efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491318005199

2018

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Form 990-PF

**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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20	)18 , aı	nd ending 12-31-	2018	
		Indation IAMS FAMILY FOUNDATION		A Employer ıd	entification numbe	r
				54-1861951		
		d street (or P O box number if mail is not delivered to street address) RTLAND ROAD	Room/suite	<b>B</b> Telephone nu	mber (see instructio	ns)
				(912) 764-6951	-	
		n, state or province, country, and ZIP or foreign postal code RCH, VA 22043		<b>C</b> If exemption	application is pendin	g, check here
<b>G</b> (	neck al	Il that apply	former public charity	D 1. Foreign or	ganızatıons, check he	ere
• .	reek ar	Final return Amended return	Torritor public charicy		ganizations meeting	▶ ⊔
		Address change Name change			k here and attach co	· -
H C	neck ty	vpe of organization $\checkmark$ Section 501(c)(3) exempt private	foundation		undation status was f n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxabl	e private foundation			
		from Part II col (c)	✓ Cash ☐ Accru		ation is in a 60-mont n 507(b)(1)(B), chec	
		►\$ 4,363,555	be on cash basis )	and seeds	507(5)(1)(5), 6.100	
	T		I			L.D. D. L.
FG	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions) )	books	ıncome	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	60,000			
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach	13,733			
	-	Sch B				
	3	Interest on savings and temporary cash investments	7,852			
	4   5a	Dividends and interest from securities	55,462	55,462		
	b	Net rental income or (loss)				
ө	6a	Net gain or (loss) from sale of assets not on line 10	974,593			
Revenue	ь	Gross sales price for all assets on line 6a				
šev	l _	1,579,139		074.500		
ı.	7   8	Capital gain net income (from Part IV, line 2)		974,593		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold				
	С .	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	28,005	27,759		
	12	Total. Add lines 1 through 11	1,125,912	1,065,666		
	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
ses	15	Pension plans, employee benefits				
ē	16a	Legal fees (attach schedule)	<b>6</b> 530	5 221		
Exp	b c	Other professional fees (attach schedule)	<b>9</b> 6,539	5,231 30,502		
ΙΛe	17	Interest	692	692		
rat	18	Taxes (attach schedule) (see instructions)	7,896			
and Administrative Expenses	19	Depreciation (attach schedule) and depletion		,		
<u>H</u>	20	Occupancy				
Ā	21	Travel, conferences, and meetings				
anc	22	Printing and publications				
bil	23	Other expenses (attach schedule)	1,560	1,560		
Operating	24	Total operating and administrative expenses.				
be		Add lines 13 through 23	47,198	· · · · · · · · · · · · · · · · · · ·		0
0	25	Contributions, gifts, grants paid	190,000			190,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	237,198	45,856		190,000
	27	Subtract line 26 from line 12	25.,130	.5,550		235,200
	a	Excess of revenue over expenses and	000 71 4			
	ь	disbursements  Net investment income (if negative, enter -0-)	888,714	1,019,810		
	c	Adjusted net income (if negative, enter -0-)		2,013,010		
For	Paper	work Reduction Act Notice, see instructions.	1	Cat No 11289>	· For	m <b>990-PF</b> (2018)

رجه

9

145,860

102,050

102,050

3.188.161

3,188,161

3,290,211

3,290,211

126,188

4,178,925

102,050

102,050

4,076,875

4,076,875

4,178,925

3,188,161

4,076,875

4,076,875

Form **990-PF** (2018)

888,714

1

2

3

4

5

127,168

4,363,555

# C

11

12

13

14

15

16

17

18

19

20 21

22

23

24

25

26

28

29 Net 30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27 Investments—land, buildings, and equipment basis ▶ \_

Less accumulated depreciation (attach schedule) ▶ 1,156

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

Mortgages and other notes payable (attach schedule). . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

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

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Investments—other (attach schedule) . . . . . . .

Less accumulated depreciation (attach schedule)

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) > \_\_\_\_

Deferred revenue .

Other liabilities (describe -

	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs		How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
1aSee Additional Data Table	e				
b					
С					
d					
e					
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain d	h) r (loss) ) minus (g)
a See Additional Data Table	· · · · · · · · · · · · · · · · · · ·	<u>'</u>		( ) 1 (	, (3)
b					
c					
d					
e					
	showing gain in column (h) and ow	ned by the foundation	on 13/31/60		
Complete only for assets	(j)	Thed by the foundation	(k)		<b>l)</b> h) gain minus
( <b>i)</b> F M V as of 12/31/69	Adjusted basis as of 12/31/69		s of col (i) l (j), if any	col (k), but not	less than -0-) <b>or</b> om col (h))
a See Additional Data Table	е				
b					
С					
d					
e					
· -	or (net capital loss) { gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	. ,	Part İ, line 7	3	974,593 13,119
Part V Qualification L	Inder Section 4940(e) for Re	duced Tax on Net	Investment Inc	come	
(For optional use by domestic p If section 4940(d)(2) applies, le Was the foundation liable for th	rivate foundations subject to the sec	ction 4940(a) tax on no ble amount of any year	et investment incom r in the base period <sup>7</sup>	e )	es 🗸 No
1 Enter the appropriate am	ount in each column for each year,	see instructions before	e making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitat	ole-use assets	(d) Distribution rat (col (b) divided by c	
2017	149,479		3,812,852		0 039204
2016	139,262		3,046,572		0 045711
2015	130,392		2,967,960		0 043933
2014	103,296		2,619,437		0 039434
2013	118,104		2,412,998	Γ	0 048945
2 Total of line 1, column (d	•		2		0 217227
	for the 5-year base period—divide dation has been in existence if less		·		0 043445
	idation has been in existence it less ncharitable-use assets for 2018 fron		4		4,045,947
5 Multiply line 4 by line 3		•	5		175,776
• '	ent income (1% of Part I, line 27b)		6		10,198
					185,974
	ons from Part XII, line 4 ,		8		190,000
	eater than line 7, check the box in Pa			I g a 1% tax rate Se	

Page **6** 

5a	During the year did the foundation	pay o	rincur any amount to							Yes	No	
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisl	ation (section 4945(e))?		☐ Yes	<b>.</b>	.				
	(2) Influence the outcome of any specific public election (see section 4955), or to carry											
	on, directly or indirectly, any voter registration drive?											
	(3) Provide a grant to an individual for travel, study, or other similar purposes?											
	(4) Provide a grant to an organization other than a charitable, etc., organization described											
	ın section 4945(d)(4)(A)? See i	nstruc	tions			☐ Yes	<b>▽</b> N	No O				
	(5) Provide for any purpose other t	than re	eligious, charitable, scien	tıfıc, lıterary, or		1es	<u> </u>	•				
	educational purposes, or for the	e prev	ention of cruelty to childr	ren or animals?		Yes	<b>✓</b> N					
b	If any answer is "Yes" to 5a(1)-(5)	, dıd a	<b>iny</b> of the transactions fa	ul to qualify under the ex	ceptions des	cribed in	۱۰	•				
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions			_	ъ			
	Organizations relying on a current i	notice	regarding disaster assist	ance check here		▶						
С	If the answer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the			ш					
	tay because it maintained expenditure responsibility for the grant?											
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)											
6a	Did the foundation, during the year	, rece	ive any funds, directly or	indirectly, to pay premit	ums on							
	a personal benefit contract?	-				п.,		.				
b	Did the foundation, during the year	, pay	premiums, directly or ind	lirectly, on a personal be	nefit contract	.º . Yes	•		ъ		No	
	If "Yes" to 6b, file Form 8870	, , ,	, ,	,, ,								
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter trai	nsaction?	П.,		.				
ь	If yes, did the foundation receive a					Yes	<b>✓</b> 1		ъ			
8	Is the foundation subject to the sec		•									
	excess parachute payment during t											
	Information About					Yes						
Pa	and Contractors	OHIC	ers, Directors, Trust	lees, roundation Ma	тауегь, п	igniy Par	u Em	pioye	es,			
1	List all officers, directors, truste	es, ro	oundation manaders ar	id their compensation.	. See instruc	ctions						
	2.51 4.11 5.1.100.10, 4.11 00.10.10, 4.1 4.510			•								
	·		<b>b)</b> Title, and average	(c) Compensation (If	(d) Con	ributions t				se acc		
	(a) Name and address			•	(d) Con employee b	ributions t	and			se acc Iowand		
	·	PRES.	<b>b)</b> Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Con employee be deferred o	ributions to enefit plans	and					
FRAN PO BO	(a) Name and address  K E WILLIAMS JR  DX 4004	(	<ul> <li>b) Title, and average hours per week devoted to position</li> </ul>	(c) Compensation (If not paid, enter -0-)	(d) Con employee be deferred o	ributions to enefit plans	and on					
FRAN PO BO MERR	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116	PRES: 0 25	b) Title, and average hours per week devoted to position IDENT	(c) Compensation (If not paid, enter -0-)	(d) Con employee be deferred o	ributions to enefit plans	and on 0					
FRAN PO BO MERR HARC	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR	PRES: 0 25	<ul> <li>b) Title, and average hours per week devoted to position</li> </ul>	(c) Compensation (If not paid, enter -0-)	(d) Con employee be deferred o	ributions to enefit plans	and on					
FRAN PO BO MERR HARC	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116	PRES 0 25	b) Title, and average hours per week devoted to position IDENT	(c) Compensation (If not paid, enter -0-)	(d) Con employee be deferred o	ributions to enefit plans	and on 0					
FRAN PO BO MERR HARC PO BO MERR	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004	PRES 0 25 VICE- 0 25	b) Title, and average hours per week devoted to position IDENT	(c) Compensation (If not paid, enter -0-)	(d) Con employee be deferred o	ributions to enefit plans	and on 0					
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004	PRES 0 25 VICE- 0 25	b) Title, and average hours per week devoted to position IDENT	(c) Compensation (If not paid, enter -0-)	(d) Con employee be deferred o	ributions to enefit plans	on 0					
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116	PRES 0 25 VICE-0 25 SEC/7 0 25	b) Title, and average hours per week devoted to position IDENT PRES	(c) Compensation (If not paid, enter -0-)  0	(d) Con employee be deferred o	cributions tr enefit plans compensati	and on 0	oth	er all	lowand	(	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004	PRES 0 25 VICE-0 25 SEC/7 0 25	b) Title, and average hours per week devoted to position IDENT PRES	(c) Compensation (If not paid, enter -0-)  0	(d) Con employee be deferred o	cributions to enefit plans compensati ompensati	and on 0	oth	er all	lowand	(	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2	(a) Name and address  K E WILLIAMS JR  DX 4004 IFIELD, VA 22116 LD A WILLIAMS JR  DX 4004 IFIELD, VA 22116  K E WILLIAMS III  DX 4004 IFIELD, VA 22116  Compensation of five highest-pa	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position IDENT  PRES  TREAS  TRIED (OTTO)  TRIED (OT	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati uctions). I tributions t	and on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ces (	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati ompensati	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ces (	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position IDENT  PRES  TREAS  TRIED (OTTO)  TRIED (OT	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati ections). I tributions to vee benefit	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ces (	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ces (	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ces (	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ces (	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ount,	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ount,	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ount,	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ount,	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ount,	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ount,	
FRAN PO BO MERR HARC PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES. 0 25  VICE- 0 25  SEC/ 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  TREAS  TRIED (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)  0  0  nose included on line 1	(d) Con employee be deferred of the deferred o	cributions to enefit plans compensati actions). I tributions to tree benefit and deferred	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ount,	
FRAN PO BO MERR FRAN PO BO MERR 2 (a)	(a) Name and address  K E WILLIAMS JR  DX 4004  IFIELD, VA 22116  LD A WILLIAMS JR  DX 4004  IFIELD, VA 22116  K E WILLIAMS III  DX 4004  IFIELD, VA 22116  Compensation of five highest-pa  Name and address of each employee more than \$50,000	PRES 0 25 VICE-0 25 SEC/7 0 25	b) Title, and average hours per week devoted to position  IDENT  PRES  IREAS  Inployees (other than the fours per week devoted to position)	(c) Compensation (If not paid, enter -0-)  0  0  hose included on line in the compensation	(d) Con employee be deferred of deferred o	actions). I tributions to tributions to tree benefit and deferred tensation	on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	e, ente	er all	NONE.	ount,	

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

Form 990-PF (2018)		Page <b>7</b>
Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year Included.	de relevant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
		<del></del>
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation du	•	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>•</b>
		Form <b>990-PF</b> (2018)

За 3h

4

5

190,000

10.198

179.802

Form 990-PF (2018)

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

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

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

a From 2013. . . . . **b** From 2014. . . . c From 2015. . **d** From 2016. . . . e From 2017. . . . .

Part

Page 9

9,924

182,175

Form **990-PF** (2018)

rt XIII	Undistributed Income (see instruc	ctions)
Distributab	le amount for 2018 from Part XI. line 7	

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . .

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

same amount must be shown in column (a) )

1	Distributable amount for 2018 from Part XI, line 7
2	Undistributed income, if any, as of the end of 2018
а	Enter amount for 2017 only
b	Total for prior years 20

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. . . . . . . .

required—see instructions). . . . . . . . . **d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election

4 Qualifying distributions for 2018 from Part

(a)

Corpus

(b)

Years prior to 2017

(c)

2017

180,076

NONE



a 900099   9	nter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
g Fees and contracts from government agencies  2 Membership dues and assessments.  3 Interest on savings and temporary cash investments	1 Program	n service revenue					function income (See instructions )
g Fees and contracts from government agencies  ### Agencia	a		900099				
d e							
g Fees and contracts from government agencies  2 Membership dues and assessments							
g Fees and contracts from government agencies  Membership dues and assessments							
g Fees and contracts from government agencies  2 Membership dues and assessments							
2 Membership dues and assessments							
3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities	<b>3</b> Interes	t on savings and temporary cash			44	7.050	
5 Net rental income or (loss) from real estate a Debt-financed property			+			•	
a Debt-financed property. b Not debt-financed property. 6 Net rental income or (loss) from personal property 7 Other investment income. 8 Gain or (loss) from sales of assets other than inventory. 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory 1 Other revenue 1 Ak-1 INCOME/LOSS 1 December 2 Subtotal Add columns (b), (d), and (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 calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)  THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY, FOUNDATION SPOR CHARITABLE, SCIENTIFIC, LITERARY,					14	33,402	
b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income		` '					
6 Net rental income or (loss) from personal property 7 Other investment income							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory		. , , , , , , , , , , , , , , , , , , ,			15	99	27.66
Inventory							2.,00
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory 1 Other revenue a K-1 INCOME/LOSS b c d d e 2 Subtotal Add columns (b), (d), and (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 calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,		• ,			<sub>18</sub>	974 593	
O Gross profit or (loss) from sales of inventory  Other revenue  a K-1 INCOME/LOSS  b  c  d  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 calculations)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,		•			1	777,333	
1 Other revenue  a K-1 INCOME/LOSS  b  c  d  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 calculations)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  The INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,		` ,					
b c d d d d d d d d d d d d d d d d d d							
c d d e	a K-1 IN	COME/LOSS	900099	246	23		
d	b						
2 Subtotal Add columns (b), (d), and (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 calculations)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)  THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,	с						
2 Subtotal Add columns (b), (d), and (e)	d						
3 Total. Add line 12, columns (b), (d), and (e)	е						
(See worksheet in line 13 instructions to verify calculations)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  The Income was utilized to Further the Exempt purpose (other than by providing funds for such purposes) (See instructions)  THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,	2 Subtota	al Add columns (b), (d), and (e)		246		1,038,006	27,66
(See worksheet in line 13 instructions to verify calculations )  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No.  Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )  THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,					13	3	1,065,912
Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)  THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,							
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions )  THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,	Part XVI	<u>-</u>			-		
THE INCOME WAS UTILIZED TO FURTHER THE EXEMPT PURPOSE OF THE WILLIAMS FAMILY FOUNDATION, A NONPROFIT 501 (C)(3) FOUNDATION WHOSE SOLE PURPOSE IS TO MAKE GIFTS, GRANTS AND CONTRIBUTIONS FOR CHARITABLE, SCIENTIFIC, LITERARY,	Line No. ▼	the accomplishment of the foundation's ex					
		FOUNDATION WHOSE SOLE PURPOSE IS TO	MAKE GIFTS, GR				
<del>                                     </del>							

(==			
	Information Regarding Transfers To and Transactions and Relationships With Noncharita Exempt Organizations	able	

FΘ	LYATI	Exempt Organi	zations							
		ganization directly or in than section 501(c)(3)						n 501	Yes	No
аΤ	ransfers	from the reporting foun	dation to a non	charitable exe	empt organization	of				
(	<b>1)</b> Cash							1a(1)		No
(	<b>2)</b> Othe	r assets						. 1a(2)		No
<b>b</b> 0	ther tran	nsactions								
(	1) Sales	s of assets to a nonchar	table exempt o	rganization.				. 1b(1)		No
-	-	hases of assets from a r						. 1b(2)		No
-	-	al of facilities, equipmer	•					. 1b(3)		No
		bursement arrangemen						1b(4)		No
•	•	s or loan guarantees.						. 1b(5)		No
•	•	rmance of services or m		,				1b(6)		No
	_	f facılıtıes, equıpment, n wer to any of the above	-	· ·				. <u>1c</u>		No
01 111	f the goo	nds, other assets, or ser nsaction or sharing arra (b) Amount involved	vices given by t ngement, show	the reporting in column (d	foundation If the	foundation receive goods, other asse	d less than fair mark	et value ed	ngemen	ts
	-									
	+									
2a Is	the four	ndation directly or indire	ectly affiliated v	vith, or relate	d to, one or more	tax-exempt organ	ızatıons			
		in section 501(c) (other					_	s 🔽 No		
<b>b</b> If	"Yes," c	complete the following s	chedule							
		(a) Name of organization		(t	<b>b)</b> Type of organizatio	n	(c) Description o	of relationship		
	of m	er penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, corr							
Sig Her	I	*****			2019-11-14	*****		May the IRS di return with the prepa		
	<b>/</b>	Signature of officer or t	rustee		Date	Title		below (see instr )?	Yes	□ No
		Print/Type preparer's	name P	reparer's Sıgr	nature	Date	Check if self-	TIN P00744	1480	
Pai		EDWIN G HILL				2019-11-14	employed ▶   ✓	. 337 4-		
	parer Only		BS HICKMAN H	ILL & CANNO	N LLP		Fi	ırm's EIN ▶58	-11375	570
_			9 S MAIN ST							
		ST	ATESBORO, GA	304580716	;		PI	hone no (912	764-6	6951
		i .								

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation GENERAL ELECTRIC CO COM Р 2017-01-01 2018-11-02 CAPITAL BANCORP Ρ 2014-01-01 2018-09-28 TOTAL SYSTEM SERVICES INC Р 1998-05-22 2018-02-15 CAPITAL BANCORP NOTE Р 2017-01-01 2018-12-31 SANDY SPRINGS BANCORP Р 2017-01-01 2018-01-24 Ρ BB AND T CORP 2001-04-27 2018-01-24 Р FREEDOM BANK VA 2017-01-01 2018-01-24 Р 2004-04-30 M AND T BANK 2018-01-24 PARAGON COML Ρ 2007-01-01 2018-01-24 US TREAS NOTE 1 75% Р 2018-10-31 2018-09-28 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 4,822 12,321 -7,499853,188 100,000 753,188 14,744 14,744 40,000 11.438 28,562 55,970 9,832 46,138 41,476 5,415 36,061 25,914 12,097 13,817 18,925 16,350 2,575 10,417 2,820 7,597 400,000 400,000 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (k) over col (j), if any (j) as of 12/31/69 -7,499 753,188 14,744 28,562 46,138 36,061 13,817 2,575 7,597

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date sold How acquired Date acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation BANCO SANTANDEER SA Ρ 2018-10-18 2018-11-15 1 ACCESS NATIONAL BANK Ρ 2017-01-01 2018-01-24 JAGUAR MNG FCV Р 2014-11-05 2018-04-09 PARTNERSGIP PASS-THRU Р 2018-01-01 2018-12-31 Ρ UNRECAPTURED 1250 GAIN 2018-01-01 2018-12-31 1231 LOSS Ρ 2018-01-01 2018-12-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Gain or (loss) (e) Gross sales price Depreciation allowed Cost or other basis (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 3 55,575 7,783 47,792 15,833 26,426 -10,593 13,106 13,106 74 74 61 -61 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(1)** Losses (from col (h)) (i) as of 12/31/69 (k) over col (1), if any 47,792 -10.59313,106 74 -61

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

a Paid during the year			
ADVOCATES INTL9891 MAIN ST FAIRFAX, VA 22031	PUBLIC	RELIGIOUS	2,500
AMERICAN CANCER SOCIETY	PUBLIC	SCIENTIFIC	6,000

MERICAN CANCER SOCIETY D BOX 22718 KLAHOMA CITY, OK 73123	PUBLIC	SCIENTIFIC	
MERICAN HEART ASSOCIATION	PUBLIC	SCIENTIFIC	

PO

Total .

OKLAHOMA CITY, OK 73123			
AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	PUBLIC	SCIENTIFIC	6,000

AMERICAN HEART ASSOCIATION 4217 PARK PLACE COURT GLEN ALLEN, VA 23060	PUBLIC	SCIENTIFIC	6,000

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

a Paid during the year			
AMERICAN LIVER FOUNDATION	PUBLIC	SCIENTIFIC	6,000

EW YORK, NY 10006			
MERICAN RED CROSSPO BOX 37839	PUBLIC	PUBLIC SERVICE	

or substantial contributor

AMERICAN RED CROSSPO BOX 37839 BOONE, IA 50037	PUBLIC	PUBLIC SERVICE	5,000
DARTICT RIPLE HOURDO BOY 47007	DUDITO	DELICIOUS	2.000

BOONE, IA 50037			
BAPTIST BIBLE HOURPO BOX 17037 CINCINNATI OH 45217	PUBLIC	RELIGIOUS	2,000

BAPTIST BIBLE HOURPO BOX 17037 CINCINNATI, OH 45217	PUBLIC	RELIGIOUS	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
BIG OAK RANCHPO BOX 507		PUBLIC	RELIGIOUS	1,000

recipient

SPRINGVILLE, AL 35146	POBLIC	RELIGIOUS	1,000
CHARLES CARRIN MINISTRIES PO BOX 800 BOYNTON BEACH, FL 33435	PUBLIC	RELIGIOUS	600

CHARLES CARRIN MINISTRIES PO BOX 800 BOYNTON BEACH, FL 33435	PUBLIC	RELIGIOUS	600
DISCIPLING MINISTRIES INTERNATIONAL PO BOX 69	PUBLIC	RELIGIOUS	6,500

DISCIPLING MINISTRIES INTERNATIONAL PO BOX 69 CULLODEN, GA 31016  PUBLIC RELIGIOUS 6,500	PO BOX 800 BOYNTON BEACH, FL 33435			
	INTERNATIONAL PO BOX 69	PUBLIC	RELIGIOUS	6,500

PO BOX 69 CULLODEN, GA 31016			190,000
DISCIPLING MINISTRIES INTERNATIONAL	PUBLIC	RELIGIOUS	6,500
BOYNTON BEACH, FL 33435			

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

a Paid during the year			
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	PUBLIC	AMATEUR ATHLETICS	7,000
	1		

KANSAS CITY, MO 64129			
GA TECH FOUNDATION 760 SPRING STREET ATLANTA, GA 30308	PUBLIC	EDUCATIONAL	45,00

760 SPRING STREET ATLANTA, GA 30308			,
HOBOKEN GRACEROL GARDEN STREET	DIBLIC	RELIGIOUS	3 000

ATLANTA, GA 30308			
HOBOKEN GRACE301 GARDEN STREET	PUBLIC	RELIGIOUS	3,000

,			1
HOBOKEN GRACE301 GARDEN STREET HOBOKEN, NJ 07030	PUBLIC	RELIGIOUS	3,000
HOBOKEN, NJ 07030			

190,000

HOBOKEN GRACESUL GARDEN STREET	POBLIC	RELIGIOUS	1 3
HOBOKEN, NJ 07030			

Total .

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

a Faid duffing the year			
HUMANE SOCIETY OF FAIRFAX COUNTY 4057 CHAIN BRIDGE RD FAIRFAX, VA 22030	PUBLIC	ANIMAL WELFARE	3,000

5,500

PUBLIC	SCIENTIFIC	
	PUBLIC	PUBLIC SCIENTIFIC

HOSPI 3800 RESERVOIR RD WASHINGTON, DC 20007			,
MONETA FIRE AND RESCUE	PUBLIC	PUBLIC SAFETY	500

WASHINGTON, DC 20007			
MONETA FIRE AND RESCUE 12737 OLD MONETA RD MONETA VA 24121	PUBLIC	PUBLIC SAFETY	500

MONETA FIRE AND RESCUE 12737 OLD MONETA RD MONETA, VA 24121	PUBLIC	PUBLIC SAFETY	500

MONETA FIRE AND RESCOE	FUBLIC	FUBLIC SAFETT	i
12737 OLD MONETA RD			
MONETA, VA 24121			
		•	

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

MOUNT OLIVE CHURCH 260 CENTRAL AVENUE HACKENSACK, NJ 07601	PUBLIC	RELIGIOUS	500
NORTHERN VA PRIMITIVE BAPTIST CHURC	PUBLIC	RELIGIOUS	18,000

NORTHERN VA PRIMITIVE BAPTIST CHURC 9640 BLAKE LN FAIRFAX, VA 22031	PUBLIC	RELIGIOUS	18,000
OUR LADY OF GOOD COUNSEL	PUBLIC	RELIGIOUS	3,000

FAIRFAX, VA 22031			
OUR LADY OF GOOD COUNSEL 8601 WOLFTRAP RD VIENNA, VA 22182	PUBLIC	RELIGIOUS	3,000

Total .

Recipient If recipient is an individual, show any relationship to status of 
any foundation manager

Name and address (home or business)

ZETTEROWER AVENUE STATESBORO, GA 30458

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
PARKINSONS FOUNDATION 200 SE 1ST ST MIAMI, FL 33131		PUBLIC	SCIENTIFIC	2,000
PEDIATRIC BRAIN TUMOR FOUNDATION 302 RIDGEFIELD DR ASHEVILLE, NC 28806		PUBLIC	SCIENTIFIC	1,000
PRIMITIVE BAPTIST FOUNDATION		PUBLIC	RELIGIOUS	11 400

recipient

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

a Paid during the year			
SAUNDERS VOLUNTEER FIRE DEPT PO BOX 14 HUDDLESTON, VA 24104	PUBLIC	PUBLIC SAFETY	250

DDLESTON, VA 24104			
GN OF THE TIMES1429 HOWLETT ST LLSVILLE, VA 24243	PUBLIC	RELIGIOUS	

SIGN OF THE TIMES1429 HOWLETT ST HILLSVILLE, VA 24243	PUBLIC	RELIGIOUS	250
SMITH LAKE MTN MARINE FIRERESCUE PO BOX 899 HARDY, VA 24101	PUBLIC	PUBLIC SAFETY	500

MITH LAKE MTN MARINE FIRERESCUE O BOX 899 ARDY, VA 24101	PUBLIC	PUBLIC SAFETY	500

190,000

ARDY, VA 24101	O BOX 899		
	ARDY, VA 24101		

Total .

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

<b>a</b> Paid during the year			
ST SCHOLASTIC ACADEMY 271 NORTH MAIN ST PETERSHAM, MA 01366	PUBLIC	EDUCATIONAL	500

TETERSTITATION OF SEC			
STATESBORO PRIMITIVE BAPTIST CHURCH	PUBLIC	RELIGIOUS	2,000
4 SOUTH ZETTEROWER AVE STATESBORO, GA 30458			

CHURCH 4 SOUTH ZETTEROWER AVE STATESBORO, GA 30458	1 05210		2,000
SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE	PUBLIC	EDUCATIONAL	5,500

4 SOUTH ZETTEROWER AVE STATESBORO, GA 30458			
SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE SYRACUSE, NY 13244	PUBLIC	EDUCATIONAL	5,500

- · · · · · · · · · · · · · · ·			l
SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE SYRACUSE, NY 13244	PUBLIC	EDUCATIONAL	5,500
			1

Total .

Recipient If recipient is an individual, show any relationship to status of 
any foundation manager

Name and address (home or husiness)

VIENNA, VA 22180

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
THE SALVATION ARMY 615 SLATERS LANE ALEXANDRIA, VA 22313		PUBLIC	PUBLIC SERVICE	1,000
TRINITY CHRISTIAN SCHOOL 11204 BRADDOCK ROAD FAIRFAX, VA 22030		PUBLIC	RELIGIOUS	2,500
VIENNA LITTLE LEAGUE 1319 ROSS DRIVE SW		PUBLIC	AMATEUR ATHLETICS	5,000

recipient

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or husiness)

FALLS CHURCH, VA 22043

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
WAYMARK MINISTRIES 1288 MYERSTOWN RD		PUBLIC	RELIGIOUS	2,500

recipient

BEERHEBA SPRINGS, TN 37305			
WESTMINISTER CHRISTIAN FELLOWSHIP 724 TECHWOOD DRIVE	PUBLIC	RELIGIOUS	1,000

FELLOWSHIP			_,
724 TECHWOOD DRIVE ATLANTA, GA 30313			
FIVE TALENTS USA2789 HARTLAND RD	PUBLIC	SKILLS TRAINING	2,000

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

a . a.a aa,,y a / ca.			
VIENNA YOUTH INC 2915 HUNTER MILL RD OAKTON, VA 22124	PUBLIC	YOUTH ATHLETICS	2,500
ODCANIZATION FOR AUTICM	DUDL TC	ALITICM DECEACH AND CHIDDODT	6 000

RESEARCH 2000 N 14TH STREET ARLINGTON, VA 22201			·
THE LAMB CENTER 3160 CAMPBELL DRIVE FAIRFAX, VA 22031	PUBLIC	RELIGIOUS	3,000

ARLINGTON, VA 22201			
THE LAMB CENTER 3160 CAMPBELL DRIVE FAIRFAX, VA 22031	PUBLIC	RELIGIOUS	3,000
Total	 	▶ 3a	190,000

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

<b>a</b> Paid during the year			
V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	PUBLIC	RESEARCH	2,000
	1		

CART, NC 27313			
SAFE PROJECT3118 WASHINGTON BLVD ARLINGTON, VA 22201	PUBLIC	PREVENTIVE	3,000
CARDINAL GIBBONS HIGH SCHOOL 2900 NE 47TH ST	PUBLIC	EDUCATION	3,000

190,000

	3,000
CARDINAL GIBBONS HIGH SCHOOL 2900 NE 47TH ST FORT LAUDERDALE, FL 33308  PUBLIC EDUCATION	3,000

Total .

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

a Paid during the year			
WASHINGTON NATIONALS DREAM FOUNDATI	PUBLIC	CHARITABLE	5,000
1500 SOUTH CAPITAL STREET			

VIENNA VOLUNTEER FIRE DEPT 400 CENTER ST PUBLIC PUBLIC SAFETY 2,0	WASHINGTON, DC 20003			
VIENNA, VA 22180	400 CENTER ST	PUBLIC	PUBLIC SAFETY	2,000

400 CENTER ST VIENNA, VA 22180	OBLIC	TOBLIC SALETT	2,000
FIGURE SKATING IN HARLEM 361 W 125TH ST NEW YORK NY 10027	PUBLIC	ATHLETICS	2,000

VIENNA, VA 22180			
FIGURE SKATING IN HARLEM 361 W 125TH ST NEW YORK, NY 10027	PUBLIC	ATHLETICS	2,000
Total	 	▶ 3a	190,000

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

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
VIENNA BASEBALL FONDATION		PUBLIC	YOUTH ATHLETICS	3,000

VIENNA BASEBALL FONDATION	PUBLIC	YOUTH ATHLETICS	3,00
1921 GALLOWS RD			
VIENNA, VA 22182			
			<del></del>

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Dat	ta -	Di	LN: 93491318005199		
TY 2018 Accounting Fees Schedule							
Name: THE WILLIAMS FAMILY FOUNDATION  EIN: 54-1861951							
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

6,539

INDIRECT ACCOUNTING FEES

Note: To capture the full content of this	document, please select landscape mode (11" x 8.5") when printing.
TY 2018 Depreciation Schedule	e
Name:	THE WILLIAMS FAMILY FOUNDATION
EIN:	54-1861951
Depreciation Schedule	

DLN: 93491318005199

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
START-UP EXPENSES	1997-10-15	1,156	1,156	S/L	5 0000				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318005199
TY 2018 Investments Corporat	te Stock Sche	iule
Name: 1	THE WILLIAMS E	MILY FOUNDATION

Name:	THE WILLIAMS FAMILY FOUNDATION

INVESTMENTS - CONTRIBUTED

**INVESTMENTS - PURCHASED** 

**EIN:** 54-1861951

**Investments Corporation Stock** Nam

ck Schedule		
ne of Stock	End of Year Book Value	End of Year Fair Market Value

697,258

1,812,297

618,046

2,075,159

ETN: 5/-1861051

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

# Name: THE WILLIAMS FAMILY FOUNDATION

DLN: 93491318005199

<b>LIV.</b> 54 1661551					
Category / Item Cost / C Basi		Accumulated Depreciation	Book Value	End of Year Fair Market Value	
	1,156	1,156			

efile GRAPHIC	print - DO NOI	PROCESS	AS FIIEG Data -	DLN: 93491318005199

# **TY 2018 Other Assets Schedule**

Name: THE WILLIAMS FAMILY FOUNDATION

**EIN:** 54-1861951

Other Assets Schedule						
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value			
INVESTMENT IN ATEGRA COMMUNITY	52,391	49,557	49,557			
INVESTMENT IN PRUDENT CAPITAL II	32,113	28,889	28,889			
INVESTMENT IN COMPASS POINT PARTNERS	48,059	47,179	47,179			
INVESTMENT-CAPITAL BANCORP NOTE	11,438					
INTEREST AND DIVDIVIDENDS RECEIVABLE	1,859	563	1,543			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	I: 93491318005199			
TY 2018 Other Expenses Schedule							
-							
Name:	THE WILLIAMS	FAMILY FOUNDAT	TION				
EIN:	54-1861951						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
PORTFOLIO EXPENSES	1,380	1,380					
BANK CHARGES	180	180					

# ne Scheaule

Name: THE WILLIAMS FAMILY FOUNDATION

**EIN:** 54-1861951

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
OTHER INVESTMENT INCOME	27,660	27,660				
ROYALTIES	99	99				
K-1 INCOME/LOSS	246					

efile GRAPHIC print - DO NOT PROCESS	Di	LN: 93491318005199					
TY 2018 Other Liabilities Schedule							
		!					
Name: THE WILLIAMS FAMIL	V FOLINDATION						
Name: The Williams Famil	I FOUNDATION	'					
<b>EIN:</b> 54-1861951							
Description	Reginning of Vear	End of Voor					
Description	Beginning of Year - Book Value	End of Year - Book Value					
Description  INSTALLMENT AGREEMENT							

Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable							
TY 2018 Other Professional Fees Schedule  Name: THE WILLIAMS FAMILY FOUNDATION  EIN: 54-1861951							
efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DL	N: 93491318005199			

30,511

30,502

Purposes

INVESTMENT MGT FEES

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Data	-	DL	N: 93491318005199		
TY 2018 Taxes Schedule							
	Namo	THE WILLIAN	MS FAMILY FOUND	ATION			
				ATION			
	EIN:	54-1861951					
Category	Aı	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
TAXES-OTHER		7,871	7,871				
LICENSES		25					

efile GRAPHIC print - Do	NOT PROCESS As Filed Data	-		DLN: 93491318005199
Schedule B	Sched	dule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF gov/Form990 for the latest inform	nation	2018
Name of the organization			Employer id	dentification number
Organization type (chec	k one)		54-1861951	
	,			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)( ) (enter number)	organization		
	☐ 4947(a)(1) nonexempt ch	arıtable trust <b>not</b> treated as a p	orivate foundation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private t	foundation		
	4947(a)(1) nonexempt ch	arıtable trust treated as a prıva	te foundation	
	501(c)(3) taxable private f	foundation		
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor			
Special Rules				
under sections 50 received from any	on described in section 501(c)(3) fili 9(a)(1) and 170(b)(1)(A)(vi), that ch one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1 Coi	necked Schedule A (Form 990 optal contributions of the greater	or 990-EZ), Part II, line 13,	, 16a, or 16b, and that
during the year, to	on described in section 501(c)(7), (8 stal contributions of more than \$1,00 se prevention of cruelty to children of	00 exclusively for religious, cha	arıtable, scientific, literary, d	
during the year, c If this box is chec purpose Don't co	on described in section 501(c)(7), (8) contributions exclusively for religious ked, enter here the total contribution implete any of the parts unless the 6 e, etc., contributions totaling \$5,00	s, charitable, etc , purposes, bu ns that were received during th <b>General Rule</b> applies to this or	it no such contributions tota le year for an e <i>xclusively</i> re ganization because it rece	aled more than \$1,000 eligious, charitable, etc , eved <i>nonexclusively</i>
990-EZ, or 990-PF), but i	that isn't covered by the General R must answer "No" on Part IV, line rm 990PF, Part I, line 2, to certify th	2, of its Form 990, or check the	e box on line H of its	
For Paperwork Reduction Ad for Form 990, 990-EZ, or 990	t Notice, see the Instructions PF	Cat No 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

THE WILLIAMS FAMILY FOUNDATION 54-1861951 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person FRANK E WILLIAMS JR 2789 HARTLAND ROAD Payroll \$ 60,000 Noncash FALLS CHURCH, VA 22043 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions )

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)