2

Form 990-PF

Return of Private Foundation

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

2020

OMB No 1545-0047

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 Inspection

F	or cale	ndar year 2020 or tax year beginning		, and e	ending		· <u> </u>	
	lame of fo					r identification numbe	r	
W	INST	ON FAMILY FOUNDATION						
		d street (or PO box number if mail is not delivered to street address)	Room	/suite	59-267	8732		
6	01 I	I RIVERSIDE AVENUE SUITE 619		B Telephone number (see instruction				
7	ity or tow	n, state or province, country, and ZIP or foreign postal code				*	•.	
<u>J</u>	ACKS	ONVILLE FL FL	32204		904-35	8-7269		
F	oreign coi	untry name Foreign province/state/county	Foreign posta	al code .	C If exempt	tion application is pendir	ng, check here 🕨	
							_	
G	Chec	k all that apply: Initial return Initial return	of a former public of	charity	D 1 Foreig	n organizations, check h	nere ►	
		☐ Final return ☐ Amended re	2. Foreign organizations meeting the 85% test,					
		Address change	ie		_	here and attach comput		
H	Chec	k type of organization: 💢 Section 501(c)(3) exempt pr			E If private	foundation status was te	erminated under	
	_	on 4947(a)(1) nonexempt charitable trust Other tax		ition ·	section 50	07(b)(1)(A), check here	▶∟	
=		narket value of all assets at J Accounting method		0051101				
•		f year (from Part II, col. (c), Other (specify)	M 00311 L 1	loci dai		ndation is in a 60-month ction 507(b)(1)(B), check		
		6) \$ 34,857,235. (Part I, column (d), must b	e on cash basis)		under sec	2001 307 (D)(1)(B), CHECK	Tiele -	
	Part I			1		I	(d) Disbursements	
		amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable	
	D D	equal the amounts in column (a) (see instructions))	books	in	come	ıncome	purposes	
	<i>></i> 4		,138,697.	338 T 258	(0.00 Z 50		(cash basis only)	
CHINIALD	1		, 100, 001.	**************************************	AND THE RESERVE OF TH			
ñ	2 3	Check ▶☐ If the foundation is not required to attach Sch_B Interest on savings and temporary cash investments	635,655.	11/	,660.	2020 AND		
Ü	4	Dividends and interest from securities	,588,102.1		,616.			
۲	= 5a	Gross rents	, 500, 102.1	, 104	, ото.		7948 3632 453 9644	
S	- b	Net rental income or (loss)		183.387% C	**************************************			
N	ը 6a	Net gain or (loss) from sale of assets not on line 10	432,918.	250 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 - 120 -				
2.2.2.2022	3 Oa	Gross sales price for all assets on line 6£2, 830, 360.	132/310.					
2	7	Capital gain net income (from Part IV line 2)	POSTMARK	690	793 ŖE	CEIVED		
77	8	Net short-term capital gain		EXECUTE A		24 - K - 4 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
19	9	Income modifications		\$20°.20°.20°.20°.20°.20°.20°.20°.20°.20°.	**************************************			
	10a	Gross sales less returns and allowances	DEC 2-2-2021		DEC	2-2-2021	WOOD TO THE TOTAL OF THE PARTY	
₹	Ь	Less Cost of goods sold .			200007229			
- 79	C	Gross profit or (loss) (attach schedule)	CINCINNA	TISER	RVICE CE	NTED		
ğ	11	Other income (attach schedule)	182,509.	19	,804.	HIER	X6/44/19 PP-36-3	
Pecelved	12	Total. Add lines 1 through 11 6	,977,881.2				F 17.7.1	
8	-1	Compensation of officers, directors, trustees, etc	120,000.	120	,000.		94500440000	
3	14	Other employee salaries and wages	148,243.		,243.			
5	15	Pension plans, employee benefits	5,477.		,477.	-		
₹\$	रे 16a	Legal fees (attach schedule)	15,310.		,310.			
5 u	, P	Accounting fees (attach schedule)	,					
200		Other professional fees (attach schedule)	390,385.	323	,565.		66,520.	
2	<u> </u>	Interest .						
MAR 2 9 2022	18	Taxes (attach schedule) (see instructions)	322,428.	35,	,709.	i		
	19	Depreciation (attach schedule) and depletion	6,692.	6,	,692.			
1	20	Occupancy	46,729.		,729.			
_	21	Travel, conferences, and meetings	4,830.		,830.			
אל ה ה	22	Printing and publications	48.		48`.			
N .		Other expenses (attach schedule)	17,236.	17,	,236.			
} .	24 25 25 26	Total operating and administrative expenses.						
Š	<u> </u>	Add lines 13 through 23	,077,378.	723	,839.		66,520.	
- 6	25	Contributions, gifts, grants paid . 2	,708,842.			2,	708,842.	
Λċ	26	Total expenses and disbursements. Add lines 24 and 25.	,786,220.	723,	,839.	2,	775,362.	
7	27	Subtract line 26 from line 12						
-1	а		,191,661.					
	b	Net investment income (if negative, enter -0-)	1	,886,	,034.			
	С	Adjusted net income (if negative, enter -0-)						

Pa	Part II Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End o	of year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	75.	75.	75.
	2`	Savings and temporary cash investments .	4,572,705.	4,969,109.	4,969,109.
	3	Accounts receivable >			Madimilian illine saldragate a. i Christ e filosophia
		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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			Machendraus drugst
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use		***	
SSE	9	Prepaid expenses and deferred charges		775.	
Ä	10a	Investments—U S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) .	8,513,004.7	2,650,829.9	7,930,381.
	С	Investments—corporate bonds (attach schedule)	3,945,777.1	4,225,067.1	5,144,245.
	11	Investments—land, buildings, and equipment basis			
		Less. accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)		Draft of Johns Millaria Differential Assaultance	
	14	Land, buildings, and equipment: basis ► 24, 292.	allustrational statement of the statemen		
		Less accumulated depreciation (attach schedule) \(\bigvert \frac{7,559}{.} \)	23,425.	16,/33.	6 012 405
	15		2,936,756.1	3,181,/15.1	6,813,425.
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item l)	1,200.	5,044,30313	4,85/,235.
	17	Accounts payable and accrued expenses	1,200.		
S	18	Grants payable			
Ξ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ľ	21 22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶)			
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	1,200.		
"	25	Foundations that follow FASB ASC 958, check here	1,200.		
alances		and complete lines 24, 25, 29, and 30.			
an	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
d B		Foundations that do not follow FASB ASC 958, check here ►⊠			
Net Assets or Fund		and complete lines 26 through 30.			1.0
ī	26	Capital stock, trust principal, or current funds 9	9,991,74210	5,044,303.	
S O	27	Paid-in or capital surplus, or land, bldg , and equipment fund			7.
iet	28	Retained earnings, accumulated income, endowment, or other funds			
\ss	29	Total net assets or fund balances (see instructions)	9,991,74210	5,044,303.	
ĭ,	30	Total liabilities and net assets/fund balances (see			
ž		instructions)	9,992,94210	5,044,303.	
	rt 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 agre		
		of-year figure reported on prior year's return)			9,991,742.
		amount from Part I, line 27a			3,191,661.
		r increases not included in line 2 (itemize) OTHER INCRE	ASES		1,860,900.
		ines 1, 2, and 3			5,044,303.
		eases not included in line 2 (itemize)		5	C 044 000
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Pa	art II, column (b), line	:29. 16 0	5,044,303.

			4.1			
Part	V Capital Gains and L	osses for Tax on Investn	nent income		1	
	•	s) of property sold (for example, real est , or common stock, 200 shs MLC Co)	tate,	(b) How acquired P—Purchase	(c) Date acquire (mo , day, yr)	d (d) Date sold (mo, day, yr)
		, or common stock, 200 sits. WEC CO.)	 .	D—Donation		
1a	UBS 90078 BOX A	 		D	VA/RI/OUS	
<u>b</u>	UBS 90075 BOX A	,			VA/RI/OUS	
<u>C</u>	UBS 90067 BOX A			D	VA/RI/OUS	
<u>d</u>	UBS 90067 BOX D			D	VA/RI/OUS	S 05/06/2020
e	SEE ATTACHED WOR	RKSHEET !!	,			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		Gain or (loss) lus (f) minus (g))
а	9,281,652.		9,	400,228.		(118,576.)
b	8,290,068.		8,	449,310.		(159, 242.)
	170,040.			241,746.		(71,706.)
d	612,302.			812,411.		(200,109.)
е	44,740,628.		43,	500,202.		1,240,426.
<u>_</u>		ving gain in column (h) and owned			(I) Gains	(Col (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), bu	t not less than -0-) or s (from col (h))
						(118,576.)
<u> </u>	•					(159,242.)
<u>- b</u>						
<u>c</u>						(71,706.)
d						(200,109.)
<u>'e</u>			<u> </u>		 	1,240,426.
2	Čapital gain net income or (r	nar canital inggi 1	also enter in Pai), enter -0- in Par	, , ,	2	690,793.
3	Net short-term capital gain o	or (loss) as defined in sections	1222(5) and (6)			
		ne 8, column (c) See instructi		ter -0- in 1)
	Part I, line 8			}	3	
Part		Section 4940(e) for Redu	iced Tax on N	et Investment	Income	
		N 4940(e) REPEALED ON DE				••••
1	Reserved	N 4040(C) NEI EALED ON BE		30 30	<u> </u>	
	(a)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		(-)		(d)
	Reserved	(b) Reserved		(c) Reserved		Reserved
	fila same d					
	Reserved					HANNET KYELYMA KURIKANI
	Reserved	The state of the s			ALL STRUCKS OF STRUCKS AND STRUCKS	
	Reserved	QUINTON CONTROL TO A TOTAL CONTROL OF THE OWNER.				
	Reserved	PAIGS SC ST 75 (1707) Second Consequence of a minimum and common and consequence of the c			Account to the same of the sam	
	Reserved					
2	Reserved				500000	
		•			2	
3	Reserved				3	
3	Reserved				3	
3	Reserved				-	
3 4 5					3	
3 4 5 6	Reserved				3	
3 4 5 6	Reserved				3 4 5	
3 4 5 6	Reserved				3 4 5 6 7	
3 4 5 6 7	Reserved				3 4 5 6	Form 990-PF (2020)

Part '	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instruction	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)		26	,21	6
c	All other domestic foundations enter 1 39% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			, 21	0.
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2	0 26,216.			
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	4 5	0 26,216.		
6 a b c d	Credits/Payments: 2020 estimated tax payments and 2019 overpayment credited to 2020 Exempt foreign organizations—tax withheld at source				
7 8 9	Total credits and payments Add lines 6a through 6d	7 8 9		,96 93	8.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. Enter the amount of line 10 to be Credited to 2021 estimated tax 75,807. Refunded	10 11	75 	,80	<u>7.</u>
	VII-A Statements Regarding Activities	1 :4		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?		<u>1a</u>	res	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		. <u>1b</u>	XXXX	X
_	published or distributed by the foundation in connection with the activities	iais	. 1c	22	X
c d	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers ▶\$				A
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impon foundation managers >\$	osed			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?		4a 4b 5	X	X
5 6	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	•			A
· ·	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions to conflict with the state law remain in the governing instrument? 	that	6	X	
7 .8a	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 Enter the states to which the foundation reports or with which it is registered. See instructions		7	X	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger (or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation .	neral	 8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV				
10	"Yes," complete Part XIV	their	10		X
	names and addresses			┸——	1 47

Parl	VII-A Statements Regarding Activities (continued)			e ^z
		** **********************************	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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		Х
42		13	Х	1.
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1 22	<u>. </u>
4.4	Website address ► The books are in care of ► JAMES H WINSTON JR - TRUSTEE Telephone no ► 904-	358-	7776	٠٠٠
14			120	٠-٠٠
	Located at ▶ 601 II RIVERSIDE AVENUE JACKSONVILLE FL ZIP+4 ▶ 3220) 4 		. - <u></u>
15 ′ /				▶ ∟
•	and enter the amount of tax-exempt interest received or accrued during the year			
16 _	At any time during calendar year 2020, 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			
Part	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
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?	, 💥		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
•	disqualified person?	、 🎉		
,	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1552156		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes N) 💥		
	(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)?) J		
• 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			
``	termination of government service, if terminating within 90 days)) () ()		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	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 before the first day of the tax year beginning in 2020?	1c	4000,000	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		######################################	1302
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
_	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines			
а	6d and 6e) for tax year(s) beginning before 2020?			
	, , , , , , , , , , , , , , , , , , , ,			
•	If "Yes," list the years 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
•	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	W		****
	all years listed, answer "No" and attach statement—see instructions)	2b	98369-05	898022.0892
. с	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
1	▶ 20, 20, 20			
3a _.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
. '	at any time during the year? . ,			
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or			3.3
· •	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2020)	3b		
4a	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	40.5		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		Χ·

Part	VII-B	Statements Regarding Activities f	or Wh	ich Form 47	720 Ma	y Be Req	uired	(continue	ed)			. , .
5a		year, did the foundation pay or incur a					_		1 0273		Yes	No
		n propaganda, or otherwise attempt to		_				Yes	X No			
		ce the outcome of any specific public e or indirectly, any voter registration driv		(see section	4955), i	or to carry o	on, . ´	Yes	<u> </u>	,		
	•	e a grant to an individual for travel, stud		her sımılar pı	ırposes	? .		Yes	⊠ No			
		e a grant to an organization other than a 4945(d)(4)(A)? See instructions .	a charıt	able, etc , orç	ganızatı	on describe	ed in	Yes	⊠ No	,		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?								⊠ No			
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								5b			
	•	ons relying on a current notice regarding	-	•			1511461		▶ ∟			
С	If the answ	rer is "Yes" to question 5a(4), does the maintained expenditure responsibility	founda	tion claim ex			ax	Yes	□ No			
6a	If "Yes," att	ach the statement required by Regulat	ions se	ction 53.494		o pay prem	ums					
	on a perso	nal benefit contract?			-			Yes Yes	X No			
b		indation, during the year, pay premium 6b, file Form 8870	s, dırec	tly or indirect	ly, on a	personal b	enefit (contract?	•	6b		X
7a b		during the tax year, was the foundation a pa					the tra	Yes Yes	No	7b		
8	Is the found remunerati	dation subject to the section 4960 tax on or excess parachute payment(s) du	on payr	nent(s) of mo	re than	\$1,000,000) in	☐ Yes	⊠ No			
Part	VIII In	formation About Officers, Direct	ors, Tr	ustees, Fo	undati	on Manag	ers, F	lighly Pa	aid En	ploye	es,	
		d Contractors				•						
							4: 6					
1	List all off	icers, directors, trustees, and found								`		
1		(a) Name and address	(b) Titi hou devo	e, and average irs per week led to position	(c) Co (If i	compensa mpensation not paid, nter -0-)	(d) empl	Gee instru Contribution oyee benefit ferred compe	s to plans	(e) Expe	ense aci	
	S H WI	(a) Name and address NSTON-JR	(b) Titl	e, and average irs per week led to position CTEE	(c) Co (If i	mpensation not paid, nter -0-)	(d) empl and det	Contribution oyee benefit	s to plans	(e) Expe		
501I	S H WI I RIVE	(a) Name and address NSTON-JR RSIDE AVE-619	(b) Titi hou devoi TRUS	e, and average rs per week ded to position TEE 10	(c) Co (If i	mpensation not paid,	(d) empl and det	Contribution oyee benefit	s to plans	(e) Expe		
501I MARY	S H WI I RIVE M WIN	(a) Name and address NSTON-JR RSIDE AVE-619 STON	(b) Titi hou devo	e, and average irs per week led to position STEE 10 STEE	(c) Co (If i	mpensation not paid, nter -0-)	(d) emple and def	Contribution oyee benefit	s to plans	(e) Expe		
5011 MARY 5011	S H WI I RIVE M WIN I RIVE	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619	(b) Titi hou devoi TRUS	e, and average urs per week ued to position UEEE UEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	(c) Co (If i	mpensation not paid, nter -0-)	(d) emple and def	Contribution oyee benefit	s to plans	(e) Expe		
601I MARY 601I CHAF	S H WI I RIVE M WIN I RIVE RLES WI	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON :	(b) Title hou devote TRUS	e, and average urs per week ued to position UEEE UEEEEEEEEEEEEEEEEEEEEEEEEEEEEEEE	(c) Co (If i	mpensation not paid, nter -0-)	(d) emple and def	Contribution oyee benefit	s to plans	(e) Expe		
6011 MARY 6011 CHAR 6011	S H WI I RIVE M WIN I RIVE RLES WI	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 RSIDE AVE-619	(b) Title hou devote TRUS	e, and average rs per week led to position TEE 10 TEE 10 TEE 10 TEE 10	(c) Co (If i	mpensation not paid, iter -0-) 30,000	(d) emple and def	Contribution oyee benefit	s to plans	(e) Expe		
601I MARY 601I CHAR 601I FRAN	S H WI I RIVE M WIN I RIVE RLES WI I RIVE	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 RSIDE AVE-619	(b) Title hou devoted TRUS	e, and average rs per week led to position TEE 10 TEE 10 TEE 10 TEE 10	(c) Co (If i	mpensation not paid, iter -0-) 30,000	(d) emple and def	Contribution oyee benefit	s to plans	(e) Expe		
601I MARY 601I CHAR 601I FRAN	S H WI I RIVE M WIN I RIVE LES WI I RIVE IKLIN B	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 EARD RSIDE AVE-619 EARD RSIDE AVE-619 ation of five highest-paid employees	(b) Title how devolution of the control of the cont	e, and average rrs per week ed to position ETEE 10 ETEE 10 ETEE 10 ETEE 10 ETEE 10	(c) Co (lf i er	30,000 30,000	(d) empl and det	Contribution oyee benefit ferred compe	ns to plans ensation	(e) Expe	allowan	ces
011 MARY 6011 CHAR 6011 FRAN 6011	S H WI I RIVE M WIN I RIVE RLES WI I RIVE I RIVE KLIN B I RIVE Compensa	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 EARD RSIDE AVE-619 EARD RSIDE AVE-619 ation of five highest-paid employees	(b) Title how devolution of the transfer of th	e, and average rrs per week ed to position ETEE 10 ETEE 10 ETEE 10 ETEE 10 ETEE 10	(c) Co (lf i er	30,000 30,000	(d) emploand det	Contribution oyee benefit ferred compe	ons). I	(e) Expe) enter	count,
6011 MARY 6011 CHAP 6011 FRAN 6011 2	S H WI I RIVE M WIN I RIVE RLES WI I RIVE KLIN B I RIVE Compensa "NONE."	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 EARD RSIDE AVE-619 ation of five highest-paid employees	(b) Title how devolution of the transfer of th	e, and average ris per week led to position of TEE 10 of	include	30,000 30,000 30,000	(d) emploand det	instructi (d) Contrib employee plans and compen	ons). I	(e) Expe	enter	count,
6011 MARY 6011 CHAP 6011 FRAN 6011 2	S H WI I RIVE M WIN I RIVE RLES WI I RIVE KLIN B I RIVE Compensa "NONE."	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 EARD RSIDE AVE-619 ation of five highest-paid employees	(b) Title hou devol TRUS TRUS TRUS TRUS TRUS	e, and average rrs per week ed to position of TEE 10 of	include	30,000 30,000 30,000	(d) emploand det	instructi (d) Contrib employee plans and	ons). I	(e) Expe	enter	count,
6011 MARY 6011 CHAP 6011 FRAN 6011 2	S H WI I RIVE M WIN I RIVE RLES WI I RIVE KLIN B I RIVE Compensa "NONE." (a) Name and a ROSS I RIVE	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 EARD RSIDE AVE-619 ation of five highest-paid employees	(b) Title hou devol TRUS TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	include	30,000 30,000 30,000	(d) emploand det	instructi (d) Contrib employee plans and compen	ons). I	(e) Expe	enter	count,
6011 MARY 6011 CHAP 6011 FRAN 6011 2	S H WI I RIVE M WIN I RIVE LES WI I RIVE KLIN B I RIVE Compensa "NONE." (a) Name and	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 EARD RSIDE AVE-619 ation of five highest-paid employees address of each employee paid more than \$50,00	(b) Title hou devol TRUS TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	include	30,000 30,000 30,000	(d) emploand det	instructi (d) Contrib employee plans and compen	ons). I	(e) Expe	enter	count,
6011 MARY 6011 CHAP 6011 FRAN 6011 2	S H WI I RIVE M WIN I RIVE LES WI I RIVE KLIN B I RIVE Compensa "NONE." (a) Name and	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 EARD RSIDE AVE-619 ation of five highest-paid employees address of each employee paid more than \$50,00	(b) Title hou devol TRUS TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	include	30,000 30,000 30,000	(d) emploand det	instructi (d) Contrib employee plans and compen	ons). I	(e) Expe	enter	count,
6011 MARY 6011 CHAF 6011 FRAN 6011 2	I RIVE M WIN I RIVE LES WI I RIVE KLIN B I RIVE Compensa "NONE." (a) Name and a	(a) Name and address NSTON-JR RSIDE AVE-619 STON RSIDE AVE-619 NSTON RSIDE AVE-619 EARD RSIDE AVE-619 ation of five highest-paid employees address of each employee paid more than \$50,00	(b) Title hou devol TRUS TRUS TRUS TRUS TRUS	e, and average ris per week led to position of TEE 10 of	include	30,000 30,000 30,000	(d) emploand det	instructi (d) Contrib employee plans and compen	ons). I	(e) Expe	enter	count,

Part VIII Information About Officers, Directors, Trustees, Foundation	ition Managers, Highly Paid En	iployees,
· and Contractors (continued)		
3 Five highest-paid independent contractors for professional services.		ONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
UBS FINANCIAL SERVICES 1000 HARBOR BLVD WEEHAWKEN NJ 07086	INVESTMENT ADVISORY	333,591.
	·	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruc		T
Describe the two largest program-related investments made by the foundation during the tax year on life	nes 1 and 2	Amount
1		
2		
All other program-related investments. See instructions		
. •		
3		
Total. Add lines 1 through 3	.	

Form **990-PF** (2020)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ı 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	1a00,771,642.
b	Average of monthly cash balances	1b 2,864,944.
С	Fair market value of all other assets (see instructions)	1c16,830,158.
đ	Total (add lines 1a, b, and c)	16 20,466,744.
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	3 20,466,744.
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see	
	ınstructions)	4 1,807,001.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	\$ 18,659,743.
6	Minimum investment return. Enter 5% of line 5	6 5,932,987.
Part		ons
	and certain foreign organizations, check here and do not complete this part)	T. Ir 020 007
1	Minimum investment return from Part X, line 6	1 5,932,987.
2a	Tax on investment income for 2020 from Part VI, line 5	
b	Income tax for 2020 (This does not include the tax from Part VI)	26 216
С	Add lines 2a and 2b	2c 26,216.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 5,906,771.
4	Recoveries of amounts treated as qualifying distributions	5 5,906,771.
5	Add lines 3 and 4	
6	Deduction from distributable amount (see instructions)	6
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	7 5,906,771.
Dort	Inne 1	1 5,300,771.
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T [
1	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a 2,775,362.
a	Program-related investments—total from Part IX-B	1b
ь 2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	
2	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 2,775,362.
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 18,860.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 2,756,502.
_	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	ether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.	

ran	Undistributed income (see instructions)			
	<i>x</i> \	/ (a) Corpus	(b) , Years prior to 2019	(c) · 2019	(d) 2020
1	Distributable amount for 2020 from Part XI,	7.0			5,906,771.
2	Undistributed income, if any, as of the end of 2020	7.4		######################################	
- a	Enter amount for 2019 only			2,599,092.	
b	Total for prior years 20 , 20 , 20	C A C C C C C C C C C C C C C C C C C C	Tromps 1: Washing to the warrant and with the warrant and washing the washing to the warrant and washing the warrant and warra		Westernament and the second se
3	Excess distributions carryover, if any, to 2020:				
а	From 2015				79.0
b	From 2016				
С	From 2017				
d	From 2018		and the second of	10.0	
e	From 2019 .)				
f	Total of lines 3a through e	-			45.45
4	Qualifying distributions for 2020 from Part XII,				C4044
• ,	line 4 \triangleright $\$,775,362$.			0 500 000	
а	Applied to 2019, but not more than line 2a.			2,599,092.	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		TATATISTAS PARISMONARIONIS IN INC.		
,C	Treated as distributions out of corpus (Election		52.77		
а	required—see instructions) Applied to 2020 distributable amount			minima di manana di m	176,270.
e	Remaining amount distributed out of corpus .				
	Excess distributions carryover applied to 2020		1.00		SHEET AND PROPERTY AND STREET,
	(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	,			
	indicated below:	•		and the second s	
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract	27.		Artist of the second	47.0
C	line 4b from line 2b Enter the amount of prior years' undistributed				
_	Income for which a notice of deficiency has)	4	
	been issued, or on which the section 4942(a)	200			
	tax has been previously assessed .		ì		
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions		, , , , , , , , , , , , , , , , , , , ,	77	
е	Undistributed income for 2019 Subtract line				
	4a from line 2a Taxable amount—see			•	
	instructions .				,
T	Undistributed income for 2020 Subtract lines 4d and 5 from line 1. This amount must be			5	
	distributed in 2021				5,730,501.
7	Amounts treated as distributions out of corpus				-,,
-	to satisfy requirements imposed by section	,			
t	170(b)(1)(F) or 4942(g)(3) (Election may be		in ann an tagairtí agus an tagairtí da brantai		
١	required—see instructions)				
8	Excess distributions carryover from 2015 not				magnitum magnitude of the control
	applied on line 5 or line 7 (see instructions)	1 .	1000		
9	Excess distributions carryover to 2021.		Live Section		
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
a L	Excess from 2016	Unio Comparing Services		Association of the state of the	
D	Excess from 2017 Excess from 2018				
i d	Excess from 2019		gantenja nakolenia projektija dinicomia.	nammare emilita e secondo a marco de la companio d	
u	Excess from 2020				

Part	XIV Private Operating Foundation	ons (see instruct	ions and Part VI	I-A, question 9)					
1a	a If the foundation has received a ruling or determination letter that it is a private operating								
	foundation, and the ruling is effective for								
b	Check box to indicate whether the foundation	n is a private operat	ing foundation descr	ribed in section	4942(j)(3) or 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total			
	investment return from Part X for	, (a) 2020	(b) 2019	(c) 2018	(d) 2017				
	each year listed								
b	85% of line 2a								
С	Qualifying distributions from Part XII,	,							
	line 4, for each year listed	ş			+				
d	Amounts included in line 2c not used directly for active conduct of exempt activities								
е	Qualifying distributions made directly				İ				
	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 .								
	(4) Gross investment income		· · · · · · · · · · · · · · · · · · ·						
Part		(Complete this	part only if the	foundation had	d \$5,000 or more	in assets at			
	any time during the year—								
1	Information Regarding Foundation N								
а	List any managers of the foundation wi					e foundation			
	before the close of any tax year (but or	lly if they have con	tributed more than	า \$5,000). (See se	ction 507(d)(2))				
b	List any managers of the foundation wh					ion of the			
	ownership of a partnership or other ent	ity) of which the to	undation has a 10	% or greater intere	est				
	Information Reporting Contribution	Crant Cift Lane	. Cabalasabia at	Drograma.	-				
2	Information Regarding Contribution. Check here ► 🖾 if the foundation or		-	_	rations and doos	ant nonant			
	unsolicited requests for funds. If the for								
	conditions, complete items 2a, b, c, and								
	The name, address, and telephone nur			to whom application	ns should be addre	essed			
•									
b	The form in which applications should to	e submitted and i	nformation and ma	aterials they should	I include.				
С	Any submission deadlines								
				antable Calde 1811	do of inctituding				
d	Any restrictions or limitations on award factors:	s, such as by geog	grapnicai areas, ch	iaritable fleids, Kind	มร 01 เกรแนนเขทร, 01	outer			

Total

Part XV Supplementary Information (continued) 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 dunng the year 2,500. ST MARKS CHURCH FND 4129 OXFORD AVE 501C3 GENERAL USE 32210 FL JACKSONVILLE 5,000. CATHEDRAL ARTS PROJECT 207 N LAURA ST STE 300 32202 FL JACKSONVILLE 501C3 GENERAL USE 5,000. DOUGLAS ANDERSON SCHOOL 2445 SAN DIEGO RD 501C3 32207 FL JACKSONVILLE GENERAL USE 5,000. JUNIOR ACHIEVEMENT 4049 WOODCOCK DR STE 20 501C3 32207 FL JACKSONVILLE GENERAL USE JAX ZOO AND GARDEN 5,000. 370 ZOO PARKWAY 501C3 32218 FL JACKSONVILLE GENERAL USE 5,000. CUMMER MUSEUM 829 RIVERSIDE AVE 501C3 32204 FL JACKSONVILLE GENERAL USE 21,796. UNITED WAY OF NE FL 40 E ADAMS ST 200 501C3 GENERAL USE 32202 FL JACKSONVILLE 1,051,046. UNC WINSTON FAMILY INIT 206 FRANKLIN ST |501C3 |GENERAL USE ► 2,3**3**08,842. Total Approved for future payment

3b

	r gross amounts unless otherwise indicated.	Unrelated bus	ness income	Excluded by sect	on 512, 513, or 514	(e)
	•	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program service revenue	ļ				(Gee mandedons)
	a			-		
	b			 		
	·			 		
	d			-		
	e			+		
_	g Fees and contracts from government agencies					
2	Membership dues and assessments			14	635,655.	
3	Interest on savings and temporary cash investments				588,102.	
4	Dividends and interest from securities	}			200, 102.	*
5	Net rental income or (loss) from real estate	99 25 7	water and water scaling & 1	e* 1 174 mm//2000	emplica es care	myavusama raanna chika 244231
	a Debt-financed property					
_	b Not debt-financed property	-	==	-		
6	Net rental income or (loss) from personal property					
7	Other investment income	-		18	432,918.	
8	Gain or (loss) from sales of assets other than inventory	 -		10	432,910.	
9	Net income or (loss) from special events .	-			· · · · · · · · · · · · · · · · · · ·	
10	Gross profit or (loss) from sales of inventory .			 		
11	Other revenue a			+		
	b					
	d			+		
12	Subtotal Add columns (b), (d), and (e)	•		2:	656 , 675.	
	Total. Add line 12, columns (b), (d), and (e)			<u> </u>		656,675.
	worksheet in line 13 instructions to verify calculation		•			
	t XVI-B Relationship of Activities to the A		t of Exemp	t Purposes		-
	e No. Explain below how each activity for which incom	ie is reported in col	umn (e) of Part	XVI-A contributed	Importantly to the	
,	 accomplishment of the foundation's exempt purp 	poses (other than b	y providing fund	ds for such purpos	ses) (See instructi	ons)
-						
	·					
	•					
	,					

Part	XVII	Information Exempt Org	Regarding Trans	fers to and Tra	ansactions	and Re	lationship	With Nonchari	table		
1	Did t		lirectly or indirectly e	engage in any of t	he following	with any	other organi	zation described		Yes	No
		_	er than section 501(c		_	_	_				
	orgai	nizations?		-							
а			oorting foundation to	a noncharitable	exempt orga	nization o	f				
	(1) C	ash						•	1a(1)		Χ
	(2) C	ther assets							1a(2)		X
b	Othe	r transactions									
	(1) S	ales of assets to	a noncharitable exe	empt organization	ı				1b(1)		Χ
	(2) P	urchases of asse	ets from a noncharita	able exempt orga	nızatıon				1b(2)		Χ
	(3) R	ental of facilities,	, equipment, or othe	r assets				•	1b(3)		Χ
	(4) R	Reimbursement a	rrangements						1b(4)		Χ
	(5) L	oans or loan gua	rantees					•	1b(5)		Χ
	(6) P	erformance of se	ervices or membersh	ip or fundraising	solicitations				1b(6)		Χ
С			quipment, mailing lis						1c		Х
d			he above is "Yes," con								
	value value	of the goods, other in any transaction	er assets, or services of or sharing arrangeme	given by the reporti ent, show in column	ng foundation n (d) the value	If the four of the goo	ndation receiveds, other ass	ed less than fair ma ets, or services rece	rket ived		
(a) Lin	e no	(b) Amount involved	(c) Name of nonc	haritable exempt orga	nization	(d) Desc	cription of transf	ers, transactions, and sh	arıng arra	ngeme	nts
											·
		-									,
	desc	ribed in section 5	L ctly or indirectly affili 501(c) (other than se	ated with, or relat ction 501(c)(3)) o	ed to, one o	l r more tax 527?	c-exempt org	anizations] Yes	X N	0
<u> </u>		(a) Name of organ	following schedule	(h) Type	of organization			(c) Description of relati	onehin		
		(a) Name of organ	nzation	(b) Type	o. organization	+		(a) pescription of relati	- Harrib		
											
-										_	
						<u> </u>					-
				- "		_		·····			
			lare that I have examined this r					knowledge and belief, it is tr	ue,		
Sign Here		Transl.	on of preparer (other than taxp)	12/2	TR	uster has any ki USTEE	nowledge		RS discuss reparer sho ctions		<u>v?</u>
	Sigi	nature of officer or trus		Dafe /	Title		Tosto	L	DTIN		
Paid		Print/Type preparer's D KENT SA	s name .USAMAN	Preparer's signatu	"//	>	Date /2 /2	Check I if	PTIN P018	704	51
Prepa	rer			DAGIES T	77 7 7 T	T 70 5.7 TO 7	12/20/2	y Joen employed			<u>у т</u>
Use (·		RAZIER ATT		LAW PA	4 / /	004	2056		1.6
036 (/IIIy	Firm's address ▶	1515 RIVERS	IDE AVE S	re A			Phone no 904	-353 -	- 56.	Гр

Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

WINSTON FAMILY FOUNDATION

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

2020

Employer identification number

59-2678732

Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X 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** 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 (entering "N/A" in column (b) instead of the contributor name and address), 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,

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)

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

Name of organization
WINSTON FAMILY FOUNDATION

Employer identification number 59-2678732

	R PINITEL LOGISTILLON		
Part l	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES H WINSTON REVOCABLE TRUS 601 II RIVERSIDE AVENUE JACKSONVILLE FL 32204- Foreign State or Province Foreign Country	\$ <u>4,138,697</u> .	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 Occupation (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 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 Oncash (Complete Part II for noncash contributions)