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

OMB No 1545-0052

Open to Public Inspection

Form **990-PF** (2015)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	calend	dar year 2015 or tax year beginning ,	and ending			_	
Na	me of fo	undation			A Empl	oyer identification number	
						0000700	
John Michael Williams Charitable Tr						-0200738	
		d street (or P O box number if mail is not delivered to street address) OX 140011	R	oom/suite		hone number (see instruction: 2-378-4876	5)
		n, state or province, country, and ZIP or foreign postal code					
	•	esville FL 32614			C If exe	mption application is pending,	check here
G	Check a		rn of a former public ch	arity	D 1 F	reign organizations, check he	re ►
		Final return Amended	return	•	2 Fc	oreign organizations meeting t	he
		Address change Name cha	inge		l	% test check here and attach	
H (heck t	type of organization X Section 501(c)(3) exempt private	foundation		F If nriv:	ate foundation status was term	unated under
			le private foundation			n 507(b)(1)(A) check here	▶ □
		ket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month te	rmination
		ear (from Part II, col. (c), Other (specify)			ľ	section 507(b)(1)(B) check h	. 17
	ne 16) I		oe on cash basis)				
	art I	Analysis of Revenue and Expenses The total of	(a) Revenue and	(h) Mai		(-) A do about)	(d) Disbursements
		amounts in columns (b) (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	(b) Net inv		(c) Adjusted net income	for charitable purposes
	T 4		7,009				(cash basis only)
2	1 52	Contributions, gifts, grants, etc., received (attach schedule)	7,009				
	3	Check In the foundation is not required to attach Sch B		 			
	1	Interest on savings and temporary cash investments					<u> </u>
ŧ	-5a	Dividends and interest from securities Gross rents		<u> </u>			
	. b	Net rental income or (loss)					
E E	6a	Net gain or (loss) from sale of assets not on line 10					
SCANING EVENUE	. b	Gross sales price for all assets on line 6a					
	<u>L</u> 7	Capital gain net income (from Part IV, line 2)			0	 	
		Net short-term capital gain				0	
3	14.9 14.9	Income modifications					
\mathcal{L}	Soa	Gross sales less returns and allowances					
40	C/P	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	7,009		0	0	
(A	13	Compensation of officers, directors, trustees, etc	0				
penses	14	Other employee salaries and wages					
en	15	Pension plans, employee benefits Legal fees (attach schedule)		<u> </u>		·	
	16a	Legal fees (attach schedule)					
е	b	Accounting fees (attach schedule)					
Ĕ	С	Other professional fees lettache hequie					
tra	17	Interest Toyor (attach conclude) Year unstrutions)					
#	18	Taxes (attach schedule) (see instructions)					
湮	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depretion Occupancy					
\$	20	Occupancy					
≥	21	Travel, conferences, and meetings					
¥	22	Printing and publications	99		90		
And Sperating MAN Actin Bitrative Ex	23	Other expenses (att sch) Stmt 1	99		90		9
ati	24	Total operating and administrative expenses.	99		90	o	۵
ğ	25	Add lines 13 through 23	1,800		30		1,800
3 5	25	Contributions, gifts, grants paid	1,800		90	0	1,800
<u> ē</u> -	26	Total expenses and disbursements. Add lines 24 and 25	1,099		30		1,009
နှင့် မြို့ပြ	27	Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	5,110		ſ		7
	a b	Net investment income (if negative, enter -0-)	3,110		0		
	"	Adjusted net income (if negative, enter -0-)					

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30

6 37,596

Form 990-PF (2015) John Mi				20-0200738	3		Page
1 (a) List and des	nd Losses for Tax on Investment the kind(s) of property sold (e.g., reverences, or common stock, 200 shs. Miles	al estate	me	(b) How acquired P – Purchase D – Donation		ate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a N/A				D - Donation			
b					ļ		
<u>c</u>					ļ		
d e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or o				t or (loss) f) minus (g)
a							
b					 		
d d	<u> </u>			 	 		
e							
Complete only for assets showing	gain in column (h) and owned b	y the foundation or	1 12/31/69			(I) Gains (Col	(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col (•		cof (k), but not	
_a							
<u>b</u>					 		
d d							
e							
2 Capital gain net income or (net ca	กและกรรา	enter in Part I, line ter -0- in Part I, line			2		
3 Net short-term capital gain or (los							· · · · · · · · · · · · · · · · · · ·
If gain, also enter in Part I, line 8,	column (c) (see instructions) If ((loss), enter -0- ın	7				
Part I, line 8					3		
	der Section 4940(e) for				ie		
(For optional use by domestic private		11 4940(a) (ax 011 11	et investinen	t income)			
If section 4940(d)(2) applies, leave this	s рап ріапк						
Was the foundation liable for the secti If "Yes," the foundation does not quali			n the base	period?			Yes X No
1 Enter the appropriate amount in e	ach column for each year; see th	ne instructions befo	re makıng ar	ny entries			
(a) Base period years Calendar year (or tax year beginning ii	(b) Adjusted qualifying		Net value	(c) of noncharitable-use asse			(d) ribution ratio divided by col (c))
2014		1,809		33,			0.053753
2013		1,734		30, 32,			0.056466 0.054788
20 <u>12</u> 2011		1,975		29,			0.066451
2010		2,075		31,			0.065135
2 Total of line 1, column (d)					-	2	0.296593
3 Average distribution ratio for the 5 number of years the foundation has	·	•	or by the		į	,	0.059319
number of years the foundation ha	as been in existence it less than	5 years			-	3	0.033313
4 Enter the net value of noncharitab	le-use assets for 2015 from Part	t X, line 5			[4	31,546
5 Multiply line 4 by line 3					_	5	1,871
3 5 1 40/	- /AO/ -A D				-		
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)				-	6	
7 Add lines 5 and 6						7	1,871
8 Enter qualifying distributions from	Part XII, line 4					8	1,809

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

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<u>P</u>	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
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				
	here ▶ ☐ and enter 1% of Part I, line 27b				
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-)	<u> </u>			0
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-	<u> </u>			0
6	Credits/Payments	-			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 10	j			
b	Exempt foreign organizations – tax withheld at source				
¢	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				10
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid)			10
11_	Enter the amount of line 10 to be Credited to 2016 estimated tax▶ 10 Refunded ▶ 11	<u> </u>			
<u>Pa</u>	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	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				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			 -	
Ç	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				[
on foundation managers \$					
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]
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	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	NT / 7	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
•	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				İ
	By language in the governing instrument, or By the governing instrument in the governing in the governing in the governing instrument in the governing in the governi				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			x	
_	conflict with the state law remain in the governing instrument?		6 7	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			<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) FL				
L			l		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		8ь	x	
۵	(or designate) of each state as required by General Instruction G? If "No," attach explanation		30		
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1	_ <u></u>		 -
·V			10		x
	names and addresses				_

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For	n 990-PF (2015) John Michae	l Williams Charitab	ole Tr 20-0	0200738			P	age 6
Р	art VII-B Statements Regard	ing Activities for Which Form	4720 May Be Re	quired (conti	nued)			
5a	During the year did the foundation pay of	r incur any amount to						
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	4945(e))?		Yes X No	i I	i	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter regist	ration drive?	•		Yes X No			
	(3) Provide a grant to an individual for to				Yes 🗓 No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in							
	section 4945(d)(4)(A)? (see instructions)							
	(5) Provide for any purpose other than i	•	or educational					
	purposes, or for the prevention of cr		oudounonal	Γ,	Yes 🗓 No	1		
h	b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in							
b	Regulations section 53 4945 or in a curre			Sibea III	N/A	5b	}	`
	-					35		
_	Organizations relying on a current notice]]	- 1	
С	If the answer is "Yes" to question 5a(4),	•	om the tax	N/A 🖂	v 🗆		}	
	because it maintained expenditure response	•		N/A	Yes [No		j	
_	If "Yes," attach the statement required by	-]]		
6a	Did the foundation, during the year, rece	ive any funds, directly or indirectly, to p	ay premiums	С.	. 📆			
	on a personal benefit contract?		<u>-</u>		Yes X No	ĺ <u> </u>	[₹>
þ	Did the foundation, during the year, pay	premiums, directly or indirectly, on a pe	rsonal benefit contract	7		6b		X
	If "Yes" to 6b, file Form 8870				1881			
	At any time during the tax year, was the			٠	Yes X No	i i		
	If "Yes," did the foundation receive any p				N/A	7b		
Pa	art VIII Information About Of and Contractors	ficers, Directors, Trustees, F	oundation Manag	jers, Highly P	aid Employee	s,		
1 1	List all officers, directors, trustees, fou	indation managers and their compe	neation (see instruc	tions)				
	elst all officers, directors, trustees, for	matton managers and their compe	madion (see mande	110113).	(d) Contributions to	T		
	(a) Name and	address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		oense aco r allowan	
Jo	hn Michael Williams	Gainesville	Trustee					
	Box 140011	FL 32614-0011	1.00	0	0	,l		0
					}			
						1		
						1		
					f	 		
						1		
2	Compensation of five highest-paid en	mployees (other than those include	d on line 1 – see ins	tructions). If non	e, enter	L		
	"NONE."				·			
	· · · · · · · · · · · · · · · · · · ·		(b) Title, and average		(d) Contributions to]		
	(a) Name and address of each employee	paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense aco r allowand	
			devoted to position		compensation			
NC	NE				}			
			1					
			1	'		1		
			1			1		
			- 			 		
			[1		
Tota	I number of other employees paid over \$50	0.000		<u> </u>	L		7	0
. J.a					F	orm 99	0-PF	_
								/

Form 990-PF (20	[15] John Michael Williams Charitable T	r 20-0200738	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundat	ion Managers, Highly Paid Em	
	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see instruc	ctions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		ł	
		Į.	
			
		}	
Total number of	others receiving over \$50,000 for professional services		>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information suc other beneficiaries served, conferences convened, research papers produced, etc.	ch as the number of	Expenses
1 Contr	ibutions To Public Charities		
COME	ibucions to rubite charicies		ł
			1,800
2			
-			
3			
			
4			
Part IX-B	Summary of Program-Related Investments (see instruction	ions)	<u></u>
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2	iono,	Amount
1 N/A			
,			
2			
All other program-re	elated investments. See instructions		
3			
			<u> </u>
Total. Add lines 1	I through 3	•	

Form 990-PF				Page 8
Part X	Minimum Investment Return (All domestic foundation	ons must complete this part F	oreign foundation	ıs,
	see instructions)			
1 Fair ma	arket value of assets not used (or held for use) directly in carrying out ch	haritable, etc ,		
purpos	es			
a Average	e monthly fair market value of securities		1a	0
b Averag	e of monthly cash balances		1b	32,016
c Fair ma	arket value of all other assets (see instructions)		1c	10
d Total (add lines 1a, b, and c)		1d	32,026
e Reduct	ion claimed for blockage or other factors reported on lines 1a and			
1c (atta	ach detailed explanation)	1e	0	
2 Acquis	ition indebtedness applicable to line 1 assets		2	0
3 Subtrac	ct line 2 from line 1d		3	32,026
4 Cash d	eemed held for charitable activities Enter 11/2% of line 3 (for greater am	nount, see		
ınstruct	tions)		4	480
5 Net va	lue of noncharitable-use assets. Subtract line 4 from line 3 Enter her	re and on Part V, line 4	5	31,546
6 Minim	um investment return.Enter 5% of line 5		6	1,577
Part XI	Distributable Amount (see instructions) (Section 494	(2(j)(3)) and $(j)(5)$ private operation	ating foundations	
	and certain foreign organizations check here ▶ ☐ an	d do not complete this part)		
1 Minimu	m investment return from Part X, line 6		1	1,577
2a Tax on	investment income for 2015 from Part VI, line 5	2a		
b Income	tax for 2015 (This does not include the tax from Part VI)	2b		
c Add line	es 2a and 2b		2c	
3 Distribu	stable amount before adjustments. Subtract line 2c from line 1		3	1,577
	ries of amounts treated as qualifying distributions		4	
	es 3 and 4		5	1,577
6 Deduct	ion from distributable amount (see instructions)		6	<u>-</u>
	utable amount as adjusted Subtract line 6 from line 5. Enter here and	on Part XIII,		
line 1	•		7	1,577
Part XII	Qualifying Distributions (see instructions)			
1 Amount	ts paid (including administrative expenses) to accomplish charitable, etc	c , purposes		
	es, contributions, gifts, etc - total from Part I, column (d), line 26		1a	1,809
	n-related investments – total from Part IX-B		1b	
-	s paid to acquire assets used (or held for use) directly in carrying out cf	haritable, etc ,		
purpose			2	
• •	is set aside for specific charitable projects that satisfy the			
	ity test (prior IRS approval required)		3a	
	stribution test (attach the required schedule)		3b	
	ing distributions.Add lines 1a through 3b Enter here and on Part V, I	line 8, and Part XIII, line 4	4	1,809
_	tions that qualify under section 4940(e) for the reduced rate of tax on ne			
	% of Part I, line 27b (see instructions)		5	0
	ed qualifying distributions.Subtract line 5 from line 4		6	1,809
	he amount on line 6 will be used in Part V, column (b), in subsequent ye	ears when calculating whether the fo	undation	
	ualifies for the section 4940(e) reduction of tax in those years	3		

80041FNDTN 01/30/2016 12 13 PM Form 990-PF (2015) John Michael Williams Charitable Tr 20-0200738 Page 9 Undistributed Income (see instructions) Part XIII (a) (b) (c) (d) Corpus Years prior to 2014 2014 2015 Distributable amount for 2015 from Part XI, 1,577 line 7 Undistributed income, if any, as of the end of 2015 a Enter amount for 2014 only **b** Total for prior years 20 _____ , 20 _____ , 20 _____ Excess distributions carryover, if any, to 2015 a From 2010 483 490 **b** From 2011 c From 2012 155 199 d From 2013 126 e From 2014 f Total of lines 3a through e 1,453 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 1,809 a Applied to 2014, 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) d Applied to 2015 distributable amount 232 e Remaining amount distributed out of corpus Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 1,685 b Prior years' undistributed income Subtract

	line 4b from line 2b
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

d Subtract line 6c from line 6b Taxable amount - see instructions

e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount - see instructions

f Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016

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)

Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)

Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a

0	Analysis of line 9

Excess from 2011 Excess from 2012 Excess from 2013

Excess from 2014 Excess from 2015 490 155

483

1,202

199 126

232

	1FNDTN 01/30/2016 12 13 PM 1 990-PF (2015) John Michae l	l Williams	Charitable !	Tr 20-02007	20	D 4
	art XIV Private Operating For				30	Page 1
	If the foundation has received a ruling or					
	foundation, and the ruling is effective for 2			▶		
b	Check box to indicate whether the founda		-	ed in section 49	942(J)(3) or 494	2(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for	ĺ				
	each year listed					
þ	85% of line 2a		<u> </u>			
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	<u></u>	 			
d	Amounts included in line 2c not used directly					1
	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					
а	(1) Value of all assets				ĺ	
	(2) Value of assets qualifying under	<u> </u>				
	section 4942(j)(3)(B)(j)		1		ļ	
b	"Endowment" alternative test enter 2/3		 			
-	of minimum investment return shown in		1	1		
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter					
	(1) Total support other than gross		}			
	investment income (interest,]	ļ	
	dividends, rents, payments on			j		
	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		ł	1		
	an exempt organization			-		
	(4) Gross investment income		11.1	<u></u>		
Pa	rt XV Supplementary Inform			ne foundation had	\$5,000 or more in	assets at
	any time during the ye		ions.)			
1	Information Regarding Foundation Ma	-	there 20/ efthe total and	atabutana ranguad by ti	na faundatian	
а	List any managers of the foundation who is before the close of any tax year (but only				ie jouridation	
	John Michael William	-	inore man \$5,000) (3	ee section 507 (d)(2))		\$7,000
b	List any managers of the foundation who		e stock of a corporation	(or an equally large por	tion of the	
	ownership of a partnership or other entity)					
	N/A	or windir the roundation	initial a 1070 or ground.	M(0)000		
2	Information Regarding Contribution, C	Grant, Gift, Loan, Scl	nolarship, etc., Progr	ams:		
_				e organizations and does	not accept	
	unsolicited requests for funds If the found					
	other conditions, complete items 2a, b, c_		,	·		
a	The name, address, and telephone number		the person to whom ap	plications should be add	Iressed	
	John Michael William					
	PO Box 140011 Gaines	ville FL 32	2614			
b	The form in which applications should be s	submitted and informat	ion and materials they	should include		
	Currently None		<u>.</u>			
С	Any submission deadlines					
	Currently None					
ď	Any restrictions or limitations on awards, s	uch as by geographic	al areas, chantable field	ls, kinds of institutions, o	r other	
	factors At Discretion of The	ata-				

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, 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 National 9/11 Memorial & Museum PC 1 Liberty Plaza, 20th FL General Contribution New York NY 10006 500 Pride Community Center of PC PO Box 5383 None General Contribution Gainesville FL 32627 500 GLBT National Help Center 2261 Market Street #296 PC None General Contribution San Francisco CA 94114 150 Gainesville Area Aids Pro PC PO Box 5554 None Gainesville FL 32627 General Contribution 100 Bread Of The Mighty Food PO Box 5086 None PC General Contribution Gainesville FL 32627 100 St Francis House, Inc. PO Box 12491 PC None Gainesville FL 32604 General Contribution 100 The Salvation Army PO Box 5307 PC None Gainesville FL 32627 General Contribution 100 Air Force Enlisted Village PC 92 Sunset Lane None Shalimar FL 32579 General Contribuion 100 PFLAG Gainesville PO Box 358472 PC None Gainesville FL 32635 General Contribution 50 Camp Amigo PC PO Box 368 None Tallahassee FL 32302 General Contribution 100 1,800 ▶ 3a Total b Approved for future payment N/A Total ▶ 3b

En	Part XVI-A · Analysis of ter gross amounts unless otherwise			d business income	Exclude	d by section 512, 513, or 514	
	•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program service revenue						(See instructions)
	a				<u> </u>		·
	b					 	
	c						
	d		_				
	e		_		-	<u> </u>	
	f						
	g Fees and contracts from gove	_			_		
	Membership dues and assessmen			- 			· · · · · · · · · · · · · · · · · · ·
	Interest on savings and temporary					<u> </u>	
	Dividends and interest from secur						
5	Net rental income or (loss) from re	earestate					
	a Debt-financed property						
c	 b Not debt-financed property Net rental income or (loss) from per 	orcanal proporty			- 		
	Other investment income	ersonal property	 		+		
	Gain or (loss) from sales of assets	s other than inventory		 	+		
	Net income or (loss) from special	•					
	Gross profit or (loss) from sales of						
	Other revenue a	-			+		
•	b				1	· — — — — — — — — — — — — — — — — — — —	
	С				1		
	d						
	e						
12	Subtotal Add columns (b), (d), and	d (e)			0	0	
	Total. Add line 12, columns (b), (d					13	0
Se	e worksheet in line 13 instructions	to verify calculations)					
P	Part XVI-B Relationshi	p of Activities to the	A 17 - 1	nt of Exempt Pi	rnacac		
	Line No. Explain below how	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute		`
	Line No. Explain below how accomplishment of		ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
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	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
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	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute		
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)
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	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute		
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	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute		
	Line No. Explain below how accomplishment of	each activity for which incon	ne is reported in colu	mn (e) of Part XVI-A	contribute)

Form 990-PF (2015)

PTIN

Firm's EIN ▶

Phone no

Preparer

Use Only

Firm's name ▶

Firm's address

This tax return

non-paid preparer.

prepared by a

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

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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990

OMB No 1545-0047

Employer identification number

2015

John Michael	Williams Charitable Tr	20-0200738				
Organization type(check	one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt chantable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule See				
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total or property) from any one contributor. Complete Parts I and II. See instructions for depotitibutions.	-				
Special Rules						
regulations under s 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % suppolections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-Ed that received from any one contributor, during the year, total contributions of the great the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete I	Z), Part II, line eater of (1)				
contributor, during t	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
contributor, during t contributions totaled during the year for a General Rule appli	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. Do not 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.					
990-EZ, or 990-PF), but it m	at is not covered by the General Rule and/or the Special Rules does not file Schedul nust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its lite certify that it does not meet the filing requirements of Schedule B (Form 990, 990-	Form 990-EZ or on its				

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

John Michael Williams Charitable Tr

Employer identification number 20-0200738

Part i	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	John Michael Williams PO Box 140011 Gainesville FL 32614	\$ 7,009	Person X Payroll Noncash X (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
110.	realito, additioso, and Eli 14	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
NO.	valle, addivided, and all	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

Page 1 of 1

Name of organization

Employer identification number

John Michael Williams Charitable Tr 20-0200738 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed Part II (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I Postage Paid 1 9 04/15/15 \$ (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$ (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$ (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$

Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses Description Total Net Adjusted Purpose Second Seco	20-0200738 FYE: 12/31/2015	20-0200738 FYE: 12/31/2015	Federal Statements		12012010 12:13 PIM
Including Checks \$ 90 \$ \$ \$ Chariable Adjusted Purpose Purpo	Staten	nent 1 - Form 990-PF,	Part I, Line 23 - Othe	er Expenses	
Encluding Checks 90 90 90 90 \$ 99 \$ \$ 99 \$ \$ 99 \$ \$ 99 \$ \$ 99 \$ \$ 99 \$ \$ 90 \$ \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ 90 \$ \$ \$ 90 \$ \$ 90 \$\$ \$	Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	1				
	stage Total				

80041FNDTN John Michael Williams Charitable Tr 20-0200738 **Federal Statements** 20-0200738

FYE: 12/31/2015

Statement 2 - Form 990-PF. Part II. Line 15 - Other Assets

Description	Beginning of Year		End of Year		Fair Market Value	
Prepaid Federal Income Tax	\$	10	\$	10	\$	10
Total	\$	10	\$	10	\$	10
Form 990-PF, Part XV, Line 1a -	Managers V	Vho Cont	ributed (Over 2% o	or \$5,000	
Name of Manager				Amount		
John Michael Williams	-		\$	7,00	0	
Total			\$	7,00	0	
Description Currently None						
Form 990-PF, Part X	V, Line 2c -	Submiss	ion Dead	dlines		
Description	_					
Currently None						
Form 990-PF, Part XV, Line	e 2d - Awar	d Restric	tions or	Limitatio	<u>ns</u>	
Description						
At Discretion of Trustee						

1/30/2016 12·13 PM