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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury

OMB No. 1545-0052

2011

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For o	alen	idar year 2011, or tax year beginning	 	, 2011, ar	nd end	ling	, 20
Na	me o	of foundation				A Employer identifi	cation number
		THE THOMLEY FOUND	ATION INC			63-120774	2
Nu	mber	r and street (or P.O. box number if mail is	not delivered to street a	ddress) Room	/suite	B Telephone numbe	r (see instructions)
		P O BOX 1562		,		615-507-1	999
Cit	v or t	town, state, and ZIP code	······································			If exemption application	
	,	BRENTWOOD TN 37024	4-1562			check here	
<u> </u>	heck	k all that apply: Initial return	1 1	ormer public charity		D 1 Foreign organization	s check here
•	J11001	Final return	Amended return	onnor public onanty		2 Foreign organization test, check here and	s meeting the 85%
		Address change	Name change			E If private foundation stat	
H (hecl		c)(3) exempt private four	ndation	_	terminated under section 507(b)(1)(A), check here	
		on 4947(a)(1) nonexempt charitable trust	Other taxable private			SO (D)(T)(A), Check have	,
			Accounting method:			F If the foundation is in a 6	60-month
		intervalue or all associa at one or	_	Casii Accid	di	termination under sectio	n _
yea ▶ \$	ar (irc	om Part II, col (c), line 16) [144,634.]	Other (specify)	hh h \		507(b)(1)(B), check here	·
_	• 1 L	Analysis of Revenue and Expenses	(Part I, column (d) must	be on cash basis.)		L	
Par	, س	(The total of amounts in columns (b),	(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements for charitable
	((c), and (d) may not necessarily equal	expenses per books	income		income	purposes
	1	the amounts in column (a) (see instr.).)		2 3	. 		(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule) if the foundation is not	253,944.	E			
	2	required to attach Sch B	027				
	3	Interest on savings and temp cash investments	237.			-	
	4	Dividends and interest from securities	107.				
	5a	Gross rents . (Net rental	1- 20(11.3° man 41 23.35mm mmm) - 4		2 (5 - 7 -	and wording and an analysis of the control of the c	
i	b	income or (loss)	<u> </u>				
9	6a	Net gain/(loss) from sale of assets not on line 10		· · · · · · · · · · · · · · · · · · ·	i		and retrieve and - a common a de-
a	þ	Gross sales price for all assets on line 6a			<i>?</i> >1_	a calcada	
Revenue	7	Capital gain net income (from Part IV, line 2)					
_	8	Net short-term capital gain	لنگر ــــــــــــــــــــــــــــــــــــ				
	9	Income modifications	<u> </u>		<u> </u>		
i	10a	dross sales less	h	b			
	b	Less Cost of goods sold			المسك		
- {	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) .				-	man 200 man man on man and a
	12	Total. Add lines 1 through 11 .	254,288.				*** *** *** ***
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
Ses	15	Pension plans, employee benefits			T		
enses	16a	Legal fees (attach sehedule) .					
ا بھ	þ-	Accounting (leas lattach schedule)	1,400.				
Operating and Administrative Ex	ļ	Other professional fees (attach schedule)					
ati	17	Laterest 1 2 2017	272.				
Istr	18	Laterest 3 2012					
ni l	19	Depreciation (attach sch.) and depletion	2,103.				
₽d <u>u</u>	20	Occupantion	11,729.		1		
ğ	21	ravel conferences, and meetings .	22,699.				
) ar	22	Printing and publications	2,135.		\neg		
ţ	23	Other expenses (attach schedule)	231,522.				1
era	24	Total operating and administrative		 			
ō		expenses. Add lines 13 through 23	271,860.		Ì		
	25	Contributions, gifts, grants paid		 			1
	26	Total exp & disbursements Add lines 24 and 25	271,860.		<u></u>		
	27	Subtract line 26 from line 12.	2,2,000.	-	7		
		Excess of revenue over expenses	(17,572.)				~
		and disbursements	(11,3/4.)	1	<u>-</u> -' -	the state of the s	1
		Net investment income (if neg , enter -0-)		<u> </u>			
	∣ C	Adjusted net income (if neg , enter -0-)	ltt.	il			

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2011)

Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column should be for	Beginning of year		End o	f year
			end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bea	ring	24,104.	15,584		15,584.
	2	Savings and temporary	cash investments .	133,061.	126,093	1.	126,091.
	3	Accounts receivable ▶_					` ;
		Less: allowance for dou	btful accts. ▶				
	4	Płedges receivable ▶					
		Less: allowance for dou	btful accts. ▶				
	5	Grants receivable					
	1		\				
	6	Receivables due from o	fficers, directors, trustees, and other			1	
			tach schedule) (see the instructions)				
		Other notes and loans receivable (attach schedule)	•				
		Less allowance for doubtful accounts					
ş	1	Inventories for sale or u	se				
Assets	9	Prepaid expenses and o	deferred charges .				
Ä	10a	Investments - U S. and	state govt. obligations (attach schedule)	·			
	l .		stock (attach schedule)	4,577.	4,57	7.	2,959.
	1		bonds (attach schedule)				<u> </u>
		Investments - land, buildings, and equipment basis	>	· · · · ·			
	1	Less accumulated depreciation (attach schedule)	•				
	I	Investments - mortgage	loans				
	13	Investments - other (att	ach schedule) .				- · · · · · · · · · · · · · · · · · · ·
	14	Land, buildings, and equipment	basis 15,173.			'	
		Less accumulated depreciation (attach schedule)	▶ 9,894.	7,382.	5,27	9.	
	15	Other assets (describe)				
	16	Total assets (to be con	npleted by all filers - see the				
		instructions Also, see p		169,124.	151,53	1.	144,634.
	17	Accounts payable and a	accrued expenses				199 189 1 V
	18	Grants payable .					
S		Deferred revenue					
Liabilities		Loans from officers, directly disqualified persons	ectors, trustees, and other				19 10 10 10
ap	21	Mortgages and other no	otes payable (attach schedule)				
	22	Other liabilities (describ	e►CREDIT CARD CHARGE)	5,460.	5,43	9.	
_	_	Total liabilities (add lin		5,460.	5,43	9.	
			ow SFAS 117, check here ▶ 📋				
		and complete lines 24	through 26 and lines 30 and 31.				
S	24	Unrestricted	•				
anc		Temporarily restricted					
88	26	Permanently restricted					
Net Assets or Fund Balance	ŀ		not follow SFAS 117, ck. here ▶ 🛚 🖽				
2		and complete lines 27	•				
ŏ	1	Capital stock, trust prin		<u> </u>			
šet	28		ıs, or land, bldg , and equipment fund	162 664	146.00		
As	29	Retained earnings, accumulate	ed income, endowment, or other funds	163,664.	146,09	<u> </u>	
ě	1			1.62.664	146 00	2	
_			nd balances (see instructions)	163,664.	146,09	<u> </u>	
	31		et assets/fund balances (see	160 104	151 50	1	
D	and III	instructions)	and in Not Access on Friend Ball	169,124.	151,53	<u>ı.</u>	
	art III		nges in Net Assets or Fund Bal				
1			nces at beginning of year - Part II, column	(a), line 30 (must agree	with		162 664
•		of-year figure reported or				1	163,664.
2		amount from Part I, line		•	• •	2	(17,572.)
3		r increases not included	m me ∠ (Remize) ►		· -	3	146 002
4		ines 1, 2, and 3			• •	4	146,092.
0		eases not included in line		Port II. column /h\ lln : C		5 6	146,092.
_6	ıotal	net assets of fund balar	nces at end of year (line 4 minus line 5) - F	art II, column (b), line 3	u .	<u> </u>	140,094.

Form 990-PF (2011)

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8b | X

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10

names and addresses

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV in instructions)? If "Yes,"

designate) of each state as required by General Instruction G? If "No," attach explanation

orm	990-PF (2011) THE THOMLEY FOUNDATION INC 63-12077	<u>42</u>	Pa	ge 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity			
	within the meaning of section 512(b)(13)?			
	If "Yes," attach schedule (see instructions)	11	_	X
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶			
14		-50	7-19	999
	Located at ▶ 5620 GREEN APPLE LN TN BRENTWOOD ZIP+4 ▶ 37024			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	▶ T
	and enter the amount of tax-exempt interest received or accrued during the year		•	
	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	I	Yes	No
-	over a bank, securities, or other financial account in a foreign country? .	16		X
	See instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the	, '''	- ;	
	foreign country		- 1	,
⊃ari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	l	~ ~ ~!	
اللبند	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	П	Yes	No
1a	During the year did the foundation (either directly or indirectly):		*	7
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1	, 1
	a disqualified person?			3
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	١,	*	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		, [9
	(5) Transfer any income or assets to a disqualified person (or make any of either available		.	*(3
	for the benefit or use of a disqualified person)? Yes No			; ;
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	ĺ	· į	
	if the foundation agreed to make a grant to or to employ the official for a period		٠.	
				,,
h			,	<u>`</u>
Þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1b		ئسست
	Organizations relying on a current notice regarding disaster assistance check here	X	% {	- T
_	_	`	,`	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	4-	4	X
•	that were not corrected before the first day of the tax year beginning in 2011? Taxon on failure to distribute magnetic (continued 2012) (does not confine the foundation was a sound.	1c	's j	<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			િંગ્ જુ
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		3,	, ,
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? Yes X No		4K	
		1.	٠,٠	
.	If "Yes," list the years 20, 20, 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	ŠΝ	£ 8.	1 % 13 14 W
b			23	1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)		<u> </u>	
	to all years listed, answer "No" and attach statement - see the instructions.)	2b	1.	X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		<u>. </u>	
0-	▶ 20, 20, 20, 20		<u></u>	, , , , , , , , , , , , , , , , , , ,
38	Did the foundation hold more than a 2% direct or indirect interest in any business	1,	\$	(3)
	enterprise at any time during the year?		<u> </u>	(in)
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation	1 .	٠,	1
	and disministration are an after New OC 4000, (0) the least of the Figure 2.1.			أهلاما
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved	Å	, ,	
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)	Å.		/ S
	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	**	à.	// · · · · ·
	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 2011.)	3b	*	, -1
4a	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 2011.) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	**		X
	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 2011.)	3b		X

_	990-PF (2011) THE THOMLEY FOU	NDATION INC			<u>63-120</u>	<u>7742 </u>	Page 6
Par	VII-B Statements Regarding Activ	ities for Which Fo	orm 4720 May Be R	equired (d	continued	<u>)</u>	
5a	During the year did the foundation pay or incur	any amount to:	<u> </u>				, ,
	(1) Carry on propaganda, or otherwise attempt	to influence legislation	(section 4945(e))?	\Box	Yes 🛛 No)	
	(2) Influence the outcome of any specific public	c election (see section	4955); or to carry	_	_	,	
	on, directly or indirectly, any voter registrati			Π٠	Yes 🔯 No		
	(3) Provide a grant to an individual for travel, s	tudy, or other similar pi	urposes?	Π٠	Yes 🗓 No	,	
	(4) Provide a grant to an organization other that	•	•			İ	
	in section 509(a)(1), (2), or (3), or section 4			. П·	Yes 🖾 No	,	
	(5) Provide for any purpose other than religiou			الما	🖵	· ,	
	educational purposes, or for the prevention		•	. П	Yes 🛛 No	, '	
h	If any answer is "Yes" to 5a(1)-(5), did any of the	•				· / .	
-	Regulations section 53.4945 or in a current not		-			5b	
	Organizations relying on a current notice regard			J. 1071071	►∏	"	1
_	If the answer is "Yes" to question 5a(4), does to	•		*****	, _□	<i>"</i> ,	
·	tax because it maintained expenditure respons		ampaon nom alo		Yes No	.	
	If "Yes," attach the statement required by Regu	•	 5-5(d)	· Ц	169 []	"	
6-	Did the foundation, during the year, receive an					'	
Фa		y turius, directly or mail	ectly, to pay	П	Yes 🛚 No		
	premiums on a personal benefit contract?		h		tes M M		
D	Did the foundation, during the year, pay premiu	ims, directly or indirecti	iy, on a personal benefit c	ontractr .		6b	
	If "Yes" to 6b, file Form 8870.			-a 🗆	v 🕅 N	_	
	At any time during the tax year, was the foundary				Yes 🛚 N		
	If "Yes," did the foundation receive any procee				iable Daie	7b	<u></u>
-6	t VIII Information About Officers,	Directors, Truste	es, roundation wa	nagers, n	ignly Paid	a Empi	oyees,
	and Contractors	n managers and their	r nomponantien (osa ingi	tructions)			
<u></u> '	list all officers, directors, trustees, foundation	(b) Title, and average		(d) Contri	butions to	145-	
	(a) Name and address	hours per week devoted to position	(c) Compensation (If not pald, enter -0-)	employee b	enefit plans		nse account, allowances
	DAVID THOMLEY	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee b	enefit plans		
	DAVID THOMLEY 5620 GREEN APPLE LANE	hours per week devoted to position PRESIDENT 20	(a) componication	employee b	enefit plans		
	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY	hours per week devoted to position PRESIDENT 20 SECRETARY	(If not paid, enter -0-)	employee b	enefit plans		
	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE	hours per week devoted to position PRESIDENT 20 SECRETARY 1	(If not paid, enter -0-)	employee b	enefit plans		
	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY	hours per week devoted to position PRESIDENT 20 SECRETARY	(If not pald, enter -0-) 0	employee b	enefit plans		
	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE	hours per week devoted to position PRESIDENT 20 SECRETARY 1	(If not paid, enter -0-)	employee b	enefit plans		
	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES	(If not pald, enter -0-) 0	employee b	enefit plans		
	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not pald, enter -0-) 0 0	employee b and deferi	penefit plans		
2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR Compensation of five highest-paid employee	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not pald, enter -0-) 0 0	employee b and deferi	penefit plans		
2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee b and deferi	penefit plans		
2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR Compensation of five highest-paid employee of none, enter "NONE."	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee b and deferring structions).	benefit plans red comp	(e) Expo	allowances
2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR Compensation of five highest-paid employee If none, enter "NONE."	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee b and deferi	butions to be benefit d deferred	(e) Expo	allowances
2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR Compensation of five highest-paid employee of none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee b and deferi	benefit plans red comp	(e) Expo	allowances
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2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR Compensation of five highest-paid employee of none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee b and deferi	butions to be benefit d deferred	(e) Expo	allowances
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2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR Compensation of five highest-paid employee of none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee b and deferi	ibutions to be benefit d deferred	(e) Expo	allowances
2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR Compensation of five highest-paid employee of none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee b and deferi	ibutions to be benefit d deferred	(e) Expo	allowances
2	DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR Compensation of five highest-paid employee of none, enter "NONE." 1) Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1 s (other than those in hours per week devoted to position	(If not paid, enter -0-) 0 0 cluded on line 1 - see in	employee b and deferi	ibutions to be benefit d deferred	(e) Expo	allowances

Form **990-PF** (2011)

Form 990-PF (2011) THE THOMLEY FOUNDATION INC 63-1207742 Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see the 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. Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical info such Expenses as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 FINANCIAL SUPPORT FOR 4 MINISTERS AND 3 CHURCHS TO ENABLE THEM TO PROVIDE FOR PHYSICAL AND SPIRITUAL NEEDS OF THEIR CONCREGATES WITH EDUCATION FOOD AND MEDICAL EXPENSES 114,027. 2 GIFTS OF MONEY FOOD CLOTHES AND MEDICAL EXPENSS FOR NEEDY FAMILIES EXPERIENCEING DISASTER AND OVERWHELMING LIVING EXPENSES 17,658. 3 EDUCATIONAL LECTURES TO EDUCATE INDIVIDUALS OF THE PROGRAM OF THE FOUNDATION MISSION TRIPS TO SUPPORT WORK OF MINISTERS WITH EDUCATION LECTURE MATERIALS AND COMPUTERS 33,777. 4 DEVELOPMENT OF RESOURCE ROOM AND LIBRARY WITH EDUCATIONAL MATERIALS BOOKS AND REFERENCES PRODUCTION OF EDUCATIONAL MATERIALS 5,514. Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount 1 NONE All other program-related investments. See instructions.

Form **990-PF** (2011)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	2	· · · - · · · · · · · · · · · · · · · ·
а	Average monthly fair market value of securities	1a	2,987. 164.
b	Average of monthly cash balances	1b	164.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	3,151.
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c	.3	
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,151.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,		
	see instructions)	. 4	<u>47.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,104.
6	Minimum Investment return. Enter 5% of line 5.	. 6	155.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	ıtions	
_	and certain foreign organizations check here ▶ 🏻 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	
2 8	a Tax on investment income for 2011 from Part VI, line 5		
ŧ	b Income tax for 2011. (This does not include the tax from Part VI.)		
•	c Add lines 2a and 2b .	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	
P	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes:	22	
1	a Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	
1	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 chantable projects that satisfy the:		
	a Suitability test (prior IRS approval required)	3a	
	b Cash distribution test (attach the required schedule)	. 3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	ne foundation	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2011)

Olidisti	ibuted income (see in	structions)		03-1.	207742 Page
1 Distributable amoun line 7	t for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
2 Undistributed income, if an	v 20 of the and decree				2011
a Enter amount for 20	10 only				
b Total for prior vrs	20 00 00	<u></u>			
b Total for prior yrs ·	20, 20, 20				
a From 2006	yover, if any, to 2011:				
b From 2007			1		
© From 2008			1		
	ļ]				
d From 2009				}	
e From 2010					
f Total of lines 3a throi	ugh e		· [[
4 Qualifying distribution	s for 2011 from Part XII,				
11⊓e 4:▶ \$	j				
a Applied to 2010, but r	not more than line 2a				
b Applied to undistribute	ed income of prior		<u> </u>		•
years (Election require	ed - see instructions				
c Treated as distribution	Is out of coming				
(Election required - se	e instructions				
d Applied to 2011 distrib	e instructions)				
Remaining amt distrib	utable amount			 	
Excess distribe come	uted out of corpus				
- resource carryo	ver applied to 2011			 	
(If an amount appears	in column (d), the				
same amount must be	shown in col (a).)			1	
- wer the tiet foral of	each column as	٠ .	<i></i>	, ,	
indicated below:	İ		× .	′	
a Corpus. Add lines 3f, 4	c, & 4e. Subtract line 5		\$		
Prior years' undistribute	ed income. Subtract	·		·	
line 4b from line 2b	}				
Enter the amount of pri	or years' undistributed				
income for which a note	ce of deficiency	İ			
has been issued, or on	which the section	·	j	1	
4942(a) tax has been p	OVIDUSIV assessed	`		₩, , ,	
Subtract line 6c from lin	e 6h Tavable			***	₹*
amount - see instruction	e cb. raxable	*.			
Undistributed income for	7 2010 Cubana			• , ,	,
line 4a from line 2a. Tax	able and	.			
see instructions	able amount -				ļ
					-
Undistributed income for	2011. Subtract				
lines 4d and 5 from line	1. This amount	,			
must be distributed in 20			`		
Amounts treated as distr	ibutions out of				
corpus to satisfy requirer	nents imposed by	ļ	1	· · ·	1
section 170(b)(1)(F) or 49	942(g)(3) (see	j	}	}	
instructions)		1	1		
Excess distributions carry	over from 2006				` i
not applied on line 5 or lin	19 7 (see		,		
instructions)		ľ	1		
Excess distributions ca	Fryover to 2012				• 1
Subtract lines 7 and 8 from	m line 6a	1			
Analysis of line 9:					
Excess from 2007	}				
Excess from 2008.					*
Excess from 2009		1			1
Excess from 2010		<i>'</i>	}	j	1
			1	<i>\$</i>	
Excess from 2011		1		· 1	

Pa	art XIV Private Operating Found	ations (see instru	ctions and Part VII-A	A, question 9)		
1a	If the foundation has received a ruling or de	etermination letter th	at it is a private oper	ating		
	foundation, and the ruling is effective for 20)11, enter the date o	f the ruling	•		
b	Check box to indicate whether the foundati	on is a private opera	ting foundation desc	ribed in section	X 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	each year listed					
b	85% of line 2a .					
C	Qualifying distributions from Part XII,					
_	line 4 for each year listed .		<u></u>			
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					•
3	Complete 3a, b, or c for the alternative		1			
	test relied upon:					
а	"Assets" alternative test - enter:	454 534	162 001	100 005	000 005	500 554
	(1) Value of all assets	151,531.	163,021.	192,997.	222,005.	729,554.
	(2) Value of assets qualifying	151 531	1.62.001	100 007		720 554
L	under section 4942(j)(3)(B)(i) . "Endowment" alternative test - enter	151,531.	163,021.	192,997.	222,005.	729,554.
D	2/3 of minimum investment return shown	102				102
	in Part X, line 6 for each year listed	103.				103.
С	"Support" alternative test - enter:					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments				1	
	on securities loans (section		203,275.	112,211.	126,890.	442,376.
	512(a)(5)), or royalties) (2) Support from general public and 5		203/2/3.	112/212	120,050.	112/5/01
	or more exempt organizations as					
	provided in section 4942(j)(3)(B)(iii)	253,944.	203,275.	112,211.	126,890.	696,320.
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income	344.	575.	1,595.	2,773.	5,287.
P	art XV Supplementary Information	tion (Complete	this part only if	the foundation	had \$5,000 or m	ore in
_ 1	assets at any time durin Information Regarding Foundation Mar	nagers:				- h - f
а	List any managers of the foundation who l of any tax year (but only if they have contr	nave contributed mos shuted more than \$5	re man 2% of the tot (000) (See section !	ai contributions rece 507(d)(2))	ived by the loundation	i belore the close
ח	AVID AND JEANNIE THOMI		,,000). (000 000	, (a)(z))		
_	List any managers of the foundation who		the stock of a como	ration (or an equally	large portion of the o	wnership of a
	partnership or other entity) of which the fo			ation (or an equally	large person of the e	micromp or a
N	ONE		-			
2	Information Regarding Contribution, Go Check here ► X if the foundation on requests for funds. If the foundation make complete items 2a, b, c, and d.	ly makes contribution	ns to preselected cha	aritable organization:	s and does not accep ations under other co	t unsolicited nditions,
8	The name, address, and telephone numb	er of the person to w	hom applications sh	ould be addressed:		
b	The form in which applications should be	submitted and inform	nation and materials	they should include.		
•	Any submission deadlines.					
_	Any restrictions or limitations on awards,	such as by geograph	nical areas, charitable	e fields, kınds of inst	tutions, or other factor	ors:

Page 11

3 Grants and Contributions Paid Dur	ing the Year or Ap	proved fo	r Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Tocipion		
	NONE NONE	PASTOR PASTOR	MINISTRY SUPPO	•
	NONE	CHURCH		*
	NONE	CHURCH		
	NONE	CHURCH		
	NONE	PASTOR		
	NONE	CHURCH		
	NONE	PASTOR		
	NONE	CHURCH		
Total			•	3a 114,027
Total				· 3b

ter gross a	amounts unless otherwise indicated.	Unrela	ted business income	Excluded	by section 512, 513, or 514	(e)
J		(a)	(b)	(c)	(d)	Related or exempt
		Business	Amount	Excl.	Amount	function income
Progra	ım service revenue:	code	'""	code	7 4110 4111	(See instructions
-				1 0000		
				 		
				 		
				 		
· —		-	-	 		
'				ļ		ļ
_	and contracts from government agencies			-	<u> </u>	
	ership dues and assessments			-		227
	on savings and temporary cash investments			-		237
	nds and interest from securities	3.57.86		24 35	N. S	107
	ntal income or (loss) from real estate:	of the said of	83 hadarka	(A. 36)		
a Debt-f	inanced property .					
	ebt-financed property			ļ	ļ <u>.</u>	
Net re	ntal income or (loss) from personal prope	erty	ļ			
Other	investment income .		ļ	1		<u> </u>
Gain or	(loss) from sales of assets other than inventory	L		<u> </u>		
Net in	come or (loss) from special events					
Gross	profit or (loss) from sales of inventory			į		<u> </u>
Other	revenue: a	_ [
_				T		
				I		
C						_
		1				
		1				
d					8	344
d e Subto	tal. Add columns (b), (d), and (e)	1			·	
e Subto	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)	. (1823			. 13	
e Subto	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcula	ations.)			. 13	
e Subto Total. e worksh	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcula Relationship of Activities	ations.)	mplishment of Exe	empt P	13	344 344
e Subto Total. e worksh	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calcula Relationship of Activities Explain below how each activity for	ations.) to the Accor	mplishment of Exe	empt P	. 13 urposes XVI-A contributed import	344 tantly to the
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s Subto Total. se workshart XVI.line No.	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculated Belationship of Activities Explain below how each activity for accomplishment of the foundation' INVESTMENT IN MONEY	ations.) to the Accor r which income s exempt purpo MARKET	mplishment of Exercise reported in column (e) ses (other than by provided FUNDS FOR FU	empt P of Part ding fund	urposes XVI-A contributed import is for such purposes). (SE NEEDS	3 4 4 tantly to the see instructions.)
d e Subto Total. ee workshart XVI.lne No.	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculated Belationship of Activities Explain below how each activity for accomplishment of the foundation' INVESTMENT IN MONEY	ations.) to the Accor r which income s exempt purpo MARKET	mplishment of Exercise reported in column (e) ses (other than by provided FUNDS FOR FU	empt P of Part ding fund	urposes XVI-A contributed import is for such purposes). (SE NEEDS	3 4 4 tantly to the see instructions.)
s Subto Total. se workshart XVI.line No.	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculated Belationship of Activities Explain below how each activity for accomplishment of the foundation' INVESTMENT IN MONEY	ations.) to the Accor r which income s exempt purpo MARKET	mplishment of Exercise reported in column (e) ses (other than by provided FUNDS FOR FU	empt P of Part ding fund	urposes XVI-A contributed import is for such purposes). (SE NEEDS	3 4 4 tantly to the see instructions.)
e Subto Total. ee workshart XVI-	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculated Belationship of Activities Explain below how each activity for accomplishment of the foundation' INVESTMENT IN MONEY	ations.) to the Accor r which income s exempt purpo MARKET	mplishment of Exercise reported in column (e) ses (other than by provided FUNDS FOR FU	empt P of Part ding fund	urposes XVI-A contributed import is for such purposes). (SE NEEDS	3 4 4 tantly to the see instructions.)

Part X	VII	Exempt Org	-	ransters to at	na Iransa	ctions a	nd Relationships With	Noncham	able	
1 Did t	he orga			e in any of the follo	owing with ar	v other or	ganization described in section		Yes	No
							to political organizations?			
-	•	•	, , ,	onchantable exemp		_			1 1	
(1)	Cash							. 1a(1)	1 1	X
(2)	Other	assets						1a(2)		X
b Othe	r transa	actions								
(1)	Sales	of assets to a nor	nchantable exem	pt organization .				. 1b(1)	1 1	Х
(2)	Purch	ases of assets from	m a nonchantabl	le exempt organiza	ton			1b(2)		X
(3)	Renta	l of facilities, equip	ment, or other a	assets				. 1b(3)		X
(4)	Reimb	oursement arrange	ements					1b(4)		X
(5)	Loans	or loan guarantee	s					1b(5)		X
(6)	Perfor	mance of services	or membership	or fundraising soli	citations			1b(6)		X
c Shar	ng of f	actities, equipment	t, mailing lists, of	ther assets, or paid	i employees			. 1c		X
d If the	answe	er to any of the abo	ove is "Yes," con	nplete the following	schedule Co	olumn (b) si	hould always show the fair ma	rket value of	the	
(a) Line no		Amount involved		e value of the good	·		of transfers, transactions, and	d sharing arra	angeme	nts
	1									
						<u> </u>				
	Ϊ				·	 		···		
	+-					┼		··		
	1			·····		<u> </u>				
	+-		<u> </u>			-				
	上									
		•	•	•	•		npt organizations described in		ж	
		• •		on 501(c)(3)) or in s	section 5277.		• • • • • • • • • • • • • • • • • • • •	. Ye	es 🛭	No
b It'		complete the follow Name of organiza		(b) Type	of organizati		(c) Description of	of colotonship		
	(a)	Name of Organiza	10011	(б) туре	Or Organizati	JII	(c) Description o	i reauorsnip		
			·	<u> </u>						
·-							<u> </u>			
Sign							d statements, and to the best of my kno on of which preparer has any knowledg	е		
Here	17	1 /~	3	Carle.	7 As 3	2043		y the IRS discuss n the preparer sho		
	17	ignoture of officer	or tructor			<u>-12</u>		n the preparer sho e instructions)?		¬
		Print/Type prepared	····	Preparer 9 aug	Date	- 11 - 1	1100		Yes	No
Paid		GLORIA R		GLOK DA	nature	/// //L#	Date 8/0/2017 Check 💆	# PTIN P0009	564	
Prepar		Firm's name		10207-772	CPA	MI	Firm's EIN 6			
Use O	nly	Firm's address				E 220	Phone no 256			
		, iiii addiess	CULLMAN	AL 35055			Thomas no 25			

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

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer Identification number

THE THOMLEY FOUNDATION INC 63-1207742 Organization type (check 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 foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF. to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Name of organization
THE THOMLEY FOUNDATION INC

Employer identification number 63-1207742

Contributors (see Instructions) Part I Use duplicate copies of Part I if additional space is needed. (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** JAMES AND SHERRY BEDSWORTH 1 Person Payroll 3110 N JUANITA DRIVE 10,000. Noncash (Complete Part II BUCKNER MO 64016-8123 if there is a noncash contribution.) (a) Type of contribution Name, address, and ZIP + 4 No. **Total contributions** 2 STEVE AND JUDY CASEBOLT Person Payroli 2224 ACORN AVE NW 13,000. Noncash (Complete Part II CULLMAN AL 35058if there is a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 DORA HOGAN Person Payroll PO BOX 8129 10,000. Noncash (Complete Part II JACKSONVILLE AR 72078if there is a noncash contribution) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 RANDALL AND BETH LITTLE Person Payroll PO BOX 135 6,000. Noncash (Complete Part II KILLEN AL 35645if there is a noncash contribution.) (b) (c) (a) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. MCGEE AND ASSOCIATES 5 Person Payroll 110 STREAM VALLEY BLVD 60,000. Noncash (Complete Part II FRANKLIN TN 37064if there is a noncash contribution) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 6 MARK AND JODIE MOSES Person **Payroll** 7009 OAK BROOK TERRACE 5,400. Noncash (Complete Part II BRENTWOOD TN 37027if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

THE THOMLEY FOUNDATION INC

Employer Identification number 63-1207742

Parti	Contributors (see instructions) Use duplicate copies of Pa	art in additional opaco to modecu.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JERRY AND ALICE NOLAND		Person X Payroll
	1509 SATURN WAY	<u>\$ 12,600.</u>	Noncash
:	BOWLING GREEN KY 42104-7584		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HARRY AND BEVERLY REYNOLDS		Person X
	618 COUNTY ROAD 156	\$7,200.	Payroll Noncash
	GRANGER TX 76530-		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	TD AND IRENE ROBERTS		Person X
	2221 FIELD LANE	<u> </u>	Payroll Noncash
	BEDFORD TX 76021-		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DAVID AND JEANNIE THOMLEY		Person X
	5620 GREEN APPLE LANE	\$ 49,137.	Payroll Noncash
	BRENTWOOD TN 37027-		(Complete Part II If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

THE THOMLEY FOUNDATION INC

Employer identification number 63-1207742

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (a) No. (c) from FMV (or estimate) (d) (b) Part I Description of noncash property given (see Instructions) **Date received** 1 STATE FARM MUTUAL FUNDS 10,000. 04/25/2011 (c) (a) No. from FMV (or estimate) (d) Description of noncash property given (see instructions) Part I Date received (c) (a) No. from FMV (or estimate) (d) Part I Description of noncash property given (see instructions) Date received (a) No. (c) from (b) FMV (or estimate) (d) Part I Description of noncash property given (see instructions) **Date received** (a) No. (c) from FMV (or estimate) (b) (d) Part I Description of noncash property given (see instructions) Date received (c) (a) No. FMV (or estimate) from (b) (d) Part I Description of noncash property given (see instructions) **Date received**

		5. 0. 4
PITAL INCOME BUILDER FUND	Book value 2,501.	FMV 1.691
PITAL WORLD GROWTH AND INCOME FUND	2,076.	1,691 1,268 2,959
	4,577.	2,959
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	1	
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JS 990	7000	eunting Fees Expenses	Net investment	Adjusted net	201 Chantable
Descrip	tion	per books	income	income	purposes
CCOUNTING AND TAX	PREPARATION	1,400. 1,400.			
			:		
				3	
				:	

63-1207742

US 990	Other Liabilities		2011
De	scription	Beginning of year book amount	End of year book amount
CREDIT CARD CHARGES PAY	ABLE	year book amount 5,460. 5,460.	5,439. 5,439.

	Expenses Expenses	Net investment	Adjusted net	Charitable
Description N. CHR. CHR. DORE	per books	income	income	purposes
NISTRY SUPPORT	114,027.		1	
STAGE AND DELIVERY	6,405.			
BRARY AND RESOURCE	3,379.			
PAIRS	159.			
MPUTER EXPENSE	38.			
LEPHONE	6,309.			
UCATION MATERIALS	13,967.			
TERTAINMENT AND PROGRAM SUPP	5,131.			
SSION TRIPS TRAVEL	60,839.			
FICE SUPPLIES	2,659.			
FTS AND SYMPATHY	574.			
NEVOLENCE	17,658.			
NK SERVICE CHARGES	134.			
ASSIFIED ADVERTISING	243.			
	231,522.		İ	
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63-1207742

Land, Buildings and Equipment 990-PF: Page 2, Line 14 **US 990** 2011 Accumulated FURNITURE AND EQUIPMENT Cost or basis depreciation Book value FMV 15,173. 9,894. 5,279. 9,894. 15,173. 5,279.

63-1207742

US 990PF	Sur	ostantia	al Contrib			2011
Nam-			/ F • • •	Address	alba ta da et al S	
Name AMES BEDSWORTH	3110 1	M JULAN	Enter street, TA DR	zip code, state, and	3 MOBUCKNER	
TEVE CASEBOLT			AVE NW		_	
AVID THOMLEY				37027-	TNBRENTWOOD	
	İ					

Form **4562**

Depreciation and Amortization

OMB No. 1545-0172 2011

	nent of the Treasury Revenue Service (99)	•	_		► Attach to yo				Attachment Sequence No. 179
	ne(s) shown on return Business or activity to which this form relates						Identifying number		
THE	HE THOMLEY FOUNDATION INC FORM 990PF								63-1207742
Pari	Election To	Expense Certain Prop	perty Unde	er Section 179					
	Note: If you	have any listed proper	ty, complet	e Part V before	you complete Par	t I.			
1 M	aximum amount (see	instructions) .				•••		1	500,000.
2 To	Total cost of section 179 property placed in service (see instructions)								
3 T	reshold cost of section	n 179 property before	reduction i	n limitation (see	instructions) .		[3	2,000,000.
4 R	eduction in limitation.	Subtract line 3 from li	ne 2. If ze	ro or less, enter	-0-		Ĺ	4	
5 D	ollar limitation for tax y	year. Subtract line 4 fr	rom line 1.	If zero or less,	enter -0 If marrie	ed			
fil	ng separately, see ins	structions .		· · · · · · · · · · · · · · · · · · ·	· ·			5	
6	(a) Description	on of property		(b) Cost (bus	siness use only)	(c) Elec	cted cost		
									/ ()
		the amount from line 2			<u> </u>	7		_	
		ction 179 property. Ac			ines 6 and 7	-	ŀ	8	
		nter the smaller of line			• •	•	}	9	
	•	deduction from line 1	•		 then were\ 1	ina 5 /222 inst		10	
		tion. Enter the smaller eduction. Add lines 9		•	•	ine 5 (see insi	ructions)	11 12	
	•	I deduction to 2012. A	-			3	·	12	
		Part III below for lister				3			
Par		reciation Allowance				ed property) ((See instru	ction	ns)
		owance for qualified p					(000)		
	uring the tax year (see							14	
		tion 168(f)(1) election						15	
	ther depreciation (incl	• • • • • • • • • • • • • • • • • • • •						16	
Par	III MACRS Dep	reciation (Do not incl	lude listed (property.) (See i	nstructions.)				 -
		·		Section	A				
17 M	IACRS deductions for	assets placed in servi	ice in tax ye	ears beginning b	efore 2011			17	2,103.
		oup any assets placed		during the tax y	ear				
in		al asset accounts, che					>	9	<u>an an an an an an an an an an an an an a</u>
	Section	on B-Assets Placed i (b) Month a		During 2011 Ta Basis for depr.			reciation	Sys	
(a)	Classification of prop	year placed service	in (busine	ss/investment use see instructions)	(d) Recovery period	(e) Convention	(f) Metho	od	(g) Depreciation deduction
<u>19a</u>	3-year property		63,8			L			
b	5-year property								
	7-year property								
<u>d</u>	10-year property						<u> </u>		· · · · · · · · · · · · · · · · · · ·
<u>e</u>	15-year property						 		
<u>f</u>	20-year property				05	_	ļ <u></u> -		
<u>g</u>	25-year property		<u> </u>		25 yrs.	1414	S/L		
h	Residential rental				27.5 yrs.	MM	S/L		
	property Nonresidential real		-		27.5 yrs.	MM	S/L		
i			- 		39 yrs.	MM	S/L S/L		
	property	n C-Assets Placed in	Service F	uring 2011 Tax	Vear Heing the	'		- C	vetem
20a	Class life		Sel Vice D	uning zorr raz	Tear Using the	Alternative D	S/L	11 3	ystem
b	12-year				12 yrs.	 	S/L		
	40-year	****	1 2		40 yrs.	MM	S/L		<u> </u>
		See instructions)			,,	1	·		
21		er amount from line 28	3 .					21	
22		from line 12, lines 14		, lines 19 and 2	0 in column (g), a	nd line 21.			
	Enter here and on th	e appropriate lines of	your return	. Partnerships a	and S corporations	s - <u>see instruc</u>	tions	22	2,103.
23	For assets shown ab	ove and placed in ser	vice during	the current yea	r, enter the		<u> </u>		- 4. 52
	portion of the besis of	tributable to coction '	2624 00040			1001			1 2 2

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

•	e filing for an Automatic 3-Month Extension, com			•		▶ ⊠
	e filing for an Additional (Not Automatic) 3-Month		· · · · · · · · · · · · · · · · · · ·	•		_
	plete Part II unless you have already been granted		· · · · · · · · · · · · · · · · · · ·			
	filing (e-file). You can electronically file Form 8868					
	ile Form 990-T), or an additional (not automatic) 3-i		•		•	
	e any of the forms listed in Part I or Part II with the					
	enefit Contracts, which must be sent to the IRS in pa	•	see instructions). For more details on the e	electronic filir	ig of this	
	ww.irs.gov/efile and click on e-file for Charities & No					
Part I	Automatic 3-Month Extension of Tim		ubmit original (no copies needed).			
	on required to file Form 990-T and requesting an aut		•	-		▶∐
	porations (including 1120-C filers), partnerships, RE	EMICs, and t	trusts must use Form 7004 to request an ex	ktension of ti	me	
	e tax returns.					
Type or print	Name of exempt organization	TNO				tion number
File by the	THE THOMLEY FOUNDATION			63-120	//42	
due date for filing your	Number, street, and room or suite no. If a P.O. b P O BOX 1562	oox, see insti	ructions.			
return See instructions	City, town or post office, state, and ZIP code. For BRENTWOOD TN 37024-1562		ddress, see instructions.			
	2112111002 111 3 7 02 1 1 3 02					
Enter the Re	eturn code for the return that this application is for (file a separa	te application for each return) .			04
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)	 .		07
Form 990-B						
Form 990-EZ 03 Form 4720						08
Form 990-P						
	(sec. 401(a) or 408(a) trust)	05	Form 6069		-	10
	(trust other than above)	06	Form 8870	·····		12
The boo	oks are in the care of ▶ DAVID THOMLEY	•				
	64 A - 1000	AX No. ▶		•		
If the or	rganization does not have an office or place of busing	ness in the U	Inited States, check this box	•		▶ ∏
	for a Group Return, enter the organization's four di			this is for the	whole c	
check this b	xx ▶ . If it is for part of the group, check this bo	x ▶ ∏ an	d attach a list with the names and EINs of	all members	the exte	nsion is for.
1 I reques	st an automatic 3-month (6 months for a corporation	required to	file Form 990-T) extension of time until			
	AUG 15 , 20 12 , to file the	exempt orga	anization return for the organization named	above. The	extensic	on is for the
organiz	ation's return for.		-			
▶ 🏻	calendar year 2011 or					
▶ 🗌	tax year beginning	, 20	, and ending		,;	20
2 If the ta	x year entered in line 1 is for less than 12 months,	obook rooss	n			
	ange in accounting period	CHECK reason	n:			
	ange in accounting period					
3a If this a	inplication is for Form 990-BL 990-PF 990-T 4720	or 6060 er	nter the tentative tay less any negretards	<u> Г</u>		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						
b If this application is for Form 990-PF or 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments						
made. Include any prior year overpayment allowed as a credit.						
	e due. Subtract line 3b from line 3a Include your		h this form of required	- 30	 •	
	g EFTPS (Electronic Federal Tax Payment System)		•	3c	s	
					·	,
Caution. If	you are going to make an electronic fund withdrawa	al with this F	orm 8868, see Form 8453-EO and Form 8	879-EO for p	ayment i	nstructions.