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Department of the Treasury

Internal Revenue Service

DLN: 93491293002086

OMB No 1545-0052

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

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

Open to Public Inspection

For	cale	ndar year 2015, or tax y	ear beginning 07-0	01-2015	, a	nd ending (06-30-2016	
	e of four	ndation OHNSTON PERPETUAL CHR TST				A Employer id	entification numb	er
DR	ADI 3 JC	STINSTON PERPETUAL CITE 131				59-7038385		
		street (or P O box number if mail is r	not delivered to street address;) Room/suite		B Telephone nu	mber (see instructior	ns)
12	34 KING	STREET				(904) 301-2222	2	
		state or province, country, and ZIP o E, FL 32204	r foreign postal code			C If exemption	application is pendir	ng, check here 🕨 🦵
G CH	neck al	I that apply Initial return	Initial return of a f	ormer public charity		D.1 Foreign o	rganizations, check h	ere 🕨 🗀
		Final return Address chang	A mended return Name change			2. Foreign o	rganizations meeting ck here and attach co	the 85%
H Ch	neck ty ection 4	pe of organization	le trust 「Other taxabl	e private foundation			undation status was n 507(b)(1)(A), chec	
		et value of all assets at end	JAccounting method Other (specify)	✓ Cash Accrua	I		ation is in a 60-mont n 507(b)(1)(B), che	
		rom Part II, col. (c), \$ 1,531,696	(Part I, column (d) must	be on cash basis.)		under sectio	11 307(b)(1)(b), che	ck field .)
Pa	rt I	Analysis of Revenue a (The total of amounts in columns (necessarily equal the amounts in co	b), (c), and (d) may not	Revenue and expenses per (a) books (b)		Net investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)
	instructions)) 1 Contributions, gifts, grants, etc , received (attach						(d) (cash basis only)	
	-	schedule)						
	2	Check ► ☐ If the foundation	is not required to attach					
		'						
	3	Interest on savings and temp	orary cash investments					
	4	Dividends and interest from s	ecurities	38,321		38,321		
	5a	Gross rents						
	ь	Net rental income or (loss) _						
₽	6a	Net gain or (loss) from sale o	fassets not on line 10	4,771				
Revenue	b	Gross sales price for all asse	ts on line 6a					
	7	Capital gain net income (from				4,771		
	8	Net short-term capital gain .						-
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold Gross profit or (loss) (attach						
	C	. , , , ,	·					-
	11	Other income (attach schedu	•	42.002		42.002		
	12	Total. Add lines 1 through 11 Compensation of officers, dire		43,092 18,132		43,092		18,132
	13 14	Other employee salaries and		·				10,132
uñ.	15	Pension plans, employee ben	-					
Expenses	16a	Legal fees (attach schedule).		% 3,615				3,440
圉	Ь	Accounting fees (attach sche						
		Other professional fees (atta		6,038		6,038		
Administrative	17	Interest						
rat	18	Taxes (attach schedule) (see		65		647		1,912
2	19	Depreciation (attach schedul	•					·
<u>Ē</u>	20	Occupancy						
A	21	Travel, conferences, and mee		316				316
and	22	Printing and publications	_					
	23	Other expenses (attach sche						
Operating	24	Total operating and administ						
ğ		Add lines 13 through 23	<u>-</u>	30,660		6,685		23,800
Õ	25	Contributions, gifts, grants pa						60,000
	26	Total expenses and disbursen						
		25		90,660		6,685		83,800
	27	Subtract line 26 from line 12						
	a	Excess of revenue over exper		-47,568		26 407		
	b	Net investment income (If ne Adjusted net income(If negat	• •			36,407		
	С	ajaseca net mesnik(n negat	,					

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
		should be for end-or-year amounts only (see instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	100		
	2	Savings and temporary cash investments	76,582	48,4	55 48,356
	3	Accounts receivable -			
		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)			
		Less allowance for doubtful accounts -			
22	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)	414,204		28 416,377
	b	Investments—corporate stock (attach schedule)	818,167	786,5	01 1,065,327
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) -			
	15	Other assets (describe)			1,636
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,309,053	1,261,4	1,531,696
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
툸	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>e</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)			0
5		Foundations that follow SFAS 117, check here 🕨 🦵			
ě		and complete lines 24 through 26 and lines 30 and 31.			
a	24	Unrestricted			
ရှိ	25	Temporarily restricted			
Net Assets or Fund Balance	26	Permanently restricted			
Fu		Foundations that do not follow SFAS 117, check here 🕨 🔽			
5		and complete lines 27 through 31.			
Ş	27	Capital stock, trust principal, or current funds	1,309,053	1,261,4	34
3	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Ā	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances(see instructions)	1,309,053	1,261,4	34
	31	Total liabilities and net assets/fund balances (see instructions)	1,309,053	1,261,4	34
Pa	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 30 (must a	gree	
		with end-of-year figure reported on prior year's return) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		1	1,309,053
2		Enter amount from Part I, line 27a		2	-47,568
3		Other increases not included in line 2 (itemize)		3	
4		Add lines 1, 2, and 3		4	1,261,485
5		Decreases not included in line 2 (itemize) ▶			1
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), l	ıne 30 . 6	1,261,484

	List and describe the		, , , ,	•	How acquire P—Purchase (b) D—Donation	(a) (b)	ate acquired no , day, yr)	Date sold (d) (mo , day, yr)		
1 a	STCG				P		15-05-28	2016-03-30		
	LTCG				Р	20:	10-01-25	2016-06-22		
	ROUNDING									
d										
			preciation allowe	d Cost	or other basis		Gair	n or (loss)		
(e) Gross sales price		(f)	(or allowable)		expense of sale			(f) minus (g)		
a	3	245			6,19	9	-2,954			
b	173	295			165,57			7,723		
		2						2		
d										
	omplete only for assets sho	wing dain in col	ump (h) and owne	d by the foundation	on 12/21/60		C (C-I	/h) ==========		
			A djusted basis		ess of col (I)	⊣		(h) gain minus ot less than -0-) or		
(i)	FMV as of 12/31/69		as of 12/31/69		r col (j), if any	(1)		(from col (h))		
a								-2,954		
								7,723		
								. 2		
d										
<u></u> е				<u> </u>		+				
				If gaın, also enter	D . T . T . T	+	1			
3	Capital gain net income	aın or (loss) as	defined in sectio)	2		4,771		
	If gain, also enter in Pai in Part I, line 8	t I, line 8, colun	nn (c) (see instru • • •	ictions) If (loss), e • • • •	nter - 0 - • •	3		-2,952		
Part	V Qualification Un	der Section	4940(e) for R	teduced Tax on	Net Investm	ent In	come			
(For opt	tional use by domestic priv on 4940(d)(2) applies, lea	ate foundations	subject to the se							
	e foundation liable for the s ," the foundation does not (eriod?		┌ Yes ┌ No		
1 E n	ter the appropriate amount	ın each column	for each year, s	ee instructions befo	ore making any en	tries				
	(a) e period years Calendar or tax year beginning in)	(b) Adjusted qualifyin		(c) Net value of nonchai	ritable-use assets		(d) Distributio (col (b) divideo	n ratio		
	2014		66,802		1,577,278		. ,	0 042353		
	2013		66,636		1,503,741			0 044313		
	2012		67,574		1,417,150			0 047683		
	2011		81,929		1,358,939			0 060289		
	2010		71,759		1,364,589			0 052587		
2	Totalof line 1, column (d	1)				2		0 247225		
3	Average distribution rat the number of years the					3		0 049445		
4	Enter the net value of no	ncharitable-use	assets for 2015	5 from Part X, line 5	[4		1,483,557		
5	Multiply line 4 by line 3				[5		73,354		
6	Enter 1% of net investn	nent income (1%	of Part I, line 2	7b)	[6		364		
7	Add lines 5 and 6				H	7		73,718		

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

83,800

8

FCL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	54 0(e),	, UI 4340—SE	e pag	C 10 OL	the ms	LIUCLIO	113)	
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			ļ					
	(attach copy of letter if necessary—see instructions)			[
b	Domestic foundations that meet the section 4940(e) requirements in Part V,)	1				364
	here 🟲 🔽 and enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizated Part I, line 12, col (b)	ations e	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun enter $-0-$)	ndation	s only Othe	rs	2				
3	Add lines 1 and 2			•	3				364
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable four enter -0-)	ndation	is only Othe	ers	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter - 0			5				364
6	Credits/Payments	1							
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		2,103					
b	Exempt foreign organizations—tax withheld at source	6b							
C	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				2,103
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2	2220 is	attached		8				
9	$\textbf{Tax due.} If the total of lines 5 and 8 is more than line 7, enter \textbf{amount owed} \ .$			•	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amoun	t overp	paid	F	10				739,1
11		1,739	Refunded	<u> </u>	11				
Par	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislatio	n or d	ıd			Yes	No
	it participate or intervene in any political campaign?						1a	\sqcup	
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			see In	structı	ons			
	for definition)?					•	1b		
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any n	nateria	ils				
	published or distributed by the foundation in connection with the activities.								
	Did the foundation file Form 1120-POL for this year?	• •	• • • •			•	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) impos			•					
	(1) On the foundation \$ (2) On foundation managers								
е	Enter the reimbursement (if any) paid by the foundation during the year for poli	itical e	xpenditure t	ax ımp	osed				
_	on foundation managers 🕨 \$		t- th- IDC2						
2	Has the foundation engaged in any activities that have not previously been rep	portea	to the IRS?				2		
_	If "Yes," attach a detailed description of the activities.	.			1 -	_			
3	Has the foundation made any changes, not previously reported to the IRS, in it of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confi	_	_	-		5	2		
4-				_			3	\vdash	
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	_					4a 4b	\vdash	
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?						5		
3	If "Yes," attach the statement required by General Instruction T.	illig tile	e year				-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45\ca	ticfied eithe	r					
•	By language in the governing instrument, or	7 <i>3) 3</i> a	cisiled eithe	1					
	 By state legislation that effectively amends the governing instrument so th 	at no n	nandatory di	rectio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?),			
-	and Part XV.		,,				7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see ins	tructions)						
-	▶FL								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF	to the Attorr	ney					
	General (or designate) of each state as required by General Instruction G? If						8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the r	meanın	g of section	4942	(յ)(3)				
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for	Part X	(IV)?				
	If "Yes," complete Part XIV						9		
10	Did any persons become substantial contributors during the tax year? If "Yes,	" attach	a schedule i	listing	their n	ames			
	and addresses.						10		No

Par	Statements Regarding Activities (continued)			
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		
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		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶			
14	The books are in care of ►CENTERSTATE BANK Telephone no ►(904)301-	2222	
	Located at ►1234 KING STREET JACKSONVILLE FL ZIP+4 ►32204	-		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here		<u> </u>	
13	and enter the amount of tax-exempt interest received or accrued during the year			
			1	l
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	مد ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
D				
Par	rt 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? Yes No (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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(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)?			
	(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) Yes No			
Ь	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		
	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 2015?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years • 20			
Ь	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)	21		
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2-	► 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 2015 as a result of (1) any purchase by the foundation			
	or 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 Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		

Pal	Statements Rega	rding Activities for	· Wr	iich Form 4/20	мау	, Be Required (<i>Cont</i>	tinue	ea)	
5a	During the year did the foundation	n pay or incurany amoun	t to						
	(1) Carry on propaganda, or othe	rwise attempt to influenc	e leg	ıslatıon (section 49	45(e)) [?]	- No		
	(2) Influence the outcome of any	specific public election ((see	section 4955), or to	carı	ry			
	on, directly or indirectly, any	voter registration drive?				\ \ Yes \	- No		
	(3) Provide a grant to an individu	al for travel, study, or otl	ners	ımılar purposes?		┌ Yes ┌	- No		
	(4) Provide a grant to an organiza	ation other than a charita	ble,	etc , organization de	scrib	ped			
	ın section 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	- No		
	(5) Provide for any purpose other	than religious, charitabl	e, sc	ientific, literary, or					
	educational purposes, or for t	he prevention of cruelty	to ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transac	tions	fail to qualify under	rthe	exceptions described in			
	Regulations section 53 4945 or	n a current notice regard	ling d	disaster assistance	(see	instructions)?		5b	
	Organizations relying on a curren	t notice regarding disast	eras	ssistance check her	e		_		
c	If the answer is "Yes" to question	n 5a(4), does the foundat	ion c	laım exemption fron	n the				
	tax because it maintained expend	diture responsibility for th	he gr	ant?		\ Yes \	_ No		
	If "Yes," attach the statement requ	ired by Regulations sectio	n 53.	4945-5(d).					
6a	Did the foundation, during the yea	ar, receive any funds, dire	ectly	or indirectly, to pay	prer	niums on			
	a personal benefit contract?					Yes	- No		
b	Did the foundation, during the yea	ar, pay premiums, directl	y or i	ndirectly, on a perso	onall	benefit contract?		6b	
	If "Yes" to 6b, file Form 8870.								
7a	At any time during the tax year, v	vas the foundation a part	y to a	a prohibited tax shel	ter tı	ransaction? Yes	_ No		
b	If yes, did the foundation receive	any proceeds or have ar	ıy ne	t income attributable	e to t	the transaction?		7b	
Dai		t Officers, Director	s, Tı	rustees, Founda	atio	n Managers, Highly	Paid	d Emp	oloyees,
	and Contractors			h . :					
	List all officers, directors, trustee	s, roundation managers a	ina t	neir compensation (see i	(d)			
	(a) Nama and address	Title, and average	(c)	Compensation(If		Contributions to		Expens	se account,
	(a) Name and address	hours per week (b) devoted to position		not paid, enter -0-)		mployee benefit plans	(e)	othera	allowances
<u> </u>	Additional Data Table			·	and	deferred compensation			
see .	Additional Data Table	1							
		_							
2	Compensation of five highest-paid	l employees (other than	thos	e included on line 1–	-see		nter "	NONE.	
	(a)	Title, and aver	_			Contributions to employee benefit		Eynen	se account,
Nar	ne and address of each employee more than \$50,000	hours per we (b) devoted to pos		(c) Compensation	on	plans and deferred			allowances
	more than \$50,000	(b) devoted to pos	ition			(d) compensation			
NON	IE								
Tota	I number of other employees paid	ver\$50,000					i i		

Part VIII Information About Officers, Directors, Trusto and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (E"
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		•
Part IX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include rele	evant statistical information such as the number	of Expenses
rganizations and other beneficiaries served, conferences convened, research papers prod	uced, etc	Lxpelises
1		
2		
3		
4 Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during	•	A mount
1	the tax year on lines I and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	1,503,634
b	A verage of monthly cash balances	1b	2,515
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,506,149
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	1,506,149
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	22,592
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,483,557
6	Minimum investment return.Enter 5% of line 5	6	74,178
Pai	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► ☐ and do not complete this part.)	taın fo	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	74,178
2a	Tax on investment income for 2015 from Part VI, line 5 2a 364		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	364
3	Distributable amount before adjustments Subtract line 2c from line 1	3	73,814
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	73,814
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	73,814
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	83,800
	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	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	83,800
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	364
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	83,436
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Incor	ne (see instru	ctions)			
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from P	art XI, line 7				73,814
2	Undistributed income, if any, as of the	end of 2015				
	Enter amount for 2014 only					
b	Total for prior years 20, 20_	. 20				
	Excess distributions carryover, if any					
	From 2010	5,501				
b	From 2011	15,001				
c	From 2012	45,621				
d	From 2013	39,364				
е	From 2014	20,502				
f	Total of lines 3a through e		125,989			
4	Qualifying distributions for 2015 from	Part				
	XII, line 4 🕨 \$ 83,	800				
а	Applied to 2014, but not more than lir	ie 2a				
b	Applied to undistributed income of prior					
	(Election required—see instructions).					
C	Treated as distributions out of corpus	•				
d	required—see instructions) Applied to 2015 distributable amount					73,814
	Remaining amount distributed out of c		9,986			
	Excess distributions carryover applie	· ·				
	(If an amount appears in column (d), the	e				
	same amount must be shown in co	lumn (a).)				
6	Enter the net total of each column as					
_	indicated below: Corpus Add lines 3f, 4c, and 4e Subt	ract line 5	135,975			
	Prior years' undistributed income Sub		200,010			
b	line 4b from line 2b					
c	Enter the amount of prior years' undist	ributed				
	income for which a notice of deficiency					
	been issued, or on which the section 4	` '				
	tax has been previously assessed					
u	Subtract line 6c from line 6b Taxable —see instructions					
e	Undistributed income for 2014 Subtra					
	4a from line 2a Taxable amount—see					
	instructions					
f	Undistributed income for 2016 Subtra					
	lines 4d and 5 from line 1 This amoun be distributed in 2015					0
7	Amounts treated as distributions out of					
•	corpus to satisfy requirements impose	· ·				
	section 170(b)(1)(F) or 4942(g)(3) (E					
_	be required - see instructions)					
8	Excess distributions carryover from 2 applied on line 5 or line 7 (see instructions)		5,501			
9	Excess distributions carryover to 2016	· -				
-	Subtract lines 7 and 8 from line 6a.		130,474			
	Analysis of line 9					
	Excess from 2011	15,001				
	Excess from 2012	45,621				
	Excess from 2013	39,364				
	Excess from 2014	20,502				
е	Excess from 2015	9,986				

	Part XIV Private Operating	g Foundations (see in	structions and Part	t VII-A, question	1 9)	
1a	If the foundation has received a ru foundation, and the ruling is effecti	5		-		
b	Check box to indicate whether the	organization <u>is a</u> private op	perating foundation de	scribed in section	<u> 4942(j</u>)(3) or	<u> 4942(j</u>)(5)
2a	Enter the lesser of the adjusted ne			Prior 3 years		(a) Total
	income from Part I or the minimum	1 (a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for e year listed	eacn		1		
ь	85% of line 2a					
	Qualifying distributions from Part >					
	line 4 for each year listed					
d	A mounts included in line 2c not us directly for active conduct of exem activities	npt				
e	Qualifying distributions made direc					
	for active conduct of exempt activ Subtract line 2d from line 2c	ıtıes				
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— en of minimum investment return sho Part X, line 6 for each year listed.	wn in				
c	"Support" alternative test—enter					
	(1) Total support other than gross	s				
	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					
Pa	• •	rmation (Complete th	nis part only if th	ne organizatio	n had \$5,000 o	r more in
		<u>luring the year—see i</u>			. ,	
1	Information Regarding Foundation	_				
а	List any managers of the foundatio before the close of any tax year (bi				,	ation
	NONE					
b	List any managers of the foundatio	n who own 10% or more of	the stock of a corpora	ation (or an equally	large portion of th	e
	ownership of a partnership or other				5 .	
	NONE					
2	Information Regarding Contribution	on, Grant, Gift, Loan, Schola	rship, etc., Programs:	:		
	Check here F I if the foundation o unsolicited requests for funds If the other conditions, complete items 2	ne foundation makes gifts, g				
	<u> </u>					
а	The name, address, and telephone	number or e-mail address	of the person to whon	n applications sho	uld be addressed	
b	The form in which applications sho	ould be submitted and inforr	mation and materials	they should includ	e	
c	Any submission deadlines					
d	Any restrictions or limitations on a factors	awards, such as by geograp	phical areas, charitabl	le fields, kinds of i	nstitutions, or othe	r
	N/A					

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 60,000 **b** Approved for future payment

Form 990-PF (2015) Part XVI-A Analysis of Income-Produc	ing Activitie	:S			Page 1 2
Enter gross amounts unless otherwise indicated	Unrelated bu	ısıness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
a b					
c					
e					
f g Fees and contracts from government agencies					
Membership dues and assessments Interest on savings and temporary cash investments					
Dividends and interest from securities 5 Net rental income or (loss) from real estate			14	38,321	
a Debt-financed property					
b Not debt-financed propertyNet rental income or (loss) from personal property					
Other investment income					
Net income or (loss) from special events			18	4,771	
O Gross profit or (loss) from sales of inventory Other revenue a					
b					
c					
e					
2 Subtotal Add columns (b), (d), and (e) 3 Total.Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify an extension of the columns.	calculations)			43,092 13	43,092
Part XVI-B Relationship of Activities to Explain below how each activity for whi					ntly to
the accomplishment of the foundation's instructions)					
<u> </u>					

Part	XVII	Information Re Noncharitable				sactions and I	Relationships	With			
		rganization directly or ii 01(c) of the Code (othe	ndırectly e	ngage in any o	f the following wi					Yes	No
	anızatı				, o. ga <u>z</u> acioo, o		rotating to policie				
_		from the reporting four	idation to a	noncharitable	e exempt organiz	ation of					
		1			· -				1a(1)		
		rassets							1a(2)		
• • •		nsactions							(-)		
		s of assets to a noncha	ritable eve	mnt organizati	IOD				1b(1)		
		hases of assets from a							1b(2)	-+	
								•	 	-+	
		al of facilities, equipme							1b(3)		
		bursement arrangemen							1b(4)		
		s or loan guarantees.							1b(5)		
(6)	Perfor	mance of services or m	embership	or fundraising	solicitations				1b(6)		
c Sha	arıng o	f facılıtıes, equipment, i	mailing list	s, other asset	s, or paid employ	ees			1c		
of t	he goo iny tra	wer to any of the above ods, other assets, or se nsaction or sharing arranged (b) Amount involved	rvices give angement,	n by the repor show in colum	ting foundation 1	If the foundation r f the goods, other	eceived less thai	n fair marke ces receive	et value ed		t c
(a) Line	: NO	(b) Amount involved	(C) Name C	л попспаптавле е	exempt organization	(u) Description	or transfers, transact	lions, and sna	anny anan	gemen	15
des	cribed	ndation directly or indi in section 501(c) of th complete the following :	ie Code (ot schedule	her than secti	on 501(c)(3)) or	in section 527?.			. 「Yes	Б	Νο
		(a) Name of organization	1		(b) Type of organiza	ation	(c) Descri	ption of relation	onship		
Sign	the	er penalties of perjury, best of my knowledge a rmation of which prepar	nd belief, i	t ıs true, corre				an taxpaye		ed on	all
Here) .	*****			2016-10-19	—) ——		return	he prepare		
	'	Signature of officer or t	rustee		Date	r Title			nstr)? 🔽	∕es N	o
		Print/Type preparer's W ROBINSON FRAZIER	name	Preparer's Sig	gnature	Date 2016-10-19	Check if self- employed ▶	PTIN P(000291	66	
Paid Prepa Use	arer	Firm's name ► FRAZIER & FRAZIER	ATTYS AT				Firm's EIN ►				
Use Only		Firm's address ► 1515 RIVERSIDE AV 32204	E STE A J	ACKSONVILL	E, FL		Phone no (904	1)353-561	L 6		—

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b)	(c) Compensation(If	(d)	Expense account,
	Title, and average hours per week devoted to position	not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	(e) other allowances
CENTERSTATE BANK	CO-TRUSTEE	16,332		
1234 KING STREET JACKSONVILLE,FL 32204	1			
SAMUEL H HALL	CO-TRUSTEE	400		
3535 FIRST STREET SOUTH JACKSONVILLE, FL 32210	1			
BRADY K SKAGGS	CO-TRUSTEE	400		
11679 SPARLKEBERRY LANE JACKSONVILLE,FL 32223	1			
ANNA S PRATT	CO-TRUSTEE	400		
132 EAST SUNNYSIDE BCH RD HAWTHORNE,FL 32640	1			
HARVEY T SKAGGS JR	CO-TRUSTEE	400		
124 E SUNNYSIDE BCH RD HAWTHORNE,FL 32640	1			
TRIPP CHILES	CO-TRUSTEE	200		
POST OFFICE BOX 63 PENROSE,NC 28766	1			

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

			ine real of Approved for	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LAKEWOOD PRESB CHURCH 2001 UNIVERSITY BLVD JACKSONVILLE,FL 32217		501C3	GENERAL PURPOSE	600
HENDRICKS AVE BAPTIST 4001 HENDRICKS AVE JACKSONVILLE,FL 32207		501C3	GENERAL PURPOSE	1,000
JACKSONVILLE HUMANE SOC 8464 BEACH BLVD JACKSONVILLE,FL 32216		501C3	GENERAL PURPOSE	1,600
HABITAT FOR HUMANITY 2404 HUBBARD STREET JACKSONVILLE,FL 32206		501C3	GENERAL PURPOSE	1,600
SENIORS ON A MISSION 2050 ART MUSEUM DR 102 JACKSONVILLE,FL 32207		501C3	GENERAL PURPOSE	1,000
GREAT RESCUE NE FLORIDA PO BOX 600878 JACKSONVILLE,FL 32260		501C3	GENERAL PURPOSE	1,000
LAKEWOOD PRESB CHURCH 2001 UNIVERSITY BLVD JACKSONVILLE,FL 32217		501C3	GENERAL PURPOSE	1,000
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE,FL 32217		501C3	GENERAL PURPOSE	2,400
BAPTIST HEALTH FDN 841 PRUDENTIAL DRIVE JACKSONVILLE,FL 32207		501C3	GENERAL PURPOSE	13,774
JACKSONVILLE HUMANE SOC 8464 BEACH BLVD JACKSONVILLE,FL 32216		501C3	GENERAL PURPOSE	1,000
BEACHES MINISTRY 850 6TH AVE SOUTH 400 JACKSONVILLE B,FL 32250		501C3	GENERAL PURPOSE	400
GREAT RESCUE NE FLORIDA PO BOX 600878 JACKSONVILLE,FL 32260		501C3	GENERAL PURPOSE	1,000
FEEDING NORTHEAST FL 1116 EDGEWOOD AVE N JACKSONVILLE,FL 32254		501C3	GENERAL PURPOSE	5,200
JAX SYMPHONY ASS YOUTH 300 WATER ST 200 JACKSONVILLE,FL 32202		501C3	GENERAL PURPOSE	1,000
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE,FL 32217		501C3	GENERAL PURPOSE	1,600
Total			▶ 3a	60,000

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

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HENDRICKS AVE BAPTIST 4001 HENDRICKS AVE JACKSONVILLE,FL 32207		501C3	GENERAL PURPOSE	2,000
BAPTIST HEALTH FDN 841 PRUDENTIAL DRIVE JACKSONVILLE,FL 32207		501C3	GENERAL PURPOSE	10,000
MUSEUM CONTEMPORARY ART 333 NORTH LAURA STREET JACKSONVILLE,FL 32202		501C3	GENERAL PURPOSE	600
HENDRICKS AVE BAPTIST 4001 HENDRICKS AVE JACKSONVILLE,FL 32207		501C3	GENERAL PURPOSE	3,000
BAPTIST HEALTH FDN 841 PRUDENTIAL DRIVE JACKSONVILLE,FL 32207		501C3	GENERAL PURPOSE	1,226
THE BOLLES SCHOOL 7400 SAN JOSE BLVD JACKSONVILLE,FL 32217		501C3	GENERAL PURPOSE	1,000
MUSEUM CONTEMPORARY ART 333 NORTH LAURA STREET JACKSONVILLE,FL 32202		501C3	GENERAL PURPOSE	333
Total				60,000

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
7 0213 CALIFORNIA RES CORP	2015-05	PURCHASE	2016-03		7	9				

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
200 KINDER MORGAN INC	2015-09	PURCHASE	2015-12		3,238	6,190				

DLN: 93491293002086

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TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
22 9787 CALIFORNIA RES CORP	2013-02	PURCHASE	2016-03		23	35				

DLN: 93491293002086

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TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
0 0033 CALIFORNIA RES CORP	2013-02	PURCHASE	2016-04							

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
0 4225 CALIFORNIA RES CORP	2013-02	PURCHASE	2016-04		1	1				

DLN: 93491293002086

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
100 COMCAST CORP CLASS A	2013-06	PURCHASE	2016-05		6,291	4,038				

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
200 CONAGRA FOODS INC	2012-07	PURCHASE	2016-05		9,158	5,018				

DLN: 93491293002086

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
7803 737 EATON VANCE MUTUAL FUND TRUST	2013-05	PURCHASE	2016-03		66,800	74,178				

DLN: 93491293002086

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TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
100 GRAINGER W W INC	2010-02	PURCHASE	2015-09		21,174	13,811				

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TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Software ID: 15000260

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
550 KINDER MORGAN INC	2013-02	PURCHASE	2015-12		8,905	20,394				

DLN: 93491293002086

DLN: 93491293002086

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

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

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
75 MCDONALDS CORP	2010-01	PURCHASE	2016-05		9,164	4,737				

DLN: 93491293002086

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

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

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
325 QUALCOMM INC	2010-04	PURCHASE	2015-11		15,721	13,835				

DLN: 93491293002086

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TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
500 MATERIALS SELECT SPIDER FUND	2014-05	PURCHASE	2015-09		20,290	20,360				

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TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Software ID: 15000260

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
100 STARBUCKS CORP	2015-01	PURCHASE	2016-06		5,580	4,023				

DLN: 93491293002086

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

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

EIN: 59-7038385

Software ID: 15000260

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
40 STRYKER CORP	2005-01	PURCHASE	2016-06		4,673	1,917				

DLN: 93491293002086

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

TY 2015 Gain/Loss from Sale of Other Assets Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Met hod	Sales Expenses	Total (net)	Accumulated Depreciation
70 VISA INC CLASS A COMMON	2013-09	PURCHASE	2016-05		5,516	3,224				

TY 2015 Investments Corporate Stock Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Name of Stock	End of Year Book Value	End of Year Fair Market Value
900 ALLIANT ENERGY CORP	24,705	35,730
300 AMERICAN EXPRESS COMPANY	12,693	18,228
725 AT&T INC	21,287	31,327
650 BB&T CORPORATION	25,114	23,147
75 BLACKROCK INC	24,606	25,690
150 CHEVRON TEXACO CORPORATION	16,626	15,725
400 COMCAST CORP CLASS A	16,152	26,076
450 CONAGRA FOODS INC	11,291	21,515
350 CONOCOPHILLIPS	23,534	15,260
175 COSTCO WHOLESALE CORP	20,679	27,482
250 WALT DISNEY COMPANY	25,876	24,455
200 EOG RESOURCES INC	16,596	16,684
300 EXPRESS SCRIPTS HLDG CO	11,194	22,740
950 GENERAL ELECTRIC	24,263	29,906
250 HOME DEPOT INC	18,880	31,923
800 INTEL CORPORATION	17,400	26,240
350 JOHNSON & JOHNSON	4,791	42,455
175 MCDONALDS CORP	11,053	21,060
115 MCKESSON CORP	9,357	21,465
400 MERCK & CO INC	23,670	23,044
475 MICROCHIP TECHNOLOGY INC	13,344	24,111
550 MICROSOFT CORPORATION	16,627	28,144
325 OCCIDENTAL PETROLEUM CORP	27,616	24,557
650 ORACLE CORPORATION	15,696	26,605
250 PEPSICO INC	13,900	26,485
825 PFIZER INC	14,932	29,048
250 PNC FINANCIAL SERVICES GROUP	19,050	20,348
325 PROCTOR & GAMBLE	20,230	27,518
200 ROCKWEL AUTOMATION	14,522	22,964
500 STARBUCKS CORP	20,116	28,560

Name of Stock	End of Year Book Value	End of Year Fair Market Value
210 STRYKER CORP	10,066	25,164
225 UNITED PARCEL SERVICE	22,547	24,237
225 UNITED TECHNOLOGIES CORP	16,858	23,074
350 V F CORP	24,678	21,522
525 VERIZON COMMUNICATIONS INC	14,345	29,316
310 VISA INC	14,276	22,993
400 VMWARE INC	29,253	22,888
525 WHITEWAVES FOODS CO	24,227	24,644
500 BCE INC	19,395	23,655
275 NOVARTIS	15,076	22,690
325 ROYAL BK CDA MONTREAL QUE	20,140	19,204
315 SCHLUMBERGER LIMITED	16,539	24,910
525 TORONTO DOMINION BANK	23,301	22,538

TY 2015 Investments Government Obligations Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Software ID: 15000260

US Government Securities - End of

Year Book Value: 426,528

US Government Securities - End of

Year Fair Market Value: 416,377

State & Local Government Securities - End of Year Book

Value:

State & Local Government Securities - End of Year Fair Market Value:

TY 2015 Legal Fees Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FRAZIER & FRAZIER SEMI-ANN MEET	350			175

TY 2015 Legal Fees Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
F&F 990-PF TAX RETURN PREP	3,265			3,265



TY 2015 Other Decreases Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Description	Amount
ROUNDING	1

TY 2015 Other Professional Fees Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
GODSEY & GIBB ASSOCIATIES BILLIN	6,038	6,038		

TY 2015 Taxes Schedule

Name: BRADY S JOHNSTON PERPETUAL CHR TST

EIN: 59-7038385

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
10-6-15 ESTIMATED TAX PAYMENT	1,912			1,912
FOREIGN WITHHOLDING TAX	647	647		

efile GRAPHIC print - DO NOT PROCESS

BRADY S JOHNSTON PERPETUAL CHR TST

As Filed Data

DLN: 93491293002086

Schedule B

Schedule of Contributors

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2015

		59-/038385				
Organ	ization type (check o	ne)				
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 9	90-PF	√ 501(c)(3) exempt private foundation				
		501(c)(3) taxable private foundation				
Gener	al Rule For an organization other property) fron	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	[,] or			
Specia	al Rules					
Γ	under sections 509(a received from any on	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations)(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 e contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form Form 990-EZ, line 1 Complete Parts I and II	990,			
Γ	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes cruelty to children or animals. Complete Parts I, II, and III	s, or			
Γ	during the year, contr this box is checked, e purpose Do not comp	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, ibutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., olete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year	lf			

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

990-EZ, or 990-PF)

Cat No 30613X

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

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

Name of organization
BRADY S JOHNSTON PERPETUAL CHR TST

Employer identification number 59-7038385

	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 cont	tribution
			Person	Г
		•	Payroll	Г
		<u>\$</u>	Noncash	Г
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
			Payroll	Γ
			Noncash	Г
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
			Payroll	Γ
		Ψ	Noncash	Г
			(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			B	_
			Person	ı
		•	Payroll	,
		\$		r F
		\$	Payroll	「 「 or noncash
(a) No.	(b) Name, address, and ZIP + 4	\$ (c) Total contributions	Payroll Noncash (Complete Part II f	
		(c)	Payroll Noncash (Complete Part II f contributions)	
		(c) Total contributions	Payroll Noncash (Complete Part II f contributions) (d) Type of contributions	
		(c)	Payroll Noncash (Complete Part II f contributions) (d) Type of contributions	
		(c) Total contributions	Payroll Noncash (Complete Part II foontributions) (d) Type of confidence Person Payroll	tribution
		(c) Total contributions	Payroll Noncash (Complete Part II f contributions) (d) Type of contributions Person Payroll Noncash (Complete Part II f	tribution
No.	Name, address, and ZIP + 4	(c) Total contributions \$ (c)	Payroll Noncash (Complete Part II f contributions) (d) Type of contributions Person Payroll Noncash (Complete Part II f contributions)	tribution
No.	Name, address, and ZIP + 4	(c) Total contributions \$ (c) Total contributions	Payroll Noncash (Complete Part II f contributions) (d) Type of contributions Person Payroll Noncash (Complete Part II f contributions) (d) Type of contributions)	tribution
No.	Name, address, and ZIP + 4	(c) Total contributions \$ (c)	Payroll Noncash (Complete Part II footnibutions) (d) Type of continuous payroll Noncash (Complete Part II footnibutions) (d) Type of continuous payroll	tribution

Schedule B (Form	990, 990-EZ, or 990-PF) (2015)		Page 3
lame of organization RADY S JOHNSTON PERPETUAL CHR TST		Employer identification number	
3RADY S JOHNS	TON PERPETUAL CHR TST	59-7038385	
D (Noncash Property	1 03 7 00000	
Part II	(see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
		(see instructions)	Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
		(see instructions)	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

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

Page 4

Name of organization
BRADY S JOHNSTON PERPETUAL CHR TST Employer identification number

		59-7	7038385
total more line entry. of \$1,000 or	religious, charitable, etc., contribut than \$1,000 for the year from any or For organizations completing Part II r less for the year. (Enter this inform the copies of Part III if additional space is n	ne contributor. Complete column I, enter the total of exclusively re nation once. See instructions.) ►	s (a) through (e) and the following ligious, charitable, etc., contributions
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee
(a) lo.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 (a)	Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gift ZIP4 Rel (c) Use of gift	ationship of transferor to transferee (d) Description of how gift is held
o.from Part I		(e) Transfer of gift	
	Transferee's name, address, and	ZP4 Rel	ationship of transferor to transferee
(a) lo.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee
			