## Return of Private Foundation

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

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.

	Department of the Treasury Internal Revenue Service  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.										Open to Public Insp	pection
Fo	r calen	dar year 20	19 or tax year beg						nding			
Na	me of fou	ındatıon							A Employer	r identification nun	nber	
			LY FOUNDATI									
				ot delivered to street addre	<b>∌</b> \$\$)		Room	/suite	<u>59-267</u>			
				E SUITE 619					B Telephone	e number (see instru	ictions)	
			ce, country, and ZIP or f			3220	1	]	004_35	0.7260		
		ONVILLE intry name	Forev	FL.	<u> </u>	3220				8-7269		
rui	eigii wa	лиу нагне	Foreig	gn province/state/county		, FOIEIE	jn posta	al code	C If exempt	ion application is pe	nding, check ne	re ▶∐
G	Check	all that appl	y 🔲 Initial retur	n Initial re	-turn	of a former n	م ماطن	-hardy	D 1. Foreig	n organizations, che	ock here	<b>▶</b> □
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			Address ch	=					_	n organizations mee here and attach con	-	št, ►∏
H	Check	type of orga		ction 501(c)(3) exem			ion			foundation status wa	-	nder
				able trust				ation		07(b)(1)(A), check h		▶∐
<u> </u>			of all assets at	J Accounting me				ccrual				
. •	-		Part II, col (c),	Other (spec		-M 06011	٠٠٠٠			ndation is in a 60-mo ction 507(b)(1)(B), cl		▶ □
			649,559.	(Part I, column (d), m		e on cash basi	s)		Ulius, Jul	, , , , , , , , , , , , , , , , , , ,	IECK HOLE	ب ب
Р	art I			(penses (The total of							(d) Disburs	sements
		_		(d) may not necessarily		(a) Revenue expenses p			investment	(c) Adjusted ne		
			ounts in column (a) (		<u> </u>	books		ın	come	ıncome	purpos (cash basi	
	1	Contributions,	aifts, grants, etc., rece	eived (attach schedule)	5.7	,416,87	3.		WEXE ON			
	2			ot required to attach Sch				W. Cariob				WE THE
	3			orary cash investme		81,69			041.		The Little Co	ARES.
	4		nd interest from se		1	,580,51		,340	621.		PIKTANA	ar si
	5a	Gross rents										Mine:
	زا		ໂບປ່າໂາຍີ ປາ' (lusš)							r outsider de la franchische d	alaid tamanamay is c	
ne	6а.			assets not on line 1					ASSESSED FOR	KHARIFIGH		
Revenue	_b			nc 6d5 5 <u>, 936, 10</u>	<u>0.</u>	Complementary and public the					WE 1707 STATES	<u> </u>
ě	7		net income (from	Part IV, line 2) .			×41'0			2	n 2021	37 34
œ	8		rm capital gain	( - ·	, .		∙ पुरुष के उपरा	<b>在大大发展</b>		WIAN U	TEN LENGTH	2
	9	Income mod				Section 1	ريا آيا آور مان داري	Market Comment		1. 4 MONEY C.	THE STATE OF THE S	Street Street
	10a b		ss returns and allowar of goods sold	ices		Miller And Communication Transfer in the continuous Actor Section (C. 1.)				and more many of the second		Trigitining with
	C		or (loss) (attach s	chedule)		DESIGNATE LANCE	arthyrology	3000		the second second	VASSIAGE	
	11		ne (attach schedule			29,90	2.	22	, 315.		40000	WERE
	12		lines 1 through 11	•	69	, 420, 65						
s	13			ectors, trustees, etc		120,00		<i>,</i>			120,00	00.
nses	14		oyee salaries and v									
e l	15	Pension pla	ins, employee beni	efits								
×	16a		attach schedule)			10,50	0.				10,50	00.
e	b		fees (attach sched									
⋛	- с	•	ssional fees (attacl	h schedule)		206,00	0.				206,00	<u>00.</u>
tra	17	Interest				100 15					<del> </del>	
is.	18		ch schedule) (see			120,46			0.63	ļ	72,3	
Ē	19	•	n (attach schedule	e) and depletion		86	<i>/</i> .		867.	_	SIMILARIS	
Ad	20 21	Occupancy	foreness and mas	.tinaa		26,12	<del>-</del>			<del></del>	26,12	21
g	22		ferences, and mee I publications	: : : /		20,12	٠.				1 20,1	<u> </u>
a	23		nses (attach sched	fule)		13,59	1			<u> </u>	13,59	91
Operating and Administrative Expe	24			strativé expenses.		13,33	<u> </u>					<del></del>
ati			3 through 23	Mante expenses.		497,54	4.		867.		448,5	59. ·
ĕ	25		ns, gifts, grants pai	ıd '	1	, 365, 97	5.	1456	#21.WG	34.5	365, 9	75.
Ö	26			ts. Add lines 24 and 25	1	,365,97 ,863,51	9.		867.		1,814,53	34.
_	27		e 26 from line 12					171120	777636	Programme Company	451 F 32 M 13 M	
	a		enue over expenses	and disbursements	67	,557,13	4.					
	b		nent income (if ne			24270	<b>412</b>	,743	,578.		20 Person (5)	
			et income (if neg			STATEMENT STATES	164 B	CONTRACTOR OF THE PARTY	000000000000000000000000000000000000000		100000000000000000000000000000000000000	SHARWAY I

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2019)

1 Cash—non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ Secretary allowance for doubtful accounts ▶ Carants receivable ▶ Less allowance for doubtful accounts ▶ Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)  7 Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶ Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments—U S and state government obligations (attach schedule) b Investments—corporate stock (attach schedule)  3 1, 149, 895.68, 513, 004.81, 204	Market Value
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b Investments—corporate stock (attach schedule) 31,149,895.68,513,004.81,204	
b Investments—corporate stock (attach schedule) 31,149,895.68,513,004.81,204	
a Investments corporate hands (attach schodule)	,546.
11 Investments—land, buildings, and equipment basis ▶	
Less accumulated depreciation (attach schedule) ▶	
12 Investments—mortgage loans	
13 Investments—other (attach schedule)	J. SCHEROLAL
<b>14</b> Land, buildings, and equipment basis ► 24,292.	
	,425.
15 Other assets (describe ► OTHER ASSETS ) 12,936,756.12,936	730.
Total assets (to be completed by all filers—see the instructions. Also, see page 1 item I) 31,766,061.99,991,742112,649	550
17 Accounts payable and accrued expenses 1, 200.	
49 Create payable	A Company of the Comp
19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule)	2000 1000 1000 1000 1000 1000 1000 1000
20 Loans from officers, directors, trustees, and other disqualified persons	algebras - M
21 Mortgages and other notes payable (attach schedule)	
22 Other liabilities (describe >	17 17 18 18 18 18 18 18 18 18 18 18 18 18 18
23 Total liabilities (add lines 17 through 22) 1,200.	
	N. C. S.
Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.  Net assets without donor restrictions  Net assets with donor restrictions	
24 Net assets without donor restrictions .	
	は、水脈が
Foundations that do not follow FASB ASC 958, check here	
and complete lines 26 through 30.	
26 Capital stock, trust principal, or current funds 31,766,061.99,991,742.	4117
27 Paid-in or capital surplus, or land, bldg , and equipment fund	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
28 Retained earnings, accumulated income, endowment, or other funds	P. A. S. S. S. S. S. A.
29 Total net assets or fund balances (see instructions) 31,766,061.99,991,742.	
Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions)  Total liabilities and net assets/fund balances (see instructions)  31,766,061.99,991,742.	
WELF CELL AND A CONTROL OF THE CONTR	a sinternal and the
Part III Analysis of Changes in Net Assets or Fund Balances	
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with	061
end-of-year figure reported on prior year's return).  2 Enter amount from Part I, line 27a  131, 766  267, 557	1 1 3 4
	5/17
4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ►  5	742
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 699, 991	,742.

Part	V Capital Gains and	d Losses for Tax on Investm	nent Income				_
		ind(s) of property sold (for example, real est use, or common stock, 200 shs MLC Co)	late,	(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr )
1a	UBS 72161 ST			D	VA/RI/	OUS	12/11/2019
b	UBS 72161 LT			D	VA/RI/		12/11/2019
с	UBS 00180 ST		<del></del>	D	VA/RI/		12/30/2019
<u>d</u>	UBS 00180 LT			D	VA/RI/	OUS	12/30/2019
е	SEE ATTACHED WO	ORKSHEET	·				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	, ,,,,	other basis nse of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a	48,239.			43,789.			4,450.
<u>b</u>	1,164,496.			858,455.			306,041.
<u>c</u>	1,348,334.			435,642.			(87,308.)
<u>d</u>	29,712,939.			484,745.	ļ		8,228,194.
<u>e</u>	24,785,480.			920,389.			1,865,091.
	Complete only for assets sh	nowing gain in column (h) and owned	by the foundation	on 12/31/69			ol (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (ı) (ı), ıf any		•	ot less than -0-) <b>or</b> (from col (h))
a							4,450.
b							306,041.
С	·						(87,308.)
d							8,228,194.
е							1,865,091.
2	Capital gain net income o	riner canital incel 1	also enter in Pa ), enter -0- in Pa	•	2	1	10,316,468.
3	Net short-term capital gair	n or (loss) as defined in sections	•	•	<del>-</del>		
•		I, line 8, column (c) See instructi					
	Part I, line 8		(/,	}	3		
Part		der Section 4940(e) for Redu	uced Tax on N	let Investment	Income		
Was t		ve this part blank section 4942 tax on the distribut qualify under section 4940(e) Do			ase period?		☐ Yes 🏻 No
1		ount in each column for each yea	·		kıng anv en	tries	
	(a)	(b)		(c)			(d)
Cal	Base period years endar year (or tax year beginning ii	Adjusted qualifying distribution	ns Net value o	of noncharitable-use a	issets		stribution ratio ) divided by col. (c))
	2018	342,32	3.	38,456,28	8.	(55. (5	0.008902
	2017	119,57		2,515,75			0.047528
	2016	62,20		1,592,85	6.		0.039051
	2015	62,02		1,486,72	7.		0.041718
	2014	75,80	4.	1,457,68	4.		0.052003
2	Total of line 1, column (d)	)			2		0.189202
3	_	for the 5-year base period—dividoundation has been in existence			3		0.037840
	·		-				
4	Enter the net value of nor	ncharitable-use assets for 2019 f	rom Part X, line :	5	4	(	69,402,096.
5	Multiply line 4 by line 3				5	-	2,626,175.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)	)		6		127,436.
7	Add lines 5 and 6				7		2,753,611.
8	Enter qualifying distribution	ons from Part XII, line 4 ater than line 7, check the box in	Part \/I line 1h	and complete the	8 at nart using	1 2 10/	1,814,534.
	Part VI instructions	ater triair line 1, theta the DUX III	i ait vi, iiile iD,	and complete the	at part using	, ca 1/0	TIGATIBLE SEE LITE

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instru	ctions	)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1  Date of ruling or determination letter (attach copy of letter if necessary—see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	2	54,	872	2			
	here ▶ ☐ and enter 1% of Part I, line 27b			ŔŇ				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0.254,					
3	Add lines 1 and 2							
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0					
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	2	54,	872	2 <b>.</b>			
6	Credits/Payments							
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 24,615.							
b	Exempt foreign organizations—tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c 275,000.			4.4				
C	17,79.27							
d 7	Backup withholding erroneously withheld  Total credits and payments Add lines 6a through 6d  7	15 15 5 C	99,	61				
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here \( \bigsize \) If Form 2220 is attached \( \bigsize \)	-		782				
· 8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  • 9		<u> </u>	, 0 2	<del></del>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del>                                     </del>	37,	961	1.			
11	Enter the amount of line 10 to be Credited to 2020 estimated tax > 37,961. Refunded > 11	<del> </del>	<u> </u>					
Part \								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		' Y	'es	No			
	participate or intervene in any political campaign?		1a		X			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1						
	instructions for the definition	· [	1b	C (31)	X			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	,		4.44 (				
	published or distributed by the foundation in connection with the activities	ļ			ليا			
C	Did the foundation file Form 1120-POL for this year? .	·  -	1c	m \ 1.5 1	X			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	k.		51.78 E				
е	(1) On the foundation \( \bigs\) \( \bigs\) \( \bigs\) (2) On foundation managers \( \bigs\) \( \bigs\) Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	<del></del>	物學					
· ·	on foundation managers >\$	•	1 2		熱物			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		X			
_	If "Yes," attach a detailed description of the activities	U		4 C	35 A			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	1	عو ننت		Sou			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-	3		<u>X</u>			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X				
_	If "Yes," has it filed a tax return on Form 990-T for this year?	-		<u> </u>	<del></del>			
5 ·	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T	-	5	-3E3 E	X			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	7						
U	By language in the governing instrument, or	<b>1</b>						
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>							
	conflict with the state law remain in the governing instrument?	أ	6	X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			x T				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions	7			XY %			
	FL	ر د د	J - 3 - 1					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Genera	1 5						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	L	8b 🗆	X	VIA 1			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)							
	or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If				.,			
4.0	"Yes," complete Part XIV		9	$\dashv$	<u>X</u>			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses	ır	10		Х			

WINSTON FAMILY FOUNDATION
tements Regarding Activities (continued) Form 990-PF (2019)

ran	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	X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions.	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address			
14	The books are in care of ► JAMES H WINSTON JR - TRUSTEE Telephone no ► 904-3 Located at ► 601 II RIVERSIDE AVENUE JACKSONVILLE FL ZIP+4 ► 32204		/26	9
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year			<b>▶</b> □
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country.			
Par	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.	1. 12.	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			100
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	C 25	* * * * * * * * * * * * * * * * * * * *	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes No			<b>100</b>
	(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   No			13.8% 124
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	2	35 38 24 42 4	
	foundation agreed to make a grant to or to employ the official for a period after		gright.	1
	termination of government service, if terminating within 90 days )	<b>沙</b> 蒙	31 - 3	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	38.5	ا المصل	
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here	12 M		
′ C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		*****************	2,500
	were not corrected before the first day of the tax year beginning in 2019?	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	
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?		,	
			3.	
<b>L</b>	If "Yes," list the years 20, 20, 20, 20 Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		1 mg	
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1.4		
	all years listed, answer "No" and attach statement—see instructions )	2b	المستحفظ	<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	5,233	رة. م	S. 1888
•	► 20 , 20 , 20 , 20		10 CM	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		300	
	at any time during the year?			1
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or		100	
	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			932
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3b		·X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	19600, 220 20	Х
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 2019?	4b		l x

Part	VIE: Statements Regarding Activities i	OI AAII	icii i Olilli 4	ZV IVIA	y be ked	uireu (	COMMINUE	7U)				
5a	During the year, did the foundation pay or incur at (1) Carry on propaganda, or otherwise attempt to			(sectio	n 4945(e))′	<b>,</b>	Yes	X No	Yes No			
	(2) Influence the outcome of any specific public el directly or indirectly, any voter registration driv		(see section -	4955), d	or to carry o	n,	Yes	X No				
	(3) Provide a grant to an individual for travel, stud	y, or ot	her sımılar pı	urposes	?		Yes	X No				
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions	a charit	able, etc , orç	ganızatı	on describe	ed in	Yes	⊠ No				
,	(5) Provide for any purpose other than religious, or purposes, or for the prevention of cruelty to ch			literary	, or educati	onal	☐ Yes	X No				
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions											
	Organizations relying on a current notice regarding disaster assistance, check here											
С												
6a	If "Yes," attach the statement required by Regulat Did the foundation, during the year, receive any for				pay premi	ums	<b>—</b>	г <del>ул</del>				
	on a personal benefit contract?						∐ Yes	⊠ No	المستنشا مصمه المستحدا			
b	Did the foundation, during the year, pay premium: If "Yes" to 6b, file Form 8870	s, direct	tly or indirect	ly, on a	personal b	enefit d		_	6b X			
7a b	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes No 7b 7b											
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?											
Pari	VIII Information About Officers, Direct	ors, Tr	ustees, Fo	undati	on Manag	jers, ł	lighly P	aid En	nployees,			
1		ation m	and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.									
				a thair	companes	TION 🥆		ICTIONS				
·-•		(b) Title	e, and average	(c) Co	mpensation	(d)	Contribution	ns to				
<b>"</b>	(a) Name and address	(b) Title hou	e, and average irs per week	(c) Co (If r		(d) emplo		ns to t plans	(e) Expense account, other allowances			
JAMI	(a) Name and address	(b) Title hou	e, and average irs per week ted to position	(c) Co (If r en	mpensation not paid, iter -0-)	(d) emplo and def	Contribution oyee benefi	ns to t plans	(e) Expense account,			
JAMI 601	(a) Name and address ES H WINSTON-JR II RIVERSIDE AVE-619	(b) Title hou devot TRUS	e, and average irs per week ted to position TEE 10	(c) Co (If r en	mpensation not paid,	(d) emplo and def	Contribution oyee benefi	ns to t plans	(e) Expense account,			
JAMI 601 MAR	(a) Name and address ES H WINSTON-JR II RIVERSIDE AVE-619 Y M WINSTON	(b) Title hou devot	e, and average ars per week led to position STEE	(c) Co (If r en	mpensation not paid, iter -0-)	(d) emplo and def	Contribution oyee benefi	ns to t plans	(e) Expense account,			
JAMI 601 MAR 601	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619	(b) Title hou devot TRUS	e, and average are per week ted to position STEE 10 STEE 10	(c) Co (If r en	mpensation not paid, iter -0-)	(d) emplo and def	Contribution oyee benefi	ns to t plans	(e) Expense account,			
JAMI 601 MARY 601	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON	(b) Title hou devot TRUS	e, and average ris per week ted to position STEE 10 STEE 10 STEE 10 STEE	(c) Co (If r en	mpensation not paid, ter -0-) 30,000	(d) emplorand def	Contribution oyee benefi	ns to t plans	(e) Expense account,			
JAMI 601 MARY 601 CHAI	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619	(b) Title hou devot TRUS TRUS	e, and average ris per week ted to position STEE 10 STEE 10 STEE 10 STEE 10 STEE 10	(c) Co (If r en	mpensation not paid, iter -0-)	(d) emplorand def	Contribution oyee benefi	ns to t plans	(e) Expense account,			
JAMI 601 MARY 601 CHAI 601	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619  NKLIN BEARD	(b) Title hou devot TRUS	e, and average ris per week led to position STEE 10 STEE 10 STEE 10 STEE 10 STEE 10 STEE 10 STEE	(c) Co (If r en	mpensation not paid, ter -0-) 30,000	(d) emplorand def	Contribution oyee benefi	ns to t plans	(e) Expense account,			
JAMI 601 MARY 601 CHAI 601	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619  NKLIN BEARD  II RIVERSIDE AVE-619  Compensation of five highest-paid employees	(b) Trill hou devot TRUS TRUS TRUS	e, and average ris per week led to position  STEE 10  STEE 10  STEE 10  STEE 10  STEE 10	(c) Co (If r en	30,000 30,000	(d) emplo and def	Contribution oyee benefit erred comp	ns to t plans ensation	(e) Expense account, other allowances			
JAME 601 MARY 601 CHAI 601 FRAN	(a) Name and address  ES H WINSTON-JR II RIVERSIDE AVE-619 Y M WINSTON II RIVERSIDE AVE-619 RLES WINSTON II RIVERSIDE AVE-619 NKLIN BEARD II RIVERSIDE AVE-619	(b) Trill hou devot TRUS TRUS TRUS	e, and average ris per week led to position STEE 10 ST	(c) Co (lfr en	30,000 30,000	(d) emplo and def	Contribution oyee benefit erred comp	ns to t plans ensation	(e) Expense account, other allowances			
JAME 601 MARY 601 CHAI 601 FRAN	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619  NKLIN BEARD  II RIVERSIDE AVE-619  Compensation of five highest-paid employees	(b) Trill hou devot TRUS TRUS TRUS TRUS	e, and average ris per week led to position  STEE 10  STEE 10  STEE 10  STEE 10  STEE 10	(c) Co (lf r en	30,000 30,000	(d) emple and def	Contribution byee benefit erred comp	ions). It	(e) Expense account, other allowances			
JAMI 601 MARY 601 CHAI 601 FRAN 601	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619  NKLIN BEARD  II RIVERSIDE AVE-619  Compensation of five highest-paid employees "NONE."	(b) Trill hou devot TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	(c) Co (lf r en	30,000 30,000 30,000	(d) emple and def	instruct  (d) Contributed employee plans and	ions). It	(e) Expense account, other allowances  f none, enter  (e) Expense account,			
JAMI 601 MARY 601 CHAI 601 FRAN 601	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619  NKLIN BEARD  II RIVERSIDE AVE-619  Compensation of five highest-paid employees "NONE."	(b) Trill hou devot TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	(c) Co (lf r en	30,000 30,000 30,000	(d) emple and def	instruct  (d) Contributed employee plans and	ions). It	(e) Expense account, other allowances  f none, enter  (e) Expense account,			
JAMI 601 MARY 601 CHAI 601 FRAN 601	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619  NKLIN BEARD  II RIVERSIDE AVE-619  Compensation of five highest-paid employees "NONE."	(b) Trill hou devot TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	(c) Co (lf r en	30,000 30,000 30,000	(d) emple and def	instruct  (d) Contributed employee plans and	ions). It	(e) Expense account, other allowances  f none, enter  (e) Expense account,			
JAMI 601 MARY 601 CHAI 601 FRAN 601	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619  NKLIN BEARD  II RIVERSIDE AVE-619  Compensation of five highest-paid employees "NONE."	(b) Trill hou devot TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	(c) Co (lf r en	30,000 30,000 30,000	(d) emple and def	instruct  (d) Contributed employee plans and	ions). It	(e) Expense account, other allowances  f none, enter  (e) Expense account,			
JAME 601 MARY 601 CHAI 601 FRAN	(a) Name and address  ES H WINSTON-JR  II RIVERSIDE AVE-619  Y M WINSTON  II RIVERSIDE AVE-619  RLES WINSTON  II RIVERSIDE AVE-619  NKLIN BEARD  II RIVERSIDE AVE-619  Compensation of five highest-paid employees "NONE."	(b) Trill hou devot TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	(c) Co (lf r en	30,000 30,000 30,000	(d) emple and def	instruct  (d) Contributed employee plans and	ions). It	(e) Expense account, other allowances  f none, enter  (e) Expense account,			

Pa	Information About Officers, Directors, Trustees, Found and Contractors (continued)	lation Managers, Highly Paid Er	nployees,
3	Five highest-paid independent contractors for professional services.	See instructions. If none, enter "N	ONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	FINANCIAL SERVICES 0 HARBOR BLVD WEEHAWKEN NJ 07086	INVESTMENT ADVISORY	116,284.
	number of others receiving over \$50,000 for professional services	<b>&gt;</b>	
Pa	rt IX-A Summary of Direct Charitable Activities		1
	the foundation's four largest direct chantable activities during the tax year. Include relevant statisti nizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1			
2			
3			
4			
	rt IX-B Summary of Program-Related Investments (see instru		
	scribe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
1		••••••	
2		•••••	
All	other program-related investments. See instructions		
3			
Tota	I. Add lines 1 through 3	<b>•</b>	
			5 990 BE (0040)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations,
	see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc,	
	purposes	
а	Average monthly fair market value of securities	<b>1a</b> 57,090,357.
b	Average of monthly cash balances	<b>1b</b> 206,545.
C	Fair market value of all other assets (see instructions)	1c13,162,079.
d	Total (add lines 1a, b, and c)	<b>1d</b> 70,458,981.
е	Reduction claimed for blockage or other factors reported on lines 1a and	
	1c (attach detailed explanation)	
2	Acquisition indebtedness applicable to line 1 assets	2
3	Subtract line 2 from line 1d	<b>3</b> 70,458,981.
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see	
	instructions)	4 1,056,885.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b> 69,402,096.
6	Minimum investment return. Enter 5% of line 5	<b>6</b> 3,470,105.
Part		ons
	and certain foreign organizations, check here   and do not complete this part )	T 10 470 105
1	Minimum investment return from Part X, line 6	1 3,470,105.
2a	Tax on investment income for 2019 from Part VI, line 5	4 1
b	Income tax for 2019 (This does not include the tax from Part VI) . 2b	1-1 254 072
C	Add lines 2a and 2b	2c 254,872.
3	Distributable amount before adjustments Subtract line 2c from line 1	<b>3</b> 3,215,233.
4	Recoveries of amounts treated as qualifying distributions	4 2 215 222
5	Add lines 3 and 4	<b>5</b> 3,215,233.
6	Deduction from distributable amount (see instructions)	<b>b</b>
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7 3,215,233.
Dari	line 1  XII Qualifying Distributions (see instructions)	1 1 3,213,233.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a 1,814,534.
b	Program-related investments—total from Part IX-B	1b
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	
-	purposes	2
3	Amounts set aside for specific charitable projects that satisfy the	
a	Suitability test (prior IRS approval required)	3a
b	Cash distribution test (attach the required schedule)	3b
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 1,814,534.
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 See instructions	5
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 1,814,534.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	
	qualifies for the section 4940/e) reduction of tay in those years	

Part	XIII Undistributed Income (see instructions	)			,
		(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				3,215,233.
2	Undistributed income, if any, as of the end of 2019				
. a	Enter amount for 2018 only		1 m	1,198,393.	
b	Total for prior years 20, 20, 20				ALC: YEAR TO SEE
3	Excess distributions carryover, if any, to 2019	100 1/2 100 100 100 100 100 100 100 100 100 10			
а	From 2014				
b	From 2015				
C	From 2016	A. A		7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	
d	From 2017		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		
e	From 2018	THE COLUMN TWO ISSUES		The state of the s	24 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
f	Total of lines 3a through e	SASIC PUPIL-CONTEST LANGUAGE			
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$,814,534.		2,641,254,554	1,198,393.	
a b	Applied to 2018, but not more than line 2a Applied to undistributed income of prior years	MA : NY COMMONDATION			
Ď	(Election required—see instructions)		N. N. PERSONNING TO A PT YEAR BOARDS, THE PART IS THE		
С	Treated as distributions out of corpus (Election				
	required—see instructions)	COLUMN ASSESSMENT OF SOMETHING	PORTER CAPECAR SOR	AMERICAN SECURITION OF THE SEC	616 141
. d	Applied to 2019 distributable amount				616,141.
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2019		P. Taraham P. T. Kon Ser	Control of the Contro	
3	(If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as		Taylor and the same of the sam	The body sold grant and the sold sold sold sold sold sold sold sold	
_	indicated below.				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract	新生产的 (1983)		Para ata	<b>第124条</b>
	line 4b from line 2b			POR LONG TO SERVICE AND ADDRESS.	
С	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				
.; a	Subtract line 6c from line 6b Taxable amount—see instructions				
^	Undistributed income for 2018 Subtract line			0645-04425-2-3-0-404609-6-5-0	
	4a from line 2a Taxable amount—see		English terminal to the		
	instructions				
f	Undistributed income for 2019 Subtract lines	2.14	Reference and addition	4	THE PROPERTY OF THE PROPERTY O
	4d and 5 from line 1. This amount must be				
	distributed in 2020	de la Marina de C			2,599,092.
- <b>7</b>	Amounts treated as distributions out of corpus				3.5
	to satisfy requirements imposed by section	ii	247 (247 (24		
,	170(b)(1)(F) or 4942(g)(3) (Election may be	, ,	and the second		Paradolis (acceptance)
	required—see instructions)				
. 8	Excess distributions carryover from 2014 not	,		an gladylan i a	
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	Man San Caracter Street			
10	Analysis of line 9				
a	Excess from 2015 Excess from 2016			ngtymyseuniflummung (* - promitionalistic) Day (* promitisticae)	
D C	Excess from 2016 Excess from 2017				
ن بر	Excess from 2017 Excess from 2018		445		100
, u	Excess from 2010				

Part	XIV Private Operating Foundation			I-A guestion 9)					
	If the foundation has received a ruling or determination letter that it is a private operating								
14	foundation, and the ruling is effective for		•	ate operating					
b	Check box to indicate whether the foundation	-		ibed in section	4942(j)(	3) or 4942(j)(5)			
	Enter the lesser of the adjusted net	Tax year	ling roundation document	Prior 3 years	<u> </u>	<u> </u>			
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total			
	investment return from Part X for	(a) 2013	(5) 2010	(6) 2017	(u) 2010				
b	each year listed 85% of line 2a								
С	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>				
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c				_				
3	Complete 3a, b, or c for the alternative test relied upon								
а	"Assets" alternative test—enter								
	(1) Value of all assets								
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b	"Endowment" alternative test—enter 2/3								
	of minimum investment return shown in								
	Part X, line 6, for each year listed								
С	"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		<u></u>						
	(4) Gross investment income		L	L					
Part				e foundation ha	d \$5,000 or mo	re in assets at			
	any time during the year—		s.)						
1 a	Information Regarding Foundation M List any managers of the foundation wh before the close of any tax year (but or	no have contribute				he foundation			
b	List any managers of the foundation who ownership of a partnership or other ent					rtion of the			
2	Information Regarding Contribution Check here ► ☐ If the foundation or unsolicited requests for funds If the for conditions, complete items 2a, b, c, and	nly makes contribu undation makes gi	tions to preselecte fts, grants, etc , to	ed charitable organ	izations and does inizations under of	not accept ther			
а	The name, address, and telephone nur	mber or email add	ress of the person	to whom applicate	ons should be add	ressed			
b	The form in which applications should	oe submitted and i	nformation and ma	aterials they should	d include				
С	Any submission deadlines								
d	Any restrictions or limitations on award factors	s, such as by geo	graphical areas, ch	naritable fields, kin	ds of institutions, o	or other			

**Total** 

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CATHEDRAL ARTS PROJECT 7,500. 207 N LAURA ST STE 300 32202 FL JACKSONVILLE 501C3 GENERAL USE DOUGLAS ANDERSON SCHOO 2,500. 2445 SAN DIEGO ROAD 32207 FL JACKSONVILLE 501C3 GENERAL USE JUNIOR ACHIEVEMENT 2,500. 4049 WOODCOCK DR STE 20 501C3 32207 FL JACKSONVILLE GENERAL USE JAX ZOO AND GARDEN 1,000. 370 ZOO PARKWAY 501C3 32218 FL JACKSONVILLE GENERAL USE CUMMER MUSEUM 28,043. 829 RIVERSIDE AVE 501C3 GENERAL USE 32204 FL JACKSONVILLE UNITED WAY OF NE FL 21,161. 40 E ADAMS ST 200 |501C3 |GENERAL USE 32202 FL JACKSONVILLE ONEJAX 3,000. 1 UNF DR STE 2750 BLDG 32224 FL JACKSONVILLE 501C3 GENERAL USE WJCT PUBLIC BROADCASTIN 53,700. 100 FESTIVAL PARK AVE |501C3 |GENERAL USE ► 1,33 65,976. **b** Approved for future payment

		s amounts unless otherwise indicated		Isiness income	Excluded by secti	on 512, 513, or 514	Υ
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1		am service revenue					
		····································					<del> </del>
	_						
	_						-
	е —				<del> </del>	•	
	, –						
	g Fo	ees and contracts from government agencies			<u> </u>		
2	_	bership dues and assessments					
3		st on savings and temporary cash investments			14	81,699.	
4		ends and interest from securities			14 1,	580,519.	
5		ental income or (loss) from real estate	ac anjalillishawaning	4 критоможнительного	, диомактичника ст	t e definiminitatiels a	потоницичнает мин
		ebt-financed property				•	
		ot debt-financed property					
6		ental income or (loss) from personal property					<u>"- "</u>
7		r investment income					
8	Gain	or (loss) from sales of assets other than inventory			1810,	311,660.	
9	Net ir	ncome or (loss) from special events					
10	Gross	s profit or (loss) from sales of inventory					
11	Other	revenue a					
	b _						
	c _						
	d _						
	е _				<u> </u>		
		otal Add columns (b), (d), and (e)		,	11,	973,878.	
		l. Add line 12, columns (b), (d), and (e)				13 11,	973,878.
		sheet in line 13 instructions to verify calculation					
	rt XVI						
Lir	e No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purp	e is reported in c	olumn (e) of Part	(VI-A contributed	I importantly to the	) 
	•	accomplishment of the loundations exempt purp	Joses (Other than	by providing fund	s tor such purpos	ies) (See ilistruct	
							<del>.</del>
				·			· · · · · · · · · · · · · · · · · · ·
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				-			
							-
						Fo	orm <b>990-PF</b> (2019)

Part	XVII	Information Exempt Org	Regarding Tran	sfers to and T	ransactions	and Re	lationship	s With Nonchar	itable		
1	Did t		directly or indirectly	engage in any o	f the following	with any	other organ	zation described		Yes	No
•		ction 501(c) (othe	er than section 501(	(c)(3) organizatio	ons) or in secti	on 527, re	elating to po	itical			
а	_		porting foundation to	o a noncharitable	e exempt orga	nization o	f				
	(1) C		,				•		1a(1)		X
		ther assets							1a(2)		Х
b	Othe	r transactions									
	(1) S	ales of assets to	a noncharitable ex	empt organizatio	on				1b(1)		X
	<b>(2)</b> P	urchases of asse	ets from a noncharit	table exempt org	janization				1b(2)		Х
			, equipment, or othe	er assets					1b(3)		Х
		eimbursement a	•						1b(4)		Х
		oans or loan gua							1b(5)		X
			ervices or members						1b(6)		X
c d			quipment, mailing li he above is "Yes," co				bould always		1c		
u	value	of the goods, other	er assets, or services or sharing arrangem	given by the repor	rting foundation	If the four	ndation receiv	ed less than fair ma	rket		
(a) Lin	e no	(b) Amount involved	(c) Name of non	charitable exempt org	ganization	(d) Desc	cription of transf	ers, transactions, and s	haring arra	ngeme	nts
	+										
-											
				<del></del>						-	
							-				
			- ·				<del></del>				
	descr	ibed in section 5	tly or indirectly affilion 01(c) (other than se	nated with, or related with, or related with, or related with, or related with the control of th	ated to, one or or in section (	more tax	-exempt org	anizations	Yes	X N	— о
b	it "Ye		following schedule	(L) T				(1) 0 ( ( (			
_		(a) Name of organ	ization	(b) Typ	e of organization	+		(c) Description of relati	ionship		
	_	·····					<del>.</del>				
		<del>,</del>									
			<u> </u>								
	Under	penalties of perjury, I decl	lare that I have examined this	return, including accompa	anying schedules and	statements, an	d to the best of my	knowledge and belief, it is to	rue,		
Sign Here							RS discuss reparer sho rctions		٧?_		
D-1-1	1	Print/Type preparer's		Preparer's signal			Date	050	PTIN		
Paid		D KENT SA	USAMAN	D KENT S	SAUSAMAN		2/22/2	Check if self-employed	P018	704	51
Prepa		Firm's name	FRAZIER & F	RAZIER AT	TYS AT	LAW PA		Firm's EIN ▶ 59-	2056		
Use O	עומי	Firm's address ▶	1515 RIVERS	IDE AVE S	TE A	-		Phone no 904	-353-	-562	6

Phone no

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

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

OMB No 1545-0047

2019

**Employer Identification number** 

MINDION	EAMILI FOUNDATION	09-20/0/32
Organization	type (check one)	·
Filers of:	Section:	
Form 990 or 9	90-EZ 501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a pr	vate foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation
	501(c)(3) taxable private foundation	
or mo	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, the (in money or property) from any one contributor. Complete Parts I and II. See total contributions.	
Special Rules		
regula 13, 16	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met to tions under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 16b, and that received from any one contributor, during the year, total contributor, of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ	orm 990 or 990-EZ), Part II, line ributions of the greater of (1)
contrib	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Edutor, during the year, total contributions of more than \$1,000 exclusively for relation or educational purposes, or for the prevention of cruelty to children or animals	igious, charitable, scientific,
contril contril during <b>Gene</b>	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Edutor, during the year, contributions exclusively for religious, charitable, etc., purpose totaled more than \$1,000. If this box is checked, enter here the total contributions totaled more than \$1,000. If this box is checked, enter here the total contribute year for an exclusively religious, charitable, etc., purpose. Don't complete a ral Rule applies to this organization because it received nonexclusively religious g \$5,000 or more during the year.	rposes, but no such ributions that were received iny of the parts unless the

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)

Name of organization
WINSTON FAMILY FOUNDATION

Employer identification number

59-2678732

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES H WINSTON REVOCABLE TRUS 601 II RIVERSIDE AVENUE JACKSONVILLE FL 32204- Foreign State or Province Foreign Country	<b>\$</b> 57,416,873.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

US 990-PF Other Professional Fees				201
Descritor	Expenses	Net investment	Adjusted net	Charitable
Description BS ADVISORY FEE	per books 116,284.	income	ıncome	purposes 116,284
BS ADR FEES	6,129.			6,129
ORD WEBB & ASSOCIATES	60,000.			60,000
ONSULTING FEES	18,373.			18,373
L ADVISORY FEE	5,161.			5,161
L ADR FEE	53.			53
	206,000.			206,000
		•		
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JS 990-PF	Taxes	N		201
Description	Expenses per books	Net investment income	Adjusted net income	Charitable
SS 90067 FOREIGN TAX PAID	33.	income	iicome	purposes 33
SS 90068 FOREIGN TAX PAID	564.			564
SS 00180 FOREIGN TAX PAID	58,855.			58 <b>,</b> 859
SS 90042 FOREIGN TAX PAID	8.			
W ESTATE FOREIGN TAX PAID	12,767.			12,76
KTREE CAPITAL GROUP, LLC	1.			,
19 IRC 4940 TAX & 2020 ES PMT	48,118.			
RGAN CREEK BP FOREIGN TAX PAID	9.			
957	106.			10
1 337	120,465.			72,34
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	Expenses	Net investment	Adjusted net	Charitable
Description	per books	income	income	purposes
PAIRS & MAINTENANCE	5,343.			5,343
STAGE & COURIER	121.			123
MAIN NAMES	22.			22
JES & SUBSCRIPTIONS	7,355.			7,35
	7,355.			7,33.
RECTOR & OFFICERS INSURANCE	750.			
	13,591.			13,59
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Land, Buildings and Equipment 990-PF: Page 2, Line 14 **US 990-PF** 2019 Accumulated Description Cost or basis depreciation Book value FMV 19,325. FURNITURE & FIXTURES 20,040. 715. 19,325. 4,100. 4,252. 24,292. 152. 4,100. EDP EQUIPMENT 867. 23,425. 23,425.

JS 990-PF	Investments: Corporate Bor		201
S 72161 FIXE	Description DINCOME	Book value 13,945,777. 13,945,777.	FMV 13,912,052
		13,945,777.	13,912,052
		;	
			1

US 990-PF Investments:	Corporate Stock as of Year End	2019
Description UBS 72161 EQUITIES UBS 72161 PREFERRED STOCK UBS 00180 EQUITIES	65,375. 25,000. 60,444,573.	25,878. 71,452,650.
UBS 00180 PREFERRED STOCK UBS 90072 EQUITIES UBS 90068 EQUITIES UBS 90042 EQUITIES UBS 90067 EQUITIES	28,120. 759,837. 3,504,362. 1,768,383. 1,917,354. 68,513,004.	1,171,541. 3,923,111. 1,889,802. 2,675,055.
•		

## List of Officers, Directors, Trustees, and Key Employees

990PF: Page 6, Part VIII US 990-PF 2019 С Contributions to Name and address Title and avg hours Compensation **Expense account** employee benefit plans & other allowances (For address, enter Street, Zip code per week and deferred State, and City in that order) devoted to position compensation ROBERT W WINSTON 601 II RIVERSIDE AVE 619 TRUSTEE JACKSONVILLE FL 32204 10 30,000.

59-2678732

Other US 990-PF	2019		
	Beginning of year	End of year	
Description  LPMC, INC. LIQUIDATION RECEIVABLE FLORIDA CAPITAL GROUP, INC CEDAR CS TECH RIDGEWOOD ENERGY APIS DV LTD MORGAN CREEK II MORGAN CREEK BRIC PLUS MERCHANTS PLAZA	book value	10,067, 41,131, 13,696, 2,464,384, 96,524, 25,879,	FMV 8,540,571 10,067 41,131 13,696 2,464,384 96,524 25,879 1,744,504 12,936,756

US 990-PF	Other Increases	2019
	Description	Amount
ADJUSTMENT RELA	ATED TO UNRELAIZED GAINS FOR PRIBUTED TO PUBLIC CHARITIES	Amount 610,868
ADJUSTMENT FOR	NONDIVIDEND DISTRIBUTIONS	57,005
BOOKKEEPING AD	JUSTMENT	674 668,547