(Form 99.0-PF

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

2017

Open to Public Inspection

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PFfor instructions and the latest information.

For calendar year 2017 or tax year beginning and ending Name of foundation Employer identification number John Michael Williams Charitable Tr 20-0200738 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite felephone number (see instructions) PO Box 140011 352-378-4876 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here FL 32614 Gainesville G Check all that apply initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the Address change 85% test, check here and attach computation Name change Section 501(c)(3) exempt private foundation Check type of organization If private foundation status was terminated under section 507(b)(1)(A) check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination end of year (from Part II, col (c), under section 507(b)(1)(B), check here Other (specify) 74,021 line 16) > (Part I, column (d) must be on cash basis) Part I (d) Disbursements Analysis of Revenue and Expenses The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) expenses per income books purposes (cash basis only) 30,000 Contributions, gifts, grants, etc., received (attach schedule) if the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain ٥ Income modifications 10a-Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) FEB 11 Other income (attach schedule) Total. Add lines 1 through 11 30,000 0 S Operating and Administrative 医ស្រុចព្រំទូមិន 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages U 15 Pension plans, employee benefits OGDEN Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Occupancy 21 Travel, conferences, and meetings Printing and publications Stmt 1 150 150 Other expenses (att sch) Total operating and administrative expenses. 150 150 Add lines 13 through 23 0 700 Contributions, gifts, grants paid 1,700 26 Total expenses and disbursements. Add lines 24 and 25 1,850 150 0 Subtract line 26 from line 12 28,150 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-) 0

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Instructions) Part 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 agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 45,871 45,871 2 28,150 3 4 74,021 5 Decreases not included in line 2 (itemize) ▶ 5	5	27	•				
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Instructions) Part 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 agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 45,871 45,871 2 28,150 3 4 74,021 5 Decreases not included in line 2 (itemize) ▶ 5	SSe		• • • • • • • • • • • • • • • • • • • •	1	45 971	74 021	
Instructions) Part 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 agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 45,871 45,871 2 28,150 3 4 74,021 5 Decreases not included in line 2 (itemize) ▶ 5	₹		· · · · · · · · · · · · · · · · · · ·	ł			
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Part 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 agree with end-of-year figure reported on prior year's return) 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		31	·		45 871	74 021	
1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 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	<u>ل</u> ــــــــــــــــــــــــــــــــــــ	Part II		L	43,074	74,021	···
end-of-year figure reported on prior year's return) 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				st a	aree with		
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	٠			J. a	9.00 ******		45 871
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	2					}	
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5	_		·				
5 Decreases not included in line 2 (itemize) ▶ 5						 	74.021
	-		• •				11462
			·	b), l	ine 30		74,021

The state of the s	hael Williams Charit Losses for Tax on Investment		r 20-0200738	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Page 3
(a) List and describe the	e kind(s) of property sold (for example, real estate, house or common stock, 200 she MLC Co.)	<u></u>	(b) How acquired P Purchase D Donation	(c) Date ac (mo , day	
1a N/A					
ь					
С					
d					
<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		Cost or other basis us expense of sale		(h) Gain or (loss) (e) plus (f) minus (g,)
а					
_b					
- <u>C</u>					
<u>d</u>					
Complete only for assets showing as	lin in column (h) and owned by the found	ation on 12/3	1/69		
Complete only for assets showing ga) Excess of coi (i)		Gains (Cot. (h) gain minus k) but not less than -0-)or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	•	over col (j), if any		Losses (from col (h))
b					
c					
d				***********	
0					
Part I, line 8	as defined in sections 1222(5) and (6) umn (c) See instructions. If (loss), enter	nt I, line 7 -0- in	}	3	
Part V Qualification Unde	er Section 4940(e) for Reduced	Tax on N	et Investment Income)	
If section 4940(d)(2) applies, leave this p Was the foundation liable for the section If:"Yes," the foundation does not qualify.	4942 tax on the distributable amount of		e base period?		Yes X No
1 Enter the appropriate amount in each	n column for each year, see the instruction	ons before m	aking any entries		
(a) Base period years	(b)		(c) let value of noncharitable-use assets		(d) Distribution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions				(col (b) divided by col (c))
2016		600 809	37,3 31,5		0.042822
2015		809	33,6		0.057345 0.053753
2014		734	30,7		0.056466
		772	32,3		0.054788
2012					0.034700
2 Total of line 1, column (d)				2	0.265174
-	ear base period - divide the total on line been in existence if less than 5 years	2 by 50, or b	y the	3	0.053035
4 Enter the net value of noncharitable-	use assets for 2017 from Part X, line 5			4	46,464
# Multiply line 4 by line 3				5	2,464
5 Multiply line 4 by line 3					2,404
6 Enter 1% of net investment income (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	2,464
8 Enter qualifying distributions from Pa		al magnetic for the	- And	8	1,700
If line 8 is equal to or greater than lin Part VI instructions	e 7, check the box in Part VI, line 1b, an	a complete th	at part using a 1% tax rate S	see the	
r art yr matruchons					Form 990-PF (2017)

Form	990-PF (2017) John Michael Williams Charitable Tr 20-0200738		7	12ggg 4	<u> </u>
Pa	ert 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)				
þ	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-)			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-			0	
6	Credits/Payments				
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 10				
þ	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 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 2018 estimated tax▶ 10 Refunded ▶ 11				
Pa	ert 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		
	participate or intervene in any political campaign?	<u>1a</u>		X	
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		1	Ì	
	Instructions for the definition	15		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		ł		
	published or distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?	10		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		}	1	
	(1) On the foundation > \$ (2) On foundation managers > \$				
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers. \$	_	_	- <u></u> -	
-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	ļ	-	1	
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?	4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		+	+	
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				
	By language in the governing instrument, or - By state language in the governing instrument, or - By state language in the governing instrument, or - By state language in the governing instrument, or - By state language in the governing instrument, or - By state language in the governing instrument, or - By state language in the governing instrument, or - By state language in the governing instrument, or	}			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law sample in the governing instrument?	_	X		
	conflict with the state law remain in the governing instrument? Did the foundation bove at least \$5,000 in proofs at any time during the year? If "Yes," complete Part II, eel, (a), and Part YV	6	$\frac{\Lambda}{X}$	+	
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	7	├ ^	 	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ FL				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	86	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1	1	
	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"		-		7
	complete Part XIV	9		X	<u>L</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10		X	
		Form 9	90.P	F (2017)	

	1980-PF (2017) JOHN MICHAEL WILLIAMS CHAPITABLE IF ZU-UZUU73	6	·				Rage 6
- P	art VII-A Statements Regarding Activities (continued)	·				T	7
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					Yes	No
11	meaning of section 542(b)(13)? If "Yes," attach schedule. See instructions				1 4.4		7 <u>1</u> 5°
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified				11	 -	X
I Æ	person had advisory privileges? If "Yes," attach statement. See instructions				4.2	1	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n2			13	X	1
13	Website address > Not Applicable	17			13		
14		ohone no		52-	378	127	6
	P.O. Box 140011	JIIONE NO	-	J 2	3,0	307	0
	Located at ▶ Gainesville FL	710+	4 ▶ 3	261	A		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	2.11-1-1	•	, E U I	76		L [1]
	and enter the amount of tax-exempt interest received or accrued during the year		15	ļ			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	_		L		Vac	No
	over a bank, securities, or other financial account in a foreign country?				16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of				16		-
	the foreign country						
P:	art 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)					165	NO
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Ye	s X	No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			110	1 1		
	disqualified person?	Ye	s X	No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X Ye	1000	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Ye	-				
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	••		140			
	the benefit or use of a disqualified person)?	Ye	s X	No			
	(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					- 1	
	termination of government service, if terminating within 90 days.)	Ye	s X	No			
b	If any answer is "Yes" to 1a(1)(6), did any of the acts fail to qualify under the exceptions described in Regulations	,		, ,,,,	1 1		
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions				16	ĺ	x
	Organizations relying on a current notice regarding disaster assistance, check here		t	-	1	·	
Ç	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 2017?			N/A	1c	ļ	
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 2017, did the foundation have any undistributed income (lines 6d and				1 1	ł	
	6e, Part XIII) for tax year(s) beginning before 2017?	Ye	s X	No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20						
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)						
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					ļ	
	all years listed, answer "No" and attach statement – see instructions)			$A \setminus N$	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						
	▶ 20 , 20 , 20 , 20					- 1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	-					
	at any time during the year?	Ye	s X	No	1		
b	If "Yes," did it have excess business holdings in 2017 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 2017)]	A\N	36		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?				4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its						
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017	?			4b		X
					Form 99	D-PF	(2017)

	n 990-PF (2017) John Michael Williams Charitabl		3500338			Rage 6
<u> P</u>	art VII-B Statements Regarding Activities for Which Form 4	1720 May Be Re	quired (conti	ınued)		
5a	During the year did the foundation pay or incur any amount to				ţ	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49)	945(e))?		Yes X No		
	(2) Influence the outcome of any specific public election (see section 4955); or to	carry on,		(C)		
	directly or indirectly, any voter registration drive?			Yes X No		}
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes 🗓 No	ĺ	
	(4) Provide a grant to an organization other than a charitable, etc., organization d	lescribed in		(500)		
	section 4945(d)(4)(A)? See instructions			Yeş 🛣 No	} }	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational		(22)		
	purposes, or for the prevention of cruelty to children or animals?			Yes 🔀 No		
þ	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under		cribed in	har / m	· 1	
	Regulations section 53 4945 or in a current notice regarding disaster assistance?			N/A	5b	
	Organizations relying on a current notice regarding disaster assistance, check he			▶ [_]		
C	If the answer is "Yes" to question 5e(4), does the foundation claim exemption from	n the tax	37/3 [77]			
	because it maintained expenditure responsibility for the grant?		N/A	Yes No	' I	
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).				ŀ	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums	r~n .	. FEE	j	1
	on a personal benefit contract?		*****	Yes X No	_	
ь	Did the foundation, during the year, pay premiums, directly or indirectly, on a pers	ional benefit contract	1,5		6b	<u> </u>
٠.	If "Yes" to 6b, file Form 8870	Harrison on the no	ر آ ً ا	Yes X No		
	At any time during the tax year, was the foundation a party to a prohibited tax she if "Yes," did the foundation receive any proceeds or have any net income attributa			Yes X No N/A	7b	İ
	art VIII Information About Officers, Directors, Trustees, For					
ГС	and Contractors		jora, riigiliy i	aid Employees	,	
1 1	ist all officers, directors, trustees, and foundation managers and their com	pensation. See ins	structions			
<u> </u>				(d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		nse account
	••	devoted to position	enter -0-)	plans and deferred compensation	other a	llowances
Jo	ohn Michael Williams Gainesville	Trustee				
PO	Box 140011 FL 32614-0011	0.50	о	0		0
2	Compensation of five highest-paid employees (other than those included	on line 1 - see ins	tructions). If non	e, enter	2.4.2.1	
	"NONE."			-	,	
		(b) Title, and average		(d) Contributions to	(a) Evnon	uno populat
	(a) Name and address of each employee paid more than \$50 000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		se account. Iowancas
		aproted to position		compensation	······································	
NO	NE					
						
		}				
						
				ļ		
			ļ	 		
				 		
		1				
`O*E	number of other employees paid over \$50,000	1	ļ 	<u> </u>		
Otal	Trainber of other employees paid over \$50,000			<u>></u>	000	-PF (2017)
				Fo	rm ゴガリ・	-FF (2017)

Part VIII	nin John Michael Williams Charitable T Information About Officers, Directors, Trustees, Foundat		Page 7
· · · · · · · · · · · · · · · · · · ·	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services. See instruc		(2) (2)
NONE	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
11011111			
		The first of the state of the s	
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		
-	────────────────────────────────────		1,700
2	·		
		•	
3			22-12
4			
Part IX-B	Summary of Program-Related Investments (see instruct	ions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
4			
All other program-re	alated investments. See instructions		
3			
	· ·		
	1 through 3		

Form 990-PF (2017)

Form	1990-PF (2017) John Michael Williams Charitable Tr 20-0200738		Page 3
	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	
	' see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.	1	
	purposes		
а	Average monthly fair market value of securities	1a	0
ь	Average of monthly cash balances	1b	47,162
С	Fair market value of all other assets (see instructions)	1c	10
d	Total (add lines 1a, b, and c)	1d	47,172
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	47,172
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	708
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	46,464
6	Minimum investment return.Enter 5% of line 5	6	2,323
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundati	ons
	and certain foreign organizations check here 🕨 📗 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	2,323
2a	Tax on investment income for 2017 from Part VI, line 5	1	
þ	Income tax for 2017 (This does not include the tax from Part VI)	1	
Ç	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,323
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,323
6	Deduction from distributable amount (see instructions)	6	· · · · · · · · · · · · · · · · · · ·
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	j [
	line 1	7	2,323
Pa	urt XII Qualifying Distributions (see instructions)		
			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1.	1 700
а	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	1,700
_b	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	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	1 700
4	Qualifying distributions.Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,700
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	^
_	Enter 1% of Part I, line 27b See instructions	5	1,700
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	1,700
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	วท	

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

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c Excess from 2015d Excess from 2016e Excess from 2017

Forn	1990-PF (2017) John Michael	. Williams C	Charitable T	r 20-0200	738	Page 1
P	art XIV Private Operating Fou	indations (see ins	structions and Part	VII-A, question 9)	
1a	if the foundation has received a ruling or o	determination letter that	t it is a private operating)		/
	foundation, and the ruling is effective for 2	017, enter the date of	the ruling	, <u> </u>		/
b	Check box to indicate whether the founda		ng foundation described		4942(j)(3) or 494	12(1)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(o) rotar
	investment return from Part X for					
	each year listed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				/
b	85% of line 2a					,/
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
ġ	Amounts included in line 2c not used directly					
	for active conduct of exempt activities				/	
9	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.					
a	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					<u> </u>
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in) ²		
	Part X, line 6 for each year listed					
C	"Support" alternative test – enter.					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					4 ,
	(4) Gross investment income					
Pa	irt XV Supplementary Inform	•	•	ie foundation ha	d \$5,000 or more i	n assets at
	any time during the ye		ions.)			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who h			•		
	before the close of any tax year (but only in	=	more than \$5,000) (S	ee section 507(d)(2))		620 000
	John Michael William List any managers of the foundation who			/		\$30,000
b	ownership of a partnership or other entity)		· · · · · · · · · · · · · · · · · · ·		fortion of the	
	N/A	of which the foundation	in has a 10% of greater	merest		
2	Information Regarding Contribution, C	Pront Giff Loon Sol	olarchin ata Broam	anc.		
4	,	•	preselected charitable		on not accept	
	unsolicited requests for funds. If the found			_		
	complete items 2a, b, c, and d See instruc		is, etc., to individuals of	r biganizations under	other conditions,	
- <u>-</u> -	The name, address, and telephone number		he nerson to whom and	lications should be as	Idreeed	
a	John Michael William			nications should be at	Julesseu	
	PO Box 140011 Gaines					
				hauld include		
þ	The form in which applications should be s Currently None	submitted and informati	on and materials mey s	moula miciaae		
C	Any submission deadlines: Currently None					
	Any restrictions or limitations on awards, s	uich as hu geographics	l areae charitable field	e kinde of inclinitions	or other	
u	factors	iden de by goographics	ii orgas, criatitable field	o, kirius vi iristitutiONS	, or other	
	At Discretion of Tru	stee				
DAA	कार कर पर्यापन कर कर के किया के किया के किया कर के किया कर किया के किया किया किया किया किया किया किया किया					Farm 990-PF (2017

Form 990-PF (2017) John Michael Williams Charitable Tr 20-0200738

Part XV Supplementary Information (co 3 Grants and Contributions Paid During the		uture Payment		
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year Families Of Freedom Scholar One Scholarship Way Saint Peter MN 56082	ship None	PC General Con	tribution	500
Pride Community Center of P PO Box 5383 Gainesville FL 32627	Cntr FL None	PC General Con	tribution	500
GLBT National Help Center 2261 Market Street #296 San Francisco CA 94114	None	PC General Con	tribution	150
Bread Of The Mighty Food Ba FO Box 5086 Gainesville FL 32627	nk, Inc. None	PC General Con	ribution	100
St Francis House, Inc. PO Box 12491 Gainesville FL 32604	None	pc General Con	tribution	100
The Salvation Army PO Box 5307 Gainesville FL 32627	None	PC General Con-	ribution	100
Air Force Enlisted Village 92 Sunset Lane Shalimar FL 32579	None	PC General Con	ntribuion	100
PFLAG Gainesville PO Box 358472 Gainesville FL 32635	None	PC General Co	tribuion	50
Haven Hospice 4200 NW 90th Blvd Gainesville FL 32606	None	PC General Con	ribution	100
Total			▶ 3a	1,700
b Approved for future payment N/A				
Total			▶ 3b	Form 990-PF (2013)

Part XVI-A			ed business income	Evoludo	d by section 512, 513, or 514	1
·	ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1 Program se						, , , , , , , , , , , , , , , , , , , ,
				 		
Ç						
						
f		 		ļ		
	nd contracts from government agencies			 		
-	o dues and assessments					
•	savings and temporary cash investments					
	nd interest from securities					
	ncome or (loss) from real estate					
	senced property		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() () () () () () () () () ()	
	st-financed property					
	acome or (loss) from personal property					
	•	ļ				
7 Other invest	s) from sales of assets other than inventory					
	•					
	or (loss) from special events					
	or (loss) from sales of inventory					
	ue a					
						
e						
	ld columns (b), (d), and (e)		0		0	C
iz Gubiolai Ad	id Coldinia (b), (d), and (e)					
13 Total Add i	ine 12 columns (h) (d) and (e)				13	0
	ine 12, columns (b), (d), and (e)				13	C
(See worksheet	in line 13 instructions to verify calculations.)	complishme	ent of Exempt Pur	poses	13	C
	n line 13 instructions to verify calculations.) Relationship of Activities to the Activities					C
(See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.)	reported in col	umn (e) of Part XVI-A o	ontribute	ed importantly to the	
(See worksheet Part XVI-B Line No.	Relationship of Activities to the Activities to below how each activity for which income is	reported in col	umn (e) of Part XVI-A o	ontribute	ed importantly to the	
(See worksheet Part XVI-B Line No.	Relationship of Activities to the Activities to below how each activity for which income is	reported in col	umn (e) of Part XVI-A o	ontribute	ed importantly to the	
(See worksheet Part XVI-B Line No.	Relationship of Activities to the Activities to below how each activity for which income is	reported in col	umn (e) of Part XVI-A o	ontribute	ed importantly to the	
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(See worksheet Part XVI-B Line No.	Relationship of Activities to the Activities to below how each activity for which income is	reported in col	umn (e) of Part XVI-A o	ontribute	ed importantly to the	
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(See worksheet Part XVI-B Line No.	Relationship of Activities to the Activities to below how each activity for which income is	reported in col	umn (e) of Part XVI-A o	ontribute	ed importantly to the	
(See worksheet Part XVI-B Line No.	Relationship of Activities to the Activities to below how each activity for which income is	reported in col	umn (e) of Part XVI-A o	ontribute	ed importantly to the	

PTIN

Firm's EIN

Phone no

Use Only

Firm's address

prepared by a

non-paid preparer.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2017

OMB No 1545-2047

Name of the organization

➤ Go to www.irs.gov/Form990for the latest information.

Employer identification number

John Michae.	l Williams Charitable Tr	20-0200738
Organization type (check	k one)	
Filers of.	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private founda	utian
	527 political organization	`
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions or property) from any one contributor. Complete Parts I and II. See instructions from the contributions.	_
Special Rules		
regulations under	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% subsections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 91 and that received from any one contributor, during the year, total contributions of the of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Comp	90-EZ), Part II, line le greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv the year, total contributions of more than \$1,000 exclusively for religious, charital onal purposes, or for the prevention of cruelty to children or animals. Complete Pa	ble, scientific,
contributor, during contributions totale during the year for	the year, contributions exclusively for religious, charitable, etc., purposes, but no ed more than \$1,000. If this box is checked, enter here the total contributions that an exclusively religious, charitable, etc., purpose. Don't complete any of the parts of this organization because it received nonexclusively religious, charitable, etc.	such were received s unless the
totaling \$5,000 or i	more during the year	> \$
990-EZ, or 990-PF), but it i	that isn't covered by the General Rule and/or the Special Rules doesn't file Sched must answer "No' on Part IV, line 2, of its Form 990, or check the box on line H o , to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 99	f its Form 990-EZ or on its
For Paperwork Reduction A	ct Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 1 of 1

ana 2

Name of organization

John Michael Williams Charitable Tr

Employer Identification number 20-0200738

Part I	Contributors (see instructions) Use duplicate copies of Pa	rt I if additional space is nee	ded
(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	s 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(ç) Total contributions	(d)
NO.	Name, audiess, and zir v v	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	isamo, addresso, and an	\$	Person Rayroll 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 Rayroll Nencash (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)

80041FNDTN John Michael Williams Charitable Tr 20-0200738 FYE: 12/31/2017	L.	deral St	ederal Statements	इ			1/8/2018 2	2-44 PM ·
Statement 1	- Form	90-PF, Pa	art I, Line	990-PF, Part I, Line 23 - Other Expenses	Expenses			
Description	Total		N	Net Investment	Adjusted		Charitable Purpose	a
Expenses Bank Costs, Including Checks	w	150	ŵ	150	w		€V-	
	w	150	w	150	42	0	φ.	9
								y-

1/8/2018 2:44 PM

20-0200738

FYE. 12/31/2017

Description	Begii of Y		End of Year		Fair Market Value	
Prepaid Federal Income Tax	\$	10	\$	10	\$	10
Total	\$	10	3	10	\$	10
Form 990-PF, Part XV, Line 1a	- Managers W	ho Contril	outed Ov	er 2% or	\$5,000	
Name of Manager			Ar	mount	_	
John Michael Williams			\$	30,000		
Total			\$	30,000	=	
Form 990-PF, Part XV, Line 2 Description Currently None		n Format a	ind Requ	<u>ıired Cor</u>	<u>itents</u>	
Form 990 DE Dont	XV, Line 2c - S	Submissic	n Deadli	nes	The section of the se	
rom sover, ran						
Description	1					
Description)					
		Restriction	ons or Li	mitation		