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990-PF

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2020

Open to Public

Form O O I I	Return of Private Foundation
Department of the Treasury	or Section 4947(a)(1) Trust Treated as Private Foundation
Internal Revenue Service	No not enter social security numbers on this form as it may be made nu

▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Inspection For calendar year 2020, or tax year beginning 01-01-2020 , and ending 12-31-2020 A Employer identification number Name of foundation RAY SUTTON MCGEHEE FOUNDATION C/O CLARENCE H HOUSTON JR 59-6143565 Number and street (or P.O. box number if mail is not delivered to street address) 590 OAK STREET B Telephone number (see instructions) (904) 354-9000 City or town, state or province, country, and ZIP or foreign postal code JACKSONVILLE, FL $\,$ 32204 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: **D 1.** Foreign organizations, check here....... 2. Foreign organizations meeting the 85% test, check here and attach computation ... Amended return ☐ Final return Address change ☐ Name change If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation **H** Check type of organization: under section 507(b)(1)(A), check here \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end J Accounting method: ✓ Cash ☐ Accrual If the foundation is in a 60-month termination of year (from Part II, col. (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) ▶\$ 1,652,812 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books income equal the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) Check \blacktriangleright lacksquare if the foundation is **not** required to attach 2 Sch. B 3 Interest on savings and temporary cash investments Dividends and interest from securities 30,356 30,356 Gross rents 5a b Net rental income or (loss) Revenue (چە 23,565 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 40,894 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less: Cost of goods sold b Gross profit or (loss) (attach schedule) c Other income (attach schedule) 477 477 11 71,727 Total. Add lines 1 through 11 54,398 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . Accounting fees (attach schedule) Other professional fees (attach schedule) ر**چه** 26,278 19,895 [چە 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 21 Travel, conferences, and meetings 22 Printing and publications . . 23 Other expenses (attach schedule) 74 Total operating and administrative expenses. 24 Add lines 13 through 23 . . . 26,550 19,895 66,040 66,040 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 92,590 19,895 66,040 27 Subtract line 26 from line 12: Excess of revenue over expenses and -38,192 disbursements Net investment income (if negative, enter -0-) 51,832 Adjusted net income (if negative, enter -0-) . . .

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17 18

19

20

21

22

23

24

25

26

Liabilities

Balances

Fund

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Assets

Net

2

3

7 Less: allowance for doubtful accounts ▶ Inventories for sale or use . . . 8 Assets 9 Prepaid expenses and deferred charges 10a

Investments—land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach schedule) ▶

Less: accumulated depreciation (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Foundations that do not follow FASB ASC 958, check here ▶ □

Capital stock, trust principal, or current funds

Foundations that follow FASB ASC 958, check here ▶

Total assets (to be completed by all filers—see the

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

Investments—other (attach schedule)

instructions. Also, see page 1, item I)

Other assets (describe > .

Other liabilities (describe ...

Grants payable

Land, buildings, and equipment: basis ▶

Investments—U.S. and state government obligations (attach schedule) Investments—corporate bonds (attach schedule)

•

500 1,341,391

1.359,794

9,997

9,997

1,349,797

207

1,606,592

1,652,902

9,997 9,997

1,642,905

207

1,606,592

1.652.812

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		pe the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a						
-						
-	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a						
b						
c d						
e e						
			I			
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(I)
	(i) F.M.V. as of 12/31/69	(j)	Excess	(k) of col. (i) . (j), if any	Gains (Col. (col. (k), but not	less than -0-) or om col.(h))
a						
b						
С						
d						
е						
3	•	gain or (loss) as defined in sections art I, line 8, column (c) (see instructi		Part I, line 7	3	40,894
Part	V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come	
SECT:	ION 4940(e) REPEA	ALED ON DECEMBER 20, 2019	- DO NOT COMPLI	ETE		
1	Reserved					
	(a) Reserved	(b) Reserved	(c) Reserved		(d) Reserved	
2	Reserved			2		
3	Reserved			3		
4	Reserved			4		
5	Reserved			5		
6	Reserved			6		
7	Reserved			7		
8	Reserved ,			8		

Page **6**

Pai	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (co	ontinue	ed)				<u> </u>
5a	During the	year did the foundation p	ay o	r incur any amount to:	·						Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	Г	Yes					
		nce the outcome of any sp		-		L	⊔ Yes	¥	No			
	on, directly or indirectly, any voter registration drive?											
	(3) Provide a grant to an individual for travel study or other similar nurnoses?											
	(4) Provide a grant to an organization other than a charitable, etc., organization described											
	in sect	tion 4945(d)(4)(A)? See ir	stru	ctions		г	Yes		N.			
	(5) Provid	le for any purpose other th	nan r	eligious, charitable, scien	tific, literary, or	L	_ Yes	•	NO			
	educa	tional purposes, or for the	prev	ention of cruelty to childr	en or animals?	г	Yes		N			
b	If any ans	wer is "Yes" to 5a(1)-(5),	did a	ny of the transactions fa	il to qualify under the ex	ceptions describ		•	NO			
	Regulation	ns section 53.4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions				5b		
	Organizati	ons relying on a current n	otice	regarding disaster assist	ance check here		. ▶					
С	If the ansv	wer is "Yes" to question 5a	(4),	does the foundation clain	n exemption from the							
	tax becaus	se it maintained expenditu	re re	sponsibility for the grant?	?		Yes	П	No			
	If "Yes," a	ttach the statement requi	ed b	y Regulations section 53.	4945-5(d).	_	_ 1es	Ш	NO			
6a	Did the fo	undation, during the year,	rece	ive any funds, directly or	indirectly, to pay premi	ums on						
		benefit contract?		, , , , ,			٦ ٧	✓	N			
b	Did the fo	undation, during the year,	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract? .	」 Yes		No	6b		No
	If "Yes" to	6b, file Form 8870.										
7a	At any tim	e during the tax year, was	s the	foundation a party to a p	orohibited tax shelter tra	nsaction?	Yes	7	No			
b	If "Yes", d	id the foundation receive a	any p	roceeds or have any net	income attributable to the	ne transaction?			110	7b		
8	Is the four	ndation subject to the sect	ion 4	.960 tax on payment(s) o	of more than \$1,000,000	in remuneration	or					
	excess par	rachute payment during th	ie ye	ar?		· • г	Yes	~	No			
		Information About C	ffic	ers, Directors, Trust	ees, Foundation Ma	anagers, Higl				vees,		
Pai	t VIII	and Contractors			•		-					
1	List all of	ficers, directors, trustee	es, fo	oundation managers ar	d their compensation	. See instruction	ns					
	() N	1 11	(b) Title, and average	(c) Compensation (If	(d) Contrib			(e)	Expen	se acc	ount,
	(a) Na	me and address		hours per week devoted to position	not paid, enter -0-)	employee bene deferred con					lowand	
See A	Additional D	ata Table			- ,							
2	Compens	ation of five highest-pai	d en	ployees (other than t	hose included on line	L—see instruct	ions). I	[f no	ne, er	nter "l	NONE.	71
				(b) Title, and average		(d) Contrib	utions t	ю				
(a)		address of each employee ore than \$50,000	paid	hours per week	(c) Compensation	employee plans and					se acco	
	me	ore than \$50,000		devoted to position		compen		۱ ا	οι	ner an	owance	25
NON						· ·						
-												
Tota	I number of	other employees paid over	er \$5	0,000				\dashv				
		- , .							For	m 99 (D-PF (2020)

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Part VIII Information About Officers, Directors, Training and Contractors (continued)	ustees, Foundation Managers, Highly Paid	l Employees,
3 Five highest-paid independent contractors for profession		IONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
Total number of others receiving over \$50,000 for professional service	ces	
Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. 1	Include relevant statistical information such as the number of	:
organizations and other beneficiaries served, conferences convened, research pa	apers produced, etc.	Expenses
1		
		4
2		
-		-
-		-
3		
4		_
		4
Part IX-B Summary of Program-Related Investmen	ite (egg instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1 N/A	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		P
		5 000 PF (3030)

1b

2

За 3h

4

5

66,040

66.040

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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

b

2

3

4

5

a From 2015. **b** From 2016. . . . c From 2017. . . d From 2018. . . . e From 2019.

f Total of lines 3a through e. 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ a Applied to 2019, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9: a Excess from 2016. **b** Excess from 2017. . c Excess from 2018. . d Excess from 2019. e Excess from 2020. .

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract

line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)

tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

indicated below:

d Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

same amount must be shown in column (a).)

45

72,137

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65,995

1.277

1,277

Page 9

	ondistributed Income (see ilistruc	Luons)		
		(a) Corpus	(b) Years prior to 2019	(c) 2019
1	Distributable amount for 2020 from Part XI, line 7			
2	Undistributed income, if any, as of the end of 2020:			
а	Enter amount for 2019 only			65,99
h	Total for prior years: 2014 20 20		1,277	

Distributable amount for 2020 from Part XI, line 7			72,182
Undistributed income, if any, as of the end of 2020:			
Enter amount for 2019 only		65,995	
Total for prior years: 2014 , 20 , 20	1,277		
Excess distributions carryover, if any, to 2020:			

:	Part XIV Private Operating Found	dations (see instru	ictions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			rating >		
b	Check box to indicate whether the organizat	tion is a private opera	ating foundation des	cribed in section \Box	4942(j)(3) or] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Iotai
	year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
А	line 4 for each year listed					
u	directly for active conduct of exempt activities					
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.					
C	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest.					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii) (3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Da	rt XV Supplementary Information			foundation had s	\$5,000 or more i	in
	assets at any time during tr		ructions.)			
1 a	Information Regarding Foundation Man List any managers of the foundation who ha		than 2% of the total	contributions receiv	ed by the foundation	n
	before the close of any tax year (but only if					
b	List any managers of the foundation who ow ownership of a partnership or other entity)				arge portion of the	
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	nolarship, etc., Pro	grams:		
	Check here $ ightharpoonup$ if the foundation only mal	kes contributions to p	reselected charitable	e organizations and	does not accept	
	unsolicited requests for funds. If the foundations, complete items 2a, b, c, a			als or organizations	under	
a	The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed:	
	BERRYLIN M HOUSTON					
	6740 EPPING FOREST WAY N					
	VILLA 114 JACKSONVILLE, FL 32217					
	(904) 731-0128					
b	The form in which applications should be su	bmitted and informat	tion and materials th	ney should include:		
	WRITTEN OR ORAL					
С	Any submission deadlines:					
	OCTOBER 1					
d	Any restrictions or limitations on awards, sufactors:	uch as by geographica	al areas, charitable f	ields, kinds of institu	utions, or other	
	NONE					

Part XVI-A Analysis of Income-Producing	Activities				rage L
Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	1 512, 513, or 514	(e) Related or exempt
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a					
b					
d					
e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14		
4 Dividends and interest from securities			14	30,356	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	477	
8 Gain or (loss) from sales of assets other than inventory				40.004	47.000
9 Net income or (loss) from special events:			26	40,894	-17,329
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
d					
e					
12 Subtotal. Add columns (b), (d), and (e).				71,727	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculated.			1	3	54,398
Part XVI-B Relationship of Activities to the Line No. Explain below how each activity for which	income is report	ed in column (e) o	of Part XVI-A contribu		
the accomplishment of the foundation's exinstructions.)	xempt purposes	(other than by pro	viding funds for such	purposes). (See	
+					

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	
Did the even	singular discretive as indiscretive asserts in any of the following with any other assertion described in action 501		

		Exempt Organi	zations								
		anization directly or in han section 501(c)(3)							ion 501	Yes	No
a Trai	nsfers fr	rom the reporting foun	dation to a no	oncharitable (exempt or	ganization	of:				
(1)	Cash.								. 1a(1)		No
(2)	Other	assets							. 1a(2)		No
b Oth	er trans	actions:									
		of assets to a nonchar	•	-					1b(1)		No
(2)	Purcha	ases of assets from a r	oncharitable	exempt orga	nization.				1b(2)		No
(3)	Rental	of facilities, equipmer	nt, or other as	ssets					1b(3)		No
(4)	Reimb	ursement arrangemen	ts						. 1b(4)		No
(5)	Loans	or loan guarantees.							. 1b(5)		No
(6)	Perforn	nance of services or m	embership or	fundraising s	solicitation	s			. 1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists, o	ther assets,	or paid em	ployees.			. <u>1</u> c		No
of tl	he good	er to any of the above s, other assets, or ser saction or sharing arra	vices given by	y the reportin	g foundat	ion. If the f	oundation receive	ed less than fair mai	rket value		
(a) Line	No.	(b) Amount involved	(c) Name of	noncharitable e	xempt orga	nization	(d) Description of	transfers, transactions	, and sharing arra	ngemen	its
		dation directly or indire	•	•					. 🗔		
		n section 501(c) (other		501(c)(3)) c	r in sectio	n 527? .		🗆 Y	es 🗹 No		
b If "\	res," co	mplete the following s									
		(a) Name of organization	on .		(b) Type o	f organizatio	n	(c) Description	n of relationship		
	of my	r penalties of perjury, knowledge and belief	, it is true, co								
Sign	Which	n preparer has any kno	wieage.		ı				May the IDC 1		ie 1
Here		****			2021-:	10-25	*****		May the IRS di return	scuss th	าเร
пеге									with the prepa below	rer shov	vn
	s l	ignature of officer or t	rustee		Date		Title		(see instr.)	voc F	l No
		T					1		(see ilisti.)	ı res –	- NO
		Print/Type preparer's	name	Preparer's S	ignature		Date		PTIN		
								Check if self-	P00366	842	
		ROBERT R JOHNSO	ON CPA				2021-10-25	employed ▶ 📙	, 55500		
Paid							-321 13 23				
Prep		Firm's name ▶ JOHI	NSON AND CO	OMPANY PA				•	Firm's EIN NEO	_17669	227
Use (Only								Firm's EIN ▶59	-1/008	00/
		Firm's address ▶ 21	.23 MANGO P	L							
		JA	CKSONVILLE,	FL 32207					Phone no. (904) 632-2	2160

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation BERRYLIN M HOUSTON CHAIRMAN, TR 000.00 6740 EPPING FOREST WAY N **VILLA 114** JACKSONVILLE, FL 32217 CLARENCE H HOUSTON JR BOARD MEMBER 000.00 1050 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 KATHLEEN H ELLIS BOARD MEMBER 000.00 1971 LAKEWOOD CIRCLE SOUTH JACKSONVILLE, FL 32207 FRANK F HOUSTON BOARD MEMBER 000.00 4031 CORDOVA AVENUE JACKSONVILLE, FL 32207 JOANNE C CELLAR BOARD MEMBER

000.00

1830 SOUTH EPPING FOREST WAY JACKSONVILLE, FL 32217

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
WOLFSON CHILDREN'S HOSPITAL 800 PRUDENTIAL DR		NON-RESTRICTED OPERATIONAL SUPPORT	500

ACKSONVILLE, FL 32207			
OUNG LIFE1100 STOCKTON ST ACKSONVILLE, FL 32204		NON-RESTRICTED OPERATIONAL SUPPORT	

Total .

YOUNG LIFE1100 STOCKTON ST JACKSONVILLE, FL 32204		NON-RESTRICTED OPERATIONAL SUPPORT	2,640
SULZBACHER CENTER611 E ADAMS ST		NON-RESTRICTED OPERATIONAL	2,640

JACKSONVILLE, FL 32204		SUPPORT	
SULZBACHER CENTER611 E ADAMS ST JACKSONVILLE, FL 32202		NON-RESTRICTED OPERATIONAL SUPPORT	2,640

66,040

SULZBACHER CENTER611 E ADAMS ST JACKSONVILLE, FL 32202		NON-RESTRICTED OPERATIONAL SUPPORT	2,6

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

66,040

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year			
HENDRICKS AVE BAP CHURCH 4001 HENDRICKS AVE JACKSONVILLE, FL 32207		NON-RESTRICTED OPERATIONAL SUPPORT	2,640

CANINE COMPANIONS FOR IND 150 CLARCONA OCOEE RD DRLANDO, FL 32818		NON-RESTRICTED OPERATIONAL SUPPORT	
HE BOLLES SCHOOL		NON-RESTRICTED OPERATIONAL	

any foundation manager

or substantial contributor

Name and address (home or business)

CANINE COMPANIONS FOR IND 8150 CLARCONA OCOEE RD ORLANDO, FL 32818		NON-RESTRICTED OPERATIONAL SUPPORT	12,000
THE BOLLES SCHOOL 7400 SAN JOSE BLVD		NON-RESTRICTED OPERATIONAL SUPPORT	2,500

8150 CLARCONA OCOEE RD ORLANDO, FL 32818		SUPPORT	,
THE BOLLES SCHOOL 7400 SAN JOSE BLVD		NON-RESTRICTED OPERATIONAL SUPPORT	2,5

URLANDO, FL 32818			1
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE, FL 32217		NON-RESTRICTED OPERATIONAL SUPPORT	2,500

7400 SAN JOSE BLVD JACKSONVILLE, FL 32217		SUPPORT	
			i

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
OPERATION NEW HOPE1830 MAIN ST N JACKSONVILLE, FL 32206		NON-RESTRICTED OPERATIONAL SUPPORT	

•			
CITY RESCUE MISSION 426 MCDUFF AVE S		NON-RESTRICTED OPERATIONAL SUPPORT	2,640
1ACKSONVILLE EL 32254			

CITY RESCUE MISSION 426 MCDUFF AVE S JACKSONVILLE, FL 32254		NON-RESTRICTED OPERATIONAL SUPPORT	2
	l .		

JACKSONVILLE, FL 32254		3611 3101	1
COACHES HONORPO BOX 51139		NON-RESTRICTED OPERATIONAL	300

			i
COACHES HONORPO BOX 51139 JACKSONVILLE BEACH, FL 32240		NON-RESTRICTED OPERATIONAL SUPPORT	300

2,640

66,040

-	-		
JACKSONVILLE BEACH, FL 32240		SUPPORT	
COACHES HONORPO BOX 51139		NON-RESTRICTED OPERATIONAL	30

JACKSONVILLE BEACH, FL 32240		SUPPORT	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
WESTSIDE CHAPEL4541 SHIRLEY AVE 8 JACKSONVILLE, FL 32210		NON-RESTRICTED OPERATIONAL SUPPORT	8,800

JACKSONVILLE, FL 32210		SUPPORT	
FIRST COAST WOMEN'S SERVICES 11215 SAN JOSE BLVD JACKSONVILLE, FL 32223		NON-RESTRICTED OPERATIONAL SUPPORT	4,200

11215 SAN JOSE BLVD JACKSONVILLE, FL 32223	SUPPORT	
DUCKS UNLIMITED ONE WATERFOWL WAY MEMBERS TN. 38120	NON-RESTRICTED OPERATIONAL SUPPORT	2,040

DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS, TN 38120		NON-RESTRICTED OPERATIONAL SUPPORT	2,040
Total	 	▶ 3a	66,040

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
HUMANE SOCIETY8464 BEACH BLVD JACKSONVILLE, FL 32216		NON-RESTRICTED OPERATIONAL SUPPORT	100

RONALD MCDONALD HOUSE 824 CHILDRENS WAY JACKSONVILLE, FL 32207		NON-RESTRICTED OPERATIONAL SUPPORT	1,000
JACKSONVILLE, FL 32216		SUPPORT	

JACKSONVILLE, FL 32207		SUPPORT	
DREAMS COME TRUE 6803 SOUTHPOINT PKWY		NON-RESTRICTED OPERATIONAL SUPPORT	4,000

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DREAMS COME TRUE 6803 SOUTHPOINT PKWY JACKSONVILLE, FL 32216		NON-RESTRICTED OPERATIONAL SUPPORT	4,000

Total .

66,040

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
BEACHES EMERGENCY ASSIST MINISTRY 850 6TH AVE S 400 JACKSONVILLE BEACH, FL 32250			NON-RESTRICTED OPERATIONAL SUPPORT	1,200
	l	· · · · · · · · · · · · · · · · · · ·		

JACKSONVILLE BEACH, FL 32250	
KEN ANDERSON ALLIANCE 11260 CHESTER RD STE 53 CINCINNATI, OH 45246	NON-RESTRICTED OPERATIONAL 1,000 SUPPORT
FLAT ROCK PARK FOUNDATION	NON-RESTRICTED OPERATIONAL 2,500

REN ANDERSON ALLIANCE 11260 CHESTER RD STE 53 CINCINNATI, OH 45246		SUPPORT	1,000
FLAT ROCK PARK FOUNDATION 110 VILLAGE CENTER DRIVE FLAT ROCK, NC 28731		NON-RESTRICTED OPERATIONAL SUPPORT	2,500

Total	 	▶ 3a	66,040
FLAT ROCK PARK FOUNDATION 110 VILLAGE CENTER DRIVE FLAT ROCK, NC 28731		NON-RESTRICTED OPERATIONAL SUPPORT	2,500
CINCINNATI, OH 45246			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
BLUE RIDGE HUMANE SOCIETY 88 CENTIPEDE LANE HENDERSONVILLE, NC 28792		NON-RESTRICTED OPERATIONAL SUPPORT	1,000

HENDERSONVILLE, NC 28/92			
FRIENDS OF CARL SANDBURG AT CONNEMA PO BOX 16 FLAT ROCK, NC 28731		NON-RESTRICTED OPERATIONAL SUPPORT	500
NORTH CAROLINA ARBORETUM		NON-RESTRICTED OPERATIONAL	500

CONNEMA PO BOX 16 FLAT ROCK, NC 28731	SUPPOR	Т	
NORTH CAROLINA ARBORETUM 100 FREDERICK LAW OLMSTED ASHEVILLE, NC 28806	NON-REI SUPPOR	STRICTED OPERATIONAL T	500
Total		▶ 3a	66,040

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
EPILEPSY FLORIDA 5209 SAN JOSE BLVD 102 1ACKSONVILLE FL 32207		NON-RESTRICTED OPERATIONAL SUPPORT	500

JACKSONVILLE, FL 32207		SUPPORT	
SALVATION ARMY328 N OCEAN ST JACKSONVILLE, FL 32202		NON-RESTRICTED OPERATIONAL SUPPORT	1,000

SALVATION ARMY328 N OCEAN ST JACKSONVILLE, FL 32202		NON-RESTRICTED OPERATIONAL SUPPORT	1,000
HUNT OF A LIFETIMEPO BOX 241		NON-RESTRICTED OPERATIONAL	1,000

JACKSONVILLE, FL 32202		SUPPORT	
HUNT OF A LIFETIMEPO BOX 241 HARBORCREEK, PA 16421		NON-RESTRICTED OPERATIONAL SUPPORT	1,00

66,040

	•		
HARBORCREEK, PA 16421		SUPPORT	
HUNT OF A LIFETIMEPO BOX 241		NON-RESTRICTED OPERATIONAL	1,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

SAFELIGHT INC133 5TH AVE W HENDERSONVILLE, NC 28792		NON-RESTRICTED OPERATIONAL SUPPORT	1,500
a Paid during the year			

BULLINGTON GARDENS 95 UPPER RED OAK TRAIL HENDERSONVILLE, NC 28792		NON-RESTRICTED OPERATIONAL SUPPORT	500
INTERFAITH ASSISTANCE MINISTRY		NON-RESTRICTED OPERATIONAL	1,850

HENDERSONVILLE, NC 28792			
INTERFAITH ASSISTANCE MINISTRY 310 FREEMAN ST HENDERSONVILLE, NC 28792		NON-RESTRICTED OPERATIONAL SUPPORT	1,850

66,040

INTERFAITH ASSISTANCE MINISTRY 310 FREEMAN ST HENDERSONVILLE NG 28702			
HENDERSONVILLE, NC 28/92			1,8

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

a Paid during the year			
THE STOREHOUSE2701 HODGES BLVD JACKSONVILLE, FL 32224		NON-RESTRICTED OPERATIONAL SUPPORT	1,850
ST JOHNS PRESBYTERIAN		NON-RESTRICTED OPERATIONAL	500

,			
ST JOHNS PRESBYTERIAN KINDERGARTEN 1275 HERSCHEL ST ACKSONVILLE, FL 32210		NON-RESTRICTED OPERATIONAL SUPPORT	

KINDERGARTEN 4275 HERSCHEL ST JACKSONVILLE, FL 32210		SUPPORT	
FLORIDA ACTION COMMITTEE 6615 W BOYNTON BEACH BLVD		NON-RESTRICTED OPERATIONAL SUPPORT	500

JACKSONVILLE, FL 32210			
FLORIDA ACTION COMMITTEE 6615 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437		NON-RESTRICTED OPERATIONAL SUPPORT	500

FLORIDA ACTION COMMITTEE 6615 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437		NON-RESTRICTED OPERATIONAL SUPPORT	500
Total	 	▶ 3a	66,040

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CATHEDRAL SCHOOL330 N MARKET ST JACKSONVILLE, FL 32202		NON-RESTRICTED OPERATIONAL SUPPORT	200

JACKSONVILLE, FL 32202		SUPPORT	
ST MARK'S EPISCOPAL CHURCH		NON-RESTRICTED OPERATIONAL	

ST MARK'S EPISCOPAL CHURCH 4129 OXFORD AVE JACKSONVILLE, FL 32210		NON-RESTRICTED OPERATIONAL SUPPORT	300

4129 OXFORD AVE JACKSONVILLE, FL 32210		SUPPORT	
HUBBARD HOUSEPO BOX 4909		NON-RESTRICTED OPERATIONAL	1,000

JACKSONVILLE, FL 32210			
HUBBARD HOUSEPO BOX 4909 JACKSONVILLE, FL 32201		NON-RESTRICTED OPERATIONAL SUPPORT	1,00

HUBBARD HOUSEPO BOX 4909 JACKSONVILLE, FL 32201		NON-RESTRICTED OPERATIONAL SUPPORT	1,000

JACKSONVILLE, FL 32201	SUPPORT	1,000
Total	 ▶ 3a	66,040

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 Gain/Loss from Sale of Other Assets Schedule

Name: RAY SUTTON MCGEHEE FOUNDATION

C/O CLARENCE H HOUSTON JR

EIN: 59-6143565

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
MERRILL LYNCH 283- 02917	2020-01	PURCHASE	2020-12		2,245	2,865			-620	<u>.</u>
MERRILL LYNCH 283- 02917	2019-01	PURCHASE	2020-12		5,078	6,090			-1,012	
MERRILL LYNCH 283- 02917	2019-01	PURCHASE	2020-12		75,966	90,308			-14,342	
MERRILL LYNCH 283- 02918	2020-01	PURCHASE	2020-12		1,609	1,796			-187	
MERRILL LYNCH 283- 02918	2019-01	PURCHASE	2020-12		31,468	37,921			-6,453	
MERRILL LYNCH 283- 03005	2020-01	PURCHASE	2020-12		17,638	18,928			-1,290	
MERRILL LYNCH 283- 03005	2019-01	PURCHASE	2020-12		76,277	69,742			6,535	
MERRILL LYNCH 283- 03005	2019-05	PURCHASE	2020-01		40				40	

DLN: 93491298004131

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TY 2020 Investments Corpora	te Stock Sched	ule
Name:	RAY SUTTON MCG	EHEE FOUNDATION

C/O CLARENCE H HOUSTON JR

EIN: 59-6143565

ML - 02918 SECURITIES, FMV

ML - 03005 SECURITIES, FMV

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
ML - 02917 SECURITIES, FMV	63,904	63,904

1,153,647

389,041

1,153,647

389,041

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TY 2020 Other Decreases Schedule						
Name:	RAY SUTTON I	MCGEHEE FOUNDATION				
	C/O CLARENC	E H HOUSTON JR				
EIN:	59-6143565					
De	escription		Amount			
PRIOR YEAR TAX				293		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491298004131
TY 2020 Other Expenses Sche	edule			
•				
Name:	RAY SUTTON M	CGEHEE FOUNDA	TION	
	C/O CLARENCE	H HOUSTON JR		
EIN:	59-6143565			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
BANK FEES	74			

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TY 2020 Other Income Schedule						
Name:	RAY SUTTON MCGEHEE FOUND	DATION				
	C/O CLARENCE H HOUSTON JR					
EIN:	59-6143565					

DIN. 02/01/20000/121

Other Income Cahad

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Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
BASIS ADJUSTMENTS	477	477				

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TY 2020 Other Increases Schedule						
	o— o					
Name:	RAY SUTTON I	MCGEHEE FOUNDATION				
	C/O CLARENCE	E H HOUSTON JR				
EIN:	59-6143565					
Other Increases Schedule						
De	escription		Amount			
UNREALIZED GAINS ON SECURITIES			331,593			

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TY 2020 Other Liabilities Schedule							
Name:	RAY SUTTON I	MCGEHEE FO	UNDATION				
	C/O CLARENCE H HOUSTON JR						
EIN:	59-6143565						
Description	n		Beginning of Year - Book Value	End of Year - Book Value			
DUE TO CAVERT FAMILY FNDTN			9,997	9,997			

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TY 2020 Other Professional Fees Schedule					
Na	me: RAY SUTTON	N MCGEHEE FOUNI	DATION		
C/O CLARENCE H HOUSTON JR					
	•		`		
EIN: 59-6143565					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	
				Purposes	
SECURITIES MANAGEMENT FEES	19,895	19,895			
PROFESSIONAL FEES	6,383				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491298004131		
TY 2020 Taxes Schedule						
Name:	RAY SUTTON	N MCGEHEE FOUNI	DATION			
C/O CLARENCE H HOUSTON JR						
EIN: 59-6143565						
Taxes Schedule						
Category A	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN TAX	198					