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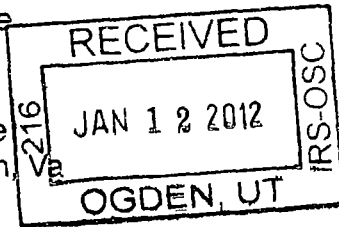


WILLIAMS FAMILY FDN

23-6978841

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year <i>18,500</i>				
1794 Meetinghouse New Salem, MA	501(c) 3		Support of Services <i>PROMOTION OF ARTS</i>	2,000
Saint Joseph's Church Boynton Beach, Fla	501 (C).(3)		Support of Church	2000
Eagle Brook School Deerfield, Ma.	501(c) 3		Support of Services	3000
Bryn Mawr Rehab Paoli, Pa.	501 (c) 3		Support of Services	500
Stages of Life	501 (c) 3		Support of Services <i>LITERACY PROGRAMS</i>	5,000
Hall of Fame South Boston, Va	501(C) 3		Support of Services <i>THEATRE / ARTS</i> <i>Scholarship Awards</i>	1,000
SVHEC South Boston, Va.	501 (c) 3		Support of Services <i>LITERACY PROGRAMS</i> <i>ADULT EDUCATION</i>	5,000
TOTAL CONTRIBUTIONS:				\$ 18,500



Total

3b

WILLIAMS FAMILY FOUNDATION
415 EATON WAY
WEST CHESTER PA 19380



031151

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

W. Williams _____
Signature of Officer or Trustee Date
Founder - Sole Contributor
Title