> </u>			-+	_			
2 Capita I gain net income or (net c		ter in Part I, line -0- in Part I, line		<u>}</u> [	2			68,186.
3 Net short-term capital gain or (lo	ess) as defined in sections 1222(5)	and (6):						
If gain, also enter in Part I, line 8	, column (c).			<b>}</b>	-		/-	
If (loss), enter -0- in Part I, line 8	1 1 0 0 0 0 0	- B	T N-4	71	3		<u> N/A</u>	
Part V Qualification U	<del></del>					ncome		
(For optional use by domestic privat	e foundations subject to the section	n 4940(a) tax on	net investment in	come.)				
If section 4940(d)(2) applies, leave t	this part blank.							
Mr sh . Easyndation bable for the gas	About 4040 tour on the distributable s		ar in the book per	und0				Yes X No
Was the foundation liable for the sec If "Yes," the foundation doesn't quali			-	iou f				TES LAL NO
1 Enter the appropriate amount in				ntries.		_	<del></del>	
(a)	(b)			(c)			D	(d) bution ratio
Base periód years Calendiar year (or tax year beginn	A director de la contra con de	listributions	Net value of no		able-use asse	ets	(col. (b) dr	oution ratio vided by col. (c))
2016		91,264.		1,	912,13		· · · ·	.256919
2015	6	81,227.		2,	012,90	8.		.338429
2014		50,000.			483,16			.221492
2013		47,750.			473,08			.181049
2012	5	15,767.		2,	409,88	4.		.214022
2 Total of line 1, column (d)						2		1.211911
3 Avera ge distribution ratio for the	5-year base period - divide the tota	al on line 2 by 5.0	0, or by the numb	er of ye	ars			
the fo undation has been in existe	ence if less than 5 years					3		.242382
						- 1	ľ	0 040 640
4 Enter the net value of noncharita	ble-use assets for 2017 from Part >	K, line 5				4		2,348,648.
								F.CO 070
5 Multiply line 4 by line 3						5	<u> </u>	569,270.
	(0 (1) 075							1 000
6 Enter 1% of net investment inco	me (1% of Part I, line 2/b)					6		1,009.
7 Add lines Fard C						,	1	570,279.
7 Add lines 5 and 6						7	<del> </del>	310,413.
8 Enter qualifying distributions from	m Part XII, line 4					8		499,500.
. , ,	in line 7, check the box in Part VI, lii	ne 1b, and comp	lete that part usin	ga 1%	tax rate.	<u> </u>		<u> </u>
See the Part VI instructions.		. '						

W.W. AND ELOISE D. GAY FOUNDATION,

n 990-PF (2017) C/O MR. W.W. GAY	4040/-> 404	001 10407		72460		Page 4	<u>}</u>
art VI Excise Tax Based on Investment Income (Section			<u> 4948 - </u>	see inst	ruct	ions)	-
Exempt operating foundations described in section 4940(d)(2), check here			1 1				
Date of ruling or determination letter: (attach copy of letter		• •	1 1				
Domestic foundations that meet the section 4940(e) requirements in Part V, check he	ere 🕨 📖 and 🛚	enter 1%	11		2,	019.	_
of Part I, line 27b		1					
; All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ei	nter 4% of Part I, lu	ne 12, col. (b). 🕽	1 1				
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of	only; others, enter -	0-)	2			0.	
Add lines 1 and 2			3		2,	019.	•
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations	only, others, enter -	0-)	4			0.	•
Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	)-		5		2,	019.	,
Credits/Payments:							•
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0	.]				
b Exempt foreign organizations - tax withheld at source	6b	0	7				
c Tax paid with application for extension of time to file (Form 8868)	6c	0	7 1				
d Backup withholding erroneously withheld	6d	0					
Total credits and payments. Add lines 6a through 6d		<u>`</u>	7 7			n.	
Enter any penalty for underpayment of estimated tax. Check here if Form 2220	us attached		8			25.	•
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	is audinou		9		_2	044.	•
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp	noid		10			033.	-
Enter the amount of line 10 to be: Credited to 2018 estimated tax	palu	Refunded	11				-
art VII-A   Statements Regarding Activities		Relatived	<del></del>				-
	al lagralation or did	it portionate at interior			TV.	s No	-
a During the tax year, did the foundation attempt to influence any national, state, or local	al legislation of dio	it participate or interven	ie in	<u> </u>	$\rightarrow$	X	-
any political campaign?				10	-		-
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political			Inition	11	<u> </u>	X	-
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co	opies of any materi	als published or		ì		ĺ	
distributed by the foundation in connection with the activities.				ļ	1		
c Did the foundation file Form 1120-POL for this year?				1 10	<u>:                                    </u>	<u> </u>	-
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed dur		•		ļ		j	
(1) On the foundation. ► \$ 0 . (2) On foundation ma		0	<u>•</u>	1		-	
e Enter the reimbursement (if any) paid by the foundation during the year for political e	xpenditure tax impo	osed on foundation		i		Ì	
ma nagers. ► \$ 0 .				ł		ì	
Has the foundation engaged in any activities that have not previously been reported to	o the IRS?			2		X	_
If "Yes," attach a detailed description of the activities.					1	- [	
Has the foundation made any changes, not previously reported to the IRS, in its gove	erning instrument, a	rticles of incorporation,	or	ĺ		[	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	es			3		X	_
a Did the foundation have unrelated business gross income of \$1,000 or more during t	the year?			4:	a	X	-
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/	'A 4	5		•
Was there a liquidation, termination, dissolution, or substantial contraction during the	e year?			5		X	•
If "Yes," attach the statement required by General Instruction T					T		•
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis	sfied either:			1	-1	1	
By language in the governing instrument, or				}		j	
By state legislation that effectively amends the governing instrument so that no ma	indatory directions	that conflict with the sta	te law				
remain in the governing instrument?				1 6	:   X	:	
Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	" complete Part II i	col (c) and Part XV					•
Die nie realitation nave at least 40,000 in assets at any time during the year in 100,	, complete i air ii, t	701. (0), and 1 are 70		<del> </del>	+-	<del></del>	-
					- 1		
a Enter the states to which the foundation reports or with which it is registered. See ins					1	1	
a Enter the states to which the foundation reports or with which it is registered. See ins							
	structions. ►	eral (or designate)					
FL	structions. ►	eral (or designate)		8	S 2		
<b>FL</b> b       the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	o the Attorney Gene		lendar	81	) X	ζ	- 1
FL  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to of each state as required by General Instruction G? If "No," attach explanation	o the Attorney Gene	)(3) or 4942(j)(5) for ca	lendar	8	1	x	- 1 C

Pa	rt VII-A   Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1 1	[	
	If "Yes," attach statement. See instructions	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	<del></del>	- 5 4	<del></del>
14	The books are in care of W.W. GAY, TRUSTEE  Telephone no. (904)		31	<u> </u>
	Located at ► 524 STOCKTON STREET, JACKSONVILLE, FL ZIP+4 ►3:	4204		тт
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N/	/ A P	لـــا
40	and enter the amount of tax-exempt interest received or accrued during the year  At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,			No
10	securities, or other financial account in a foreign country?	16	163	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10 1	$\neg$	
	foreign country		j	
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
16	During the year, did the foundation (either directly or indirectly):	1 1	l	
	(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)	li		
	a disqualified person?	1 1	- 1	
	(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?  Yes X No	} }	ł	
	(1)	1 1	)	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No	1 1		
	· · · · · · · · · · · · · · · · · · ·	1 1	- 1	
	(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	1 1		
	termination of government service, if terminating within 90 days.)	1 1		
	b If a rny answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1 1	1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	16		
	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	1 1		
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):	1 1		
	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1 1		
	before 2017?	[ [		
	If "Yes," list the years $\blacktriangleright$	1 1		
	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	1 1	j	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	1		
	statement - see instructions.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 1		
9	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1		
3	during the year?	1 1		
	b if "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	1 1	ļ	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1 1	ļ	
	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,	1 1		
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
_	F	orm <b>990</b>	-PF	(2017)

Form <b>QQ0_DF</b> (2017	,,

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

W.W. AND ELOISE D. GAY FOUNDA Form 990-PF (2017) C/O MR. W.W. GAY	31-	1724609 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	undation Managers, Highly	
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		
<u></u>		
	<del> </del>	
<del></del>		
Total number of others receiving over \$50,000 for professional services		<b>▶</b> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan number of organizations and other beneficiaries served, conferences convened, research pape	t statistical information such as the rs produced, etc.	Expenses
1 N/A		
2		
		<u> </u>
3		
<del></del>		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
1N/A		
	-	
2		
All other program-related investments. See instructions.		
3		

Form **990-PF** (2017)

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	ındatıons	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	$\Gamma^{-}\Gamma^{-}$	
а	A STATE OF THE STA	1 <sub>a</sub>	2.020.067.
b	Average of monthly cash balances	1b	2,020,067. 364,347.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,384,414.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,384,414.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	35,766.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,348,648.
6	Minimum investment return. Enter 5% of line 5	6	117,432.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	nd certain	
1	Mini mum investment return from Part X, line 6	1	117,432.
2a	Tax on investment income for 2017 from Part VI, line 5 2,019.		
b		1	
C	Add lines 2a and 2b	2c	2,019.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	115,413.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	115,413.
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	115,413.
	Part XII Qualifying Distributions (see instructions)  Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
·a		1a	499,500.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	<u>"</u>
а	Suitability 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	499,500.
5	Four dations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	499,500.
	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.		

Form **990-PF** (2017)

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	Corpus	Tears prior to 2010	2010	2017
line 7				115,413
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only		_	0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 397,143.				
<b>b</b> From 2013 324,948.			ĺ	
c From 2014 427,355.				
dFrom 2015 582,328.	1			
eFrom 2016 397,129.				
f Tota I of lines 3a through e	2,128,903.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 499,500.				
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Appl ied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Trea ted as distributions out of corpus				
(Election required - see instructions)	0.			
d Appl ied to 2017 distributable amount				115,413
e Rem aining amount distributed out of corpus	384,087.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,512,990			<u> </u>
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.		<u> </u>
d Subtract line 6c from line 6b. Taxable		_		
amo unt - see instructions		0.		
e Undistributed income for 2016. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	j			_
be d istributed in 2018				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 2012				
not applied on line 5 or line 7	397,143.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	2,115,847.			
O Analysis of line 9:				
a Excess from 2013 324,948.				
<b>b</b> Excess from 2014 <b>427</b> , 355.				
c Excess from 2015 582,328.			1	
d Excess from 2016 397, 129.		İ		
e Excess from 2017 384, 087.				Form <b>990-PF</b> (2017

Page 11

C/O MR. W.W. GAY

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or contribution show any relationship to any foundation manager status of Amount 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 JACKSOMVILLE, FL 32207 21,000. AMERICAN LUNG ASSN NONE NON-PRIVATE UNRESTRICTED ~ CHARITY 6852 OAKS PLACE JACKSOINVILLE, FL 32216 1,000. BOB TE BOW EVANGELISTIC ASSOC NONE NON-PRIVATE UNRESTRICTED - CHARITY 8834-1 4 GOODBY'S EXEC DR JACKSONVILLE, FL 32217 10,000. BOY SCOUTS OF AMERICA NONE NON-PRIVATE UNRESTRICTED - CHARITY 521 S EDWOOD AVE JACKSONVILLE, FL 32205 10,000. BROOKS REHABILITATION CENTER NONE NON-PRIVATE UNRESTRICTED - CHARITY 3599 UNIVERSITY BLVD SOUTH JACKSONVILLE, FL 32216 10,000. SEE CONTINUATION SHEET(S) 499,500. T otal ➤ 3a **b** Approved for future payment NONE **Total ▶** 3b Form **990-PF** (2017)

nter gross amounts unless otherwise indicated.	Uniciated	usiness 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		
å			╁╌┼		
b			┼┼-	<del></del>	
d			<del>                                     </del>	<del></del>	<del></del>
			<del>                                     </del>		
			<del>                                     </del>		
g Fees and contracts from government agencies			1		
Membership dues and assessments			1	<del></del>	
Interest on savings and temporary cash			-		
investments					
Dividends and interest from securities			14	35,094.	
Net remtal income or (loss) from real estate:			1-1-		
a Delot-financed property					
b Not debt-financed property					
Net reintal income or (loss) from personal				To the second se	
property					
7 Other investment income					
B Gain or (loss) from sales of assets other					
than inventory			18	68,186.	
9 Net in come or (loss) from special events					
Gross profit or (loss) from sales of inventory					
1 Other revenue:			1 1		
a					
b			lacksquare		
c					
d			<del></del>		
e				102 200	
2 Subtotal. Add columns (b), (d), and (e)	L	0.	ــــــــــــــــــــــــــــــــــــــ	103,280.	103,28
				13	
3 Total . Add line 12, columns (b), (d), and (e)	no \			··-	103,20
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation		nolishment of E	xempt P	<del>-</del>	103,20
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activities	es to the Accor			urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
B Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activition  Line No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activition  Line No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activition  Line No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activition  Line No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B Relationship of Activition  Line No. Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	
3 Total . Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation  Part XVI-B  Relationship of Activition  Line No.   Explain below how each activity for which	es to the Accor	column (e) of Part XVI-A		urposes	

Form 990-PF (2		R. W.W. GAY	and Tunnanakiana	ad Dallatianal		724609		age 13
Part XVII	Exempt Organ	egarding Transfers to a izations	ind Transactions ar	na Helationsn	ips With None	charitable	•	
1 Did the or	ganization directly or indir	rectly engage in any of the followin	ng with any other organizatio	n described in section	on 501(c)		Yes	No
(other tha	n section 501(c)(3) organ	nizations) or in section 527, relating	g to political organizations?					
a Tramsfers	from the reporting founda	ation to a noncharitable exempt or	ganization of:					
(1) Cash						1a(1)	1	X
(2) Other	assets					1a(2)		Х
b Other tran	sactions:							
(1) Sales	of assets to a noncharital	ble exempt organization				1b(1)		X
(2) Purc	hases of assets from a no	ncharitable exempt organization				1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets				1b(3)		X
(4) Reim	bursement arrangements					1b(4)		X
(5) Loan	s or loan guarantees					1b(5)		X
(6) Perfo	rmance of services or me	embership or fundraising solicitation	ons			1b(6)		X
c Sharing o	f facilities, equipment, ma	uling lists, other assets, or paid em	nployees			1c	<u> </u>	X
		"Yes," complete the following sche					sets,	
		oundation. If the foundation receiv		e in any transaction	or sharing arrangem	ent, show in		
column (		other assets, or services received.			<u> </u>		_	
(a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions	s, and sharing ar	rangeme	ents
		N/A						
					<u> </u>			
		<u> </u>	<u>.</u>		<u></u>			
	<del></del>	ļ	<del></del>	<u> </u>	<del></del>			_
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				<del> </del>				
		<del></del>	<u> </u>	<del></del>	<del></del>		-	
			· · · · · · · · · · · · · · · · · · ·	<del> </del>				
	•	etly affiliated with, or related to, one	e or more tax-exempt organiz	zations described		□ Vaa	TV	] No
		on 501(c)(3)) or in section 527?				Yes	LA	□ MO
b if Yes, c	omplete the following sch		(b) Type of organization	<del></del>	c) Description of rela	itionship		_
	(a) Name of org	Janization	(b) Type of organization		e y ocsemption of tole	- Itionamp		
	N/A							
	<del></del>				<del></del>			
	<del></del>	<del></del>						
					<del></del>			
Unde	r penalties of perjury. I declare	that I have examined this return, including	ng accompanying schedules and	statements, and to the i	est of my knowledge			
		malete Declaration of preparer (other tha				May the IRS return with th	e prepai	rer
Here	11/1/ 10		17/3/18	TRUSTE	R	shown below X Yes	7 See in	No No
I Z.	nature of officer or trustee		Date	Title	<u></u> -			_ 140
	Print/Type preparer's na			Date	Check   if   F	PTIN		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111	1	self- employed			
Paid	JIM PEAVEY	, 1/2	1/4/	3htie		P00449	704	
Preparer	Firm's name ► PIV		<del>~ //</del>		Firm's EIN ▶ 20			
Use Only					" 20			
Viny		8 PONTE VEDRA P	PARK DR. ST 2	01	<del> </del>			
		NTE VEDRA BEACH		- <del>-</del>	Phone no. 904	-280-2	053	
<del></del>			-,			Form <b>99</b>		
								\~~ · · /

#### 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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization **Employer identification number** W.W. AND ELOISE D. GAY FOUNDATION, C/O MR. W.W. GAY 31-1724609 Organization type (check one) Filers of: Section: ☐ 501(c)( Form 99O or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 99 O-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

#### Special Rules

General Rule

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

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

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.

Caution: An organization 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), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2017)

Name of organization

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

Employer identification number

31-1724609

C/ U 14	K. W.W. GAI	<u></u>	1-1/24009
Part I	Contributors (see instructions) Use duplicate copies of Part	I f 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 X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Occash (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 Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0	11.17	\$Schedule B (For	Person Payroll Noncash (Complete Part II for noncash contributions)  n 990, 990-EZ, or 990-PF) (2017

Name of organization

W.W. AND ELOISE D. GAY FOUNDATION,

C/O MR. W.W. GAY

Employer identification number

31-1724609

Part II	Noncash Property (see instructions) Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  s	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part i	(b)  Description of noncash property given	· (c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-0		\$Shadula B /Farm 9	90, 990-EZ, or 990-PF) (

Schedule B Name of Orga	(Form 990, 990-EZ, or 990-PF) (2017)		Page 4  Employer identification number				
	IND ELOISE D. GAY FOUNDA	TON.	Employer Identification number				
	. W.W. GAY	IION,	31-1724609				
Part III	Exclusively religious, charitable, etc., contri	outions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious,	charitable, etc,contributions of \$1,000 or less	for the year (Enter this info once)				
	Use duplicate copies of Part III if additional	space is needed					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(2). 2.pees e. g		(4, 200 ipiloti et iloti gitt is iloti				
	<del></del>	(e) Transfer of gift					
İ							
<u> </u>	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
1							
			<del></del>				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(3) 1 2. pose of gill		(a, been prior to the first tier				
			-				
	(e) Transfer of gift						
		. <b></b>					
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
[							
(a) Na			<del></del>				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I			<del></del>				
1							
<u> </u>							
		(e) Transfer of gift					
[	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee				
ſ							
}							
(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	d ZIP + 4	Relationship of transferor to transferee				
1							

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUI	RITIES ST	PATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
NORTHWESTERN MUTUAL INVESTMENT SERVICES	106,014.	70,92	0. 35,094	35,094.	-	
TO PART I, LINE 4	106,014.	70,92	0. 35,094	35,094.	-	_
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
ACCOUNTING FEES		2,000.	2,000.			0.
TO FORM 990-PF, PG 1	, LN 16B	2,000.	2,000.			0.
FORM 990-PF		TAX	ES	នា	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
FOREIGN TAXES FEDERAL INCOME TAX	_	343. 754.	343.			0.
						_

FORM 990-PF	OTHER E	XPENSES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
BANK CHARGES	8.		0.		0.
TO FORM 990-PF, PG 1, LN 23	8.		0.		0.
FORM 990-PF	CORPORAT	E BONDS		STATEMENT	5
DESCRIPTION			BOOK VALUE	FAIR MARKE' VALUE	т
MUTUAL FUNDS			1,257,159.	1,621,6	18.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C	==	1,257,159.	1,621,6	18.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT	6
DESCRIPTION		ALUATION METHOD	BOOK VALUE	FAIR MARKE	T
FIXED INCOME		COST	400,000.	399,2	91.
TOTAL TO FORM 990-PF, PART I	I, LINE 13		400,000.	399,2	91.

STATEMENT

DRM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS 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

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

STATEMENT

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) 474-5600

#### 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.

3 Grants and Contributions Paid During the		<del>,</del>		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTINUUTOR	
annello a anno postorm	Love	VON DETAINED	THE PROPERTY OF THE PARTY OF TH	
ATHEDRAL ARTS PROJECT 063 SALISBURY ROAD, SUITE 107	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
ACKSONVILLE FL 32216	Ì	1	1 1	10,0
		<del> </del>	+	20,0
HILD DEVELOPMENT CENTER	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
18 OCEAN BLVD				
TLANTIC BEACH, FL 32233		<del> </del>	+	1,00
HILDRENS CANCER RECOVERY FDN	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
O BOX 238 ERSHEY, PA 17033	,	}		1,00
				<del></del>
TITY RESCUE MISSION	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
РО ВОХ 60291		}	}	
ACKSONVILLE, FL 32236		<del> </del>	<del> </del>	5,00
	;	}		
CLAY COUNTY YOUTH CHARACTER BLDG	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
161 MC INTOSH AVE				
PRANGE PARK, FL 32073			<del> </del>	2,50
COLOGINATION HOGDICE	NONE	NON DRIVAME	TRIDECEDIAMED CHARITAN	
COMMUNITY HOSPICE 4266 SUNBEAM RD	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32257	,			3,00
CROHNS & COLITIS FOUNDATION	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 9842 JACKSONVILLE, FL 32208	1			1,00
ACRSONVILLE, FL 32200		<del> </del>	<del>                                     </del>	1,00
CUMMER ART MUSEUM	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
329 RIVERSIDE AVENUE				
JACKSONVILLE, FL 32204		<b></b>	<del>                                     </del>	20,00
DESIRE STREET MINISTRIES	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 18057				
ATLANTA, GA 30316		<del> </del>	<del></del>	1,00
DREAMS COME TRITE	JONE	NON DETURME	TRIPROMPTOMPD CUARTMY	
DREAMS COME TRUE 5803 SOUTHPOINT PARKWAY	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, PL 32216				1,00
Total from continuation sheets				447,50

If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	recipient	<del></del>	
NONE	}	1	
	NON-PRIVATE	UNRESTRICTED - CHARITY	
		DIAMBTRICIES CHARITY	
			3,00
NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
<del>                                     </del>	<del> </del>	+	65,00
NONE	NON-DRIVATE	IMPESMPICMEN - CHARIMY	
NONE	NON-FRIVALE	DIRESTRICTED - CHARITY	
			5,00
none	NON-PRIVATE	UNRESTRICTED - CHARITY	
	<del> </del>	<del> </del>	3,00
NONE	NON-PRIVATE	INRESTRICTED - CHARTTY	
NONE .	The state of the s	DARLES CHARTTI	
<u> </u>		<del></del>	50
NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
}		1	2 00
+		<del>                                     </del>	3,00
NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
		}	
	<del>                                     </del>	+	20,00
NONE	NON-PRIVATE	UNRESTRICTED ~ CHARITY	
			50
NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
	}		2.00
<del></del>		+	2,00
NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
_ <u></u>	1		1,00
	NONE NONE NONE NONE NONE	NONE NON-PRIVATE  NONE NON-PRIVATE  NONE NON-PRIVATE  NONE NON-PRIVATE  NONE NON-PRIVATE  NONE NON-PRIVATE	NONE NON-PRIVATE UNRESTRICTED - CHARITY  NONE NON-PRIVATE UNRESTRICTED - CHARITY  NONE NON-PRIVATE UNRESTRICTED - CHARITY  NONE NON-PRIVATE UNRESTRICTED - CHARITY  NONE NON-PRIVATE UNRESTRICTED - CHARITY  NONE NON-PRIVATE UNRESTRICTED - CHARITY  NONE NON-PRIVATE UNRESTRICTED - CHARITY

<u>31-1724609</u>

3 Grants and Contributions Paid During the Y	ear (Continuation)			
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 substantial contributor	recipient	ļ	
AGGAI INST	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 13 ATLANTA, GA 30370		1	}	9,000
Albania, di sosto				3,000
HANDS ON JACKSONVILLE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
6817-1902 SOUTHPOINT PARKWAY			DIMEDIAL CHEMITI	
JACKSONVILLE, FL 32216	<u> </u>			6,000
HEART FOR CHILDREN INC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1429 WINTHROP ST				
JACKSONVILLE, FL 32206	<u> </u>	<del> </del>		1,000
JACKSONVILLE SPEECH & HEARING CENTER	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1128 N LAURA ST		ļ	]	
JACKSONVILLE, FL 32206	<del> </del>	<del>                                     </del>	<del>   </del>	5,000
	1			
JACKSONVILLE YOUNG LIFE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 2173 JACKSONVILLE, FL 32203				1,000
ORCHOCKVIIIII, II JIZOJ		•	<del> </del>	
JUNIOR ACHIEVEMENT 4049 WOODCOCK DR. 2ND FL	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32207			1	5,000
K9S FOR WARRIORS	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
260 S ROSCOE BLVD		TALVILLE		
PONTE VEDRA BEACH, FL 32082	ļ	ļ	<u> </u>	12,500
		1		
L'ARCHE HARBOR HOUSE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
700 ARLINGTON RD N				
JACKSONVILLE, FL 32211	<del> </del>	<del> </del>	<del> </del>	2,000
MAYO CLINIC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
4500 SAN PABLO ROAD JACKSONVILLE, FL 32224				20,000
· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	<del>                                     </del>	<del>   </del>	
VED OF THE T	NOVE	VON DETINE	TRID DOWN TOWN TOWN	
MERCY SHIPS PO BOX 2020	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
GARDEN VALLEY, TX 75771		<u> </u>		3,000
Total from continuation sheets				

3 Graints and Contributions Paid During the				
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
		<del> </del>	<del> </del>	
MURRAY HILL MINISTRIES	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 380006 JACKSONVILLE, FL 32205				3,00
MUSEUM OF SCIENCE AND HISTORY 1025 MUSEUM CIRCLE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32207		ļ	<del> </del>	1,00
			1	
NATIONAL ALLIANCE ON MENTTAL ILLNESS	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
516 s 10TH ST. FERNANDINA BEACH, FL 32034	·		1	1,00
NCSO CHARITIES, INC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
77151 CITIZENS CIRCLE			1	
YULEE, FL 32097		<del> </del> -	<del> </del>	2,50
			1	
PRISONERS OF CHRIST PO BOX 28159	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32226				5,00
REELING FOR KIDS, INC.	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 382 MELROSE, FL 32666				100,00
MBB(051, 11 32000			<del> </del>	
RONALD MCDONALD HOUSE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
824 CHILDRENS WAY	NONE	NON PRIVALE	DARESTRICIES - CHARTII	
JACKSONVILLE, FL 32207	<del> </del>	<del> </del>		35,00
SALVATION ARMY	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
1032 MEETROPOLITAN PKWY SW ATLANTA, GA 30310		1		5,00
SENIORS ON A MISSION, INC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
2050 ART MUSEUM DR. #102			1	
JACKSONVILLE, FL 32207	<del>- </del>	<del> </del>	<del> </del>	5,00
SONS OF CONFEDERATE VETERANS 4884 VICTORIA CHASE CT	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32257				2,00
Total from continuation sheets				

31-1724609

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
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	- Committee of the comm	
	}			
ST VINCENTS HEART CENTER	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PO BOX 41564	1	<b>†</b>		
JACKSONVILLE, FL 32203	<del> </del>	<del> </del>	<del>                                     </del>	25,00
THE PART OF THE PA	l vove	NOW DO THE ME		
PHEATRE WORKS INC 3355 W PEORIA AVE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
PEORIA, AZ 85345		<u> </u>		1,00
TIM TEBOW FOUNDATION	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
2220 COUNTY ROAD 210 W, STE 108		+		
JACKSONVILLE, FL 32259	<del> </del>		<del>                                     </del>	3,00
		•		
POCCOA FALLS COLLEGE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
17 RAINWATER DR				
TOCCOA FALLS, GA 30598	<del> </del>	<del> </del>	<del> </del>	1,00
UNIVERSITY OF NORTH FLORIDA COLLEGE	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
OF HEALTH	}	)		
1 UNF DRIVE	ļ.	)		10.00
JACKSONVILLE, FL 32224		<del> </del> -	<del></del>	10,00
VISION IS PRICELESS	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
3 SHIRCLIFF WAY #546				
JACKSONVILLE, FL 32204		<u> </u>		10,00
		}		
WISHING WELL FOUNDATION USA	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
3000 WEST ESPLANADE AVE, STE 100		1		
METAIRIE, LA 70002	<del></del>	<del></del>	<del> </del>	1,00
WOMENS BD OF WOLFSON 1325 SAN MARCO BLVD, STE 802	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
JACKSONVILLE, FL 32207	1	1		3,00
		1	+	
YMCA	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
12735 GRAN BAY PKWY W, STE 250				
JACKSONVILLE, PL 32258		ļ	<del>                                     </del>	20,00
		1		
ZOE UNIV INC	NONE	NON-PRIVATE	UNRESTRICTED - CHARITY	
6504 ARLINGTON RD		1		
JACKSONVILLE, FL 32211  Total from continuation sheets	<u>.l</u>	<u> </u>		1,00