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# Department of the Treasury Internal Revenue Service

## **Return of Private Foundation**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/iorm990pf

OMB No. 1545-0052

2013

Open to Public Inspection

For	calen	dar year 2013 or tax year beginning	2013, and end		, 20		
Name of foundation THOMLEY FOUNDATION INC					A Employer identifi 63-120774		
		and street (or P.O. box number if mail is $BOX\ 1562$	not delivered to street a	ddress)	Room/suite	<b>B</b> Telephone numbe 615-507-1	•
City or town, state or province, country, and ZIP or foreign postal code						C If exemption application check here	Is pending,
		TWOOD TN 37024-1562			ala a alta e		
G	Check	call that apply: Initial return	Initial return of a fo	rmer public	cnarity	1. Foreign organization     2. Foreign organization test, check here and	is, check here is meeting the 85%
		Final return	Amended return			test, check here and  E If private foundation stat	
ш.	Ohaal	Address change	Name change	ndation		terminated under section	,
		k type of organization: $[X]$ Section 501 (on 4947(a)(1) nonexempt charitable trust	c)(3) exempt private four Other taxable private		nn.	507(b)(1)(A), check here	* <b>-</b> L.
		1	Accounting method: X		Accrual	F If the foundation is in a 6	60-month
		rket value of all assets at end of from Part II, col. (c), line 16)	Other (specify)	, oasii	] //00/44/	termination under section 507(b)(1)(B), check here	
ye ▶ \$	ai (n		(Part I, column (d) must	be on cash	basis.)		
Pa	at I	Analysis of Revenue and Expenses				<u>.                                    </u>	(d) Disbursements
	<b>—</b> (	The total of amounts in columns (b),	(a) Revenue and expenses per		rvestment	(c) Adjusted net	`for charitable
		(c), and (d) may not necessarily equal the amounts in column (a) (see instr.).)	books	inc	ome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	426,143.				, , ,
	2	Check Figured to attach Sch B	L' s		3.7		7 2 3A
	_	Interest on savings and temp cash investments	233.				
		Dividends and interest from securities	84.				- 3 - 3
	5a	Gross rents					3/4
	b	(Net rental income or (loss)	1	Land Comment	<u> </u>	<u> </u>	
0		Net gain/(loss) from sale of assets not on line 10		L CANALA			2013
בב	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			Parameter		
<b>E</b>	8	Net short-term capital gain					
	9	Income modifications .			1		2222
	10a	Gross sales less rtns & allowances					
	b	Less Cost of goods sold		]			
	С	Gross profit or (loss) (attach schedule)		L			F
	11	Other income (attach schedule)	-				
	12	Total. Add lines 1 through 11	426,460.				
	13	Compensation of officers, directors, trustees, etc				- O Alexandra	}
"	14	Other employee salaries and wages			1-2	CENTER	
enses	15	Pension plans, employee benefits		<del> </del>		U.	<b>#</b>
per	ı	Legal fees (attach schedule)	1 050	<del>                                     </del>	- 10 1	116 : 3 5014 /C	31
ă	1	Accounting fees (attach schedule)	1,850. 12,000.	<del>}</del>	#C3# 11	UG & S Zo. Yo	*
<u>¥</u>		Other professional fees (attach schedule)	12,000.		<u>w</u>	The same of the sa	<del>T\</del>
itra	17	Interest .		1		OGDEN, UT	
	18	Taxes (attach schedule) (see instructions)	1,612.	<del> </del>			
Operating and Administrative Expo	19	Depreciation (attach sch.) and depletion	12,100.	1		<del></del>	
φ	20	Occupancy Travel, conferences, and meetings.	41,334.				<del> </del>
a	22	Printing and publications	2,835.	<del>                                     </del>			
ting	23	Other expenses (attach schedule) .	210,220.	1			
erat	24	Total operating and administrative		†		*****	
ō		expenses. Add lines 13 through 23	281,951.				
	25	Contributions, gifts, grants paid		<del>                                     </del>			<u>†</u>
	26	Total exp & disbursements Add lines 24 and 25	281,951.		THE PERSON NAMED IN COLUMN TWO IS NOT THE		
	27	Subtract line 26 from line 12:		†		-	1
	a	Excess of revenue over expenses and disbursements	144,509.	1			
		Net investment income (if neg , enter -0-)					
	1	Adjusted net income (if neg , enter -0-)					

Form 990-PF (2013) THOMLEY FOUNDATION INC

Part II	Attached schedules and amounts in the	Beginning of year	End	End of year		
Faitti	Balance Sheets description column should be for end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
1	Cash - non-interest-bearing	94,732.	33,283.	33,283.		
2	Savings and temporary cash investments	175,997.	401,066.	401,066.		
3	Accounts receivable ▶					
	Less: allowance for doubtful accts. ▶			<u> </u>		
4	Pledges receivable ▶	Anne and anne and anne and				
	Less: allowance for doubtful accts. ▶					
5	Grants receivable			<u> </u>		
6	Receivables due from officers, directors, trustees, and other			1		
7	disqualified persons (attach schedule) (see the instructions) Other notes and loans	,	• • •	1		
	receivable (attach schedule) Less allowance for			<u> </u>		
" l	doubtful accounts					
Assets o o	Inventories for sale or use .			+		
ASS 0	Prepaid expenses and deferred charges Investments - U.S. and state govt. obligations (attach schedule)					
I .	Investments - 0.5. and state govt. obligations (attach schedule) Investments - corporate stock (attach schedule)	4,577.				
	: Investments - corporate stock (attach schedule)	4/5//.				
11	Investments - land, buildings, and equipment basis	<del></del>	, <del></del>			
'''	and equipment basis Less accumulated depredation (attach schedule)	hamanamanananan	- FM- AMERICANNAL - AND	had been an are a recommended. The control of the c		
12	<u> </u>					
13	Investments - other (attach schedule)					
14	Land, buildings, and equipment basis 15,173.	,				
	Less accumulated depreciation (attach schedule)	3,463.	1,851.			
15	Other assets (describe					
16	Total assets (to be completed by all filers - see the					
	instructions. Also, see page 1, item I)	278,769.	436,200.	434,349.		
17						
/n   18	Grants payable Deferred revenue			4		
S 20	Loans from officers, directors, trustees, and other			-		
Liabilities 20 21 21	disqualified persons  Mortgages and other notes payable (attach schedule)			-{;		
를   <sub>22</sub>	Other liabilities (describe CREDIT CARD PAYABL)	6,346.	20,257.	<b>-</b>		
	out of madelines (according)					
23	Total liabilities (add lines 17 through 22)	6,346.	20,257.			
	Foundations that follow SFAS 117, check here			<b>-</b>		
Î	and complete lines 24 through 26 and lines 30 and 31.					
ဖ္ထ 24	Unrestricted			<u>_</u>  ;		
È 25	Temporarily restricted .			_		
[ 26	· · · · · · · · · · · · · · · · · · ·			_ ¦		
Net Assets or Fund Balances 55 25 25 25 25 25 25 25 25 25 25 25 25	Foundations that do not follow SFAS 117, ck. here ▶ X			ľ		
<u> </u>	and complete lines 27 through 31.					
δ 27 φ 00		-		-		
st 28		272,423.	415,943.	-		
A 2a	Retained earnings, accumulated income, endowment, or other funds .	2/2/325.	413,743.	_		
Ž   30	Total net assets or fund balances (see instructions)	272,423.	415,943.			
31	Total liabilities and net assets/fund balances (see			┪		
'	instructions)	278,769.	436,200.	ļ		
Part I	Analysis of Changes in Net Assets or Fund Bal					
	al net assets or fund balances at beginning of year - Part II, column		with			
end	-of-year figure reported on prior year's return)		1	,		
2 Ent	er amount from Part I, line 27a		2			
	er increases not included in line 2 (itemize)		3			
	I lines 1, 2, and 3		4			
	creases not included in line 2 (itemize) REALIZED LOSS		5	989.		

or	rm 990-RF (2013) THOMLEY FOUNDATION INC	63-12	0774	2 Pa	age 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se				.50 .
_	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.				Ī
	Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)				
b	Domestic foundations that meet the section 4940(e) regulrements in Part V, check here ▶ ☐	1			
	and enter 1% of Part I, line 27b				
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter				
	4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		0	
	Add lines 1 and 2	3		<del></del>	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		0	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		0	
	Credits/Payments:				I
а	2013 estimated tax payments and 2012 overpayment credited to 2013				
	Exempt foreign organizations - tax withheld at source 6b	1			
	Tax paid with application for extension of time to file (Form 8868) 6c	1 1			
	Backup withholding erroneously withheld	1			
_	Total credits and payments. Add lines 6a through 6d	7			
ı	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			-
)	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10			
	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Refunded ▶	11		_	
-	art VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	ate or		Yes	No
	intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions	s for			
	definition)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi	shed		- ī	
	or distributed by the foundation in connection with the activities.				,
С	Did the foundation file Form 1120-POL for this year?		1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1	[ ]
	(1) On the foundation.   \$ (2) On foundation managers.   \$		3	[ ]	
Ð	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers.    \$			L	<u> </u>
?	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
}	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			L	لـــا
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
			4b	1	ļ
	If "Yes," has it filed a tax return on Form 990-T for this year?	•			X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<del></del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.				
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument, or				
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandatory directions		5		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		5	X	
b i	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), as	ind Part X	5	X	
b i	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  ■ By language in the governing instrument, or  ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  □ Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a Enter the states to which the foundation reports or with which it is registered (see instructions)▶	ind Part X	5		
b ; ; ;	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  ■ By language in the governing instrument, or  ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a Enter the states to which the foundation reports or with which it is registered (see instructions)▶  AL TN	  und Part X	5		
b ; ;	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  ■ By language in the governing instrument, or  ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  □ Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a Enter the states to which the foundation reports or with which it is registered (see instructions) ■  □ AL TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	  and Part X	6 V 7	X	1
b ;	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  ■ By language in the governing instrument, or  ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  AL TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	 und Part X	5		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b ;	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  ■ By language in the governing instrument, or  ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a Enter the states to which the foundation reports or with which it is registered (see instructions)▶  AL TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	 and Part X	6 V 7	X	
b ;	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  ■ By language in the governing instrument, or  ■ By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶  AL TN  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	 und Part X	6 V 7	X	

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

names and addresses

Form	990-PF (2013) THOMLEY FOUNDATION INC 63-1207	742	Pa	age <b>5</b>
	t VII-A Statements Regarding Activities (continued)			
	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
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶			
14	The books are in care of ▶ DAVID THOMLEY Telephone no. ▶ 61	.5-50	7-1	<u>999</u>
	Located at ▶ 5620 GREEN APPLE LAN TN BRENTWOOD ZIP+4 ▶ 37024			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			<b>▶</b>
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		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			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	'		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes X No		:	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	.   '		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	· · · ·		
	for the benefit or use of a disqualified person)? $\qquad \qquad \qquad$			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days.)	'		
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		<u> </u>	
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?	1b	<del> </del>	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	-	┧	X
	that were not corrected before the first day of the tax year beginning in 2013?	1c		A
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		1	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):  At the end of tax year 2013, did the foundation have any undistributed income (lines 6d			
а	and 6e, Part XIII) for tax year(s) beginning before 2013?  Yes X No.	.		.] - {
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	<b>'</b>	1	
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			] [
	to all years listed, answer "No" and attach statement - see the instructions.)	2b	-	1
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·	► 20 , 20 , 20 , 20		1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?	,		
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			.[]
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2013 )	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .	4a	1	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	number that had not been removed from jeonardy before the first day of the tay year beginning in 20132	l 4h	1	ΙX

orm	990-PF (2013) THOMLEY FOUNDAT	ION INC			63-120	7742	Page 6
_	t VII-B Statements Regarding Activ		orm 4720 May Be Re	equired	(continued	i)	
	During the year did the foundation pay or incur				-		
	(1) Carry on propaganda, or otherwise attemp	·	(section 4945(e))?	П	Yes X No	•	
	(2) Influence the outcome of any specific publi	•	• • • • • • • • • • • • • • • • • • • •	_	_		
	on, directly or indirectly, any voter registrat			$\square$	Yes X No	<b>.</b>	4
	(3) Provide a grant to an individual for travel, s		urposes?		Yes X No		
	(4) Provide a grant to an organization other the	• •	•	· ⊔	[2]	·	
	in section 509(a)(1), (2), or (3), or section 4		<b>-</b>		Yes X No	,	
	(5) Provide for any purpose other than religiou			· · ⊔	163 [22] 144	<b>"</b>	
	* * * *		-		Yes X No		
_	educational purposes, or for the prevention			اـــا	_	•	
D	If any answer is "Yes" to 5a(1)-(5), did any of the				1 IN		┦
	Regulations section 53.4945 or in a current not			mons)?		. <u>5b</u>	! ! .
	Organizations relying on a current notice regar	=			•		
С	If the answer is "Yes" to question 5a(4), does t		emption from the		🗆	ļ	
	tax because it maintained expenditure respons			Ш	Yes   No	<b>°</b>	
	If "Yes," attach the statement required by Regu						
6a	Did the foundation, during the year, receive an	y funds, directly or indir	ectly, to pay			age of the same	
	premiums on a personal benefit contract?	• •			Yes X N	o	
b	Did the foundation, during the year, pay premit	ums, directly or indirect	ly, on a personal benefit o	ontract?		6b	X
	If "Yes" to 6b, file Form 8870.			_	_	ļ,	
7a	At any time during the tax year, was the found	ation a party to a prohib	pited tax shelter transaction	n? . 📙	Yes X N	o	
b	If "Yes," did the foundation receive any procee	ds or have any net inco	me attributable to the tran	saction?		7b	
Par	t VIII Information About Officers,	Directors, Truste	es, Foundation Mar	nagers, I	Highly Paid	d Empl	oyees,
	and Contractors						
	let all afficers diseases to reteat formulation						
L	list all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Cont employee	ributions to benefit plans		ense account,
	(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Cont employee	ributions to benefit plans rred comp.		ense account, allowances
I	(a) Name and address DAVID THOMLEY	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Cont employee	benefit plans		
I	(a) Name and address  DAVID THOMLEY  5620 GREEN APPLE LANE	(b) Title, and average hours per week devoted to position PRESIDENT 20	(c) Compensation	(d) Cont employee	benefit plans		
I	(a) Name and address  DAVID THOMLEY  5620 GREEN APPLE LANE  JEANNIE THOMLEY	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY	(c) Compensation (If not paid, enter -0-)	(d) Cont employee	benefit plans		
I	(a) Name and address DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1	(c) Compensation (If not paid, enter -0-)	(d) Cont employee	benefit plans		
I	(a) Name and address  DAVID THOMLEY  5620 GREEN APPLE LANE  JEANNIE THOMLEY  5620 GREEN APPLE LANE  RYAN THOMLEY	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES	(c) Compensation (If not pald, enter -0-)	(d) Cont employee	benefit plans		
I	(a) Name and address DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1	(c) Compensation (If not paid, enter -0-)	(d) Cont employee	benefit plans		
I	(a) Name and address  DAVID THOMLEY  5620 GREEN APPLE LANE  JEANNIE THOMLEY  5620 GREEN APPLE LANE  RYAN THOMLEY	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES	(c) Compensation (If not pald, enter -0-)	(d) Cont employee	benefit plans		
I to the second	(a) Name and address DAVID THOMLEY 5620 GREEN APPLE LANE JEANNIE THOMLEY 5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)	(d) Cont employee and defe	benefit plans rred comp.		
	(a) Name and address  DAVID THOMLEY  5620 GREEN APPLE LANE  JEANNIE THOMLEY  5620 GREEN APPLE LANE  RYAN THOMLEY	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)	(d) Cont employee and defe	benefit plans rred comp.		
I	(a) Name and address 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."	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe	benefit plans rred comp.	other	allowances
I	(a) Name and address  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."	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions	benefit plans rred comp.	(e) Exp	allowances
I	(a) Name and address 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."	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.  Tributions to ree benefit and deferred	(e) Exp	allowances
II	(a) Name and address  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."  a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.	(e) Exp	allowances
II	(a) Name and address  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."	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.  Tributions to ree benefit and deferred	(e) Exp	allowances
II	(a) Name and address  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."  a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.  Tributions to ree benefit and deferred	(e) Exp	allowances
II	(a) Name and address  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."  a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.  Tributions to ree benefit and deferred	(e) Exp	allowances
II	(a) Name and address  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."  a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.  Tributions to ree benefit and deferred	(e) Exp	allowances
II	(a) Name and address  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."  a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.  Tributions to ree benefit and deferred	(e) Exp	allowances
II	(a) Name and address  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."  a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.  Tributions to ree benefit and deferred	(e) Exp	allowances
II	(a) Name and address  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."  a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 20 SECRETARY 1 VICE PRES 1	(c) Compensation (If not paid, enter -0-)  0  0  cluded on line 1 - see in	(d) Cont employee and defe structions (d) Cont employ plans ar	benefit plans rred comp.  Tributions to ree benefit and deferred	(e) Exp	allowances

Total number of other employees paid over \$50,000

▶

Form 990-PF (2013) THOMLEY FOUNDATION INC 63-	-1207742 Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	y Paid Employees,
3 Five highest-paid independent contractors for professional services (see the instructions). If none, enter "N	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	<b>•</b>
Part IX-A Summary of Direct Charitable Activities	<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info such	Eveness
as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	c. Expenses
1 FINANCIAL SUPPORT FOR 4 MINISTERS AND CHURCHES TO ENABLE	
THEM TO PROVIDE FOR PHYSICAL AND SPIRITUAL NEEDS OF THEIR	<u> </u>
CONGREGATES WITH EDUCATION FOOD AND MEDICAL EXPENSES	115,253.
2 GIFTS OF MONEY FOOD CLOTHES AND MEDICAL EXPENSES FOR NEEDY	Z
FAMILIES EXPERIENCEING DISASTER AND OVERWHELMING LIVING	<u> </u>
EXPENSES	36,746.
3 EDUCATIONAL LECTURES TO INDIVIDUALS AND MINISTERS PROVIDIN	1G
BIBLICAL TRAINING MISSION TRIPS TO SUPPORT WORK OF MINISTE	<u> </u>
WITH EDUCATION MATERIALS AND COMPUTERS	—   17,839.
4 DEVELOPMENT OF RESOURCES AND LIBRARY WITH EDUCATIONAL	
MATERIALS BOOKS AND REFERENCES PRODUCTION OF EDUCATIONAL	_
MATERIALS	8,726.
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	_
2	_
All other program-related investments. See instructions.	

Total. Add lines 1 through 3

Form **990-PF** (2013)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	dations, se	e instructions.)
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	4,131. 15.
<b>b</b> Average of monthly cash balances	1b	15.
c Fair market value of all other assets (see instructions)	1c	
<b>d Total</b> (add lines 1a, b, and c)	1d	4,146.
Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
Acquisition indebtedness applicable to line 1 assets	2	
Subtract line 2 from line 1d	3	4,146.
Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,		
see instructions)	4	62.
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 .	5	4,084.
Minimum Investment return. Enter 5% of line 5	6	204.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ns	
and certain foreign organizations check here $lackbox X$ and do not complete this part.)		
Minimum investment return from Part X, line 6	1	
2 a Tax on investment income for 2013 from Part VI, line 5		
b Income tax for 2013. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	
Distributable amount before adjustments. Subtract line 2c from line 1	3	
Recoveries of amounts treated as qualifying distributions	4	
Add lines 3 and 4	5	
Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	
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	
Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
<b>b</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	
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	foundation	
qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2013)

1 6	Official indicating the content of t	<del>-</del>			
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	( <b>c)</b> 2012	<b>(d)</b> 2013
	line 7				· · -
2	Undistributed income, if any, as of the end of 2013				
	Enter amount for 2012 only				
	Total for prior yrs.: 20, 20, 20				
	Excess distribs. carryover, if any, to 2013:				
	From 2008				
b	From 2009				
С	From 2010				
d	From 2011				
	From 2012				
	Total of lines 3a through e .				
	Qualifying distributions for 2013 from Part XII,				
-	line 4·▶\$				
а	Applied to 2012, but not more than line 2a				
	Applied to undistributed income of prior				
-	years (Election required - see instructions)				
С	Treated as distributions out of corpus				
-	(Election required - see instructions)				
d	Applied to 2013 distributable amount				
	Remaining amt. distributed out of corpus				
	Excess distribs. carryover applied to 2013				
	(If an amount appears in column (d), the	-			
	same amount must be shown in col (a).)				
6	Enter the net total of each column as				
	Indicated below:				
а	Corpus. Add lines 3f, 4c, & 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 .				<u> </u>
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions				
8	Undistributed income for 2012. Subtract				
	line 4a from line 2a. Taxable amount -		<u> </u>		
	see instructions				
f	Undistributed income for 2013. Subtract	İ		1	
	lines 4d and 5 from line 1. This amount				
	must be distributed in 2014				
7	Amounts treated as distributions out of	}			
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see				
	instructions).				
8	Excess distributions carryover from 2007				
	not applied on line 5 or line 7 (see	<b>\</b>			
	instructions)				
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a			-	
10	Analysis of line 9:				
а	Excess from 2009.	4			
b	Excess from 2010 .	4			
	Excess from 2011.	_			
	Excess from 2012 .	4			
е	Excess from 2013	1	1	l	I

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	rating		
	foundation, and the ruling is effective for 20	013, enter the date o	f the ruling	▶	X 4942(ı)	
b	Check box to indicate whether the foundati	eck box to indicate whether the foundation is a private operating foundation described in section				
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) 2013	<b>(b)</b> 2012	(c) 2011	<b>(d)</b> 2010	(e) Total
	each year listed					
	85% of line 2a .					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					ļ
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
8	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c .					
3	Complete 3a, b, or c for the alternative					
	test relied upon:					
а	"Assets" alternative test - enter:	426 000	050 560	151 501	162 001	1 000 501
	(1) Value of all assets .	436,200.	278,769.	151,531.	163,021.	1,029,521.
	(2) Value of assets qualifying	436 000	070 760	151 531	162 001	1 000 501
_	under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter	436,200.	278,769.	151,531.	163,021.	1,029,521.
U	2/3 of minimum investment return shown	126	117	102		256
	in Part X, line 6 for each year listed	136.	117.	103.		356.
С	"Support" alternative test - enter. (1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)	426,143.	466,678.	253,944.	203,275.	1,350,040.
	(2) Support from general public and 5					
	or more exempt organizations as	106 140	466 600	050 044	000 005	250 040
	provided in section 4942(j)(3)(B)(iii)	426,143.	466,678.	253,944.	203,275.	1,350,040.
	(3) Largest amount of support					
	from an exempt organization .	217	364	344	575.	1 (00
	(4) Gross investment income	317.	364.	344.		1,600.
ř	art XV Supplementary Informat assets at any time durin			tne toungation	nad \$5,000 or i	more in
_	Information Regarding Foundation Man	<del>*</del>	instructions.			
1	List any managers of the foundation who h	=	re than 2% of the tot	al contributions recei	ved by the foundation	on before the close
а	of any tax year (but only if they have contr				ved by the louridation	on belove the close
D.	AVID AND JEANNIE THOML		,, (			
_	List any managers of the foundation who		the stock of a corpor	ration (or an equally i	arge portion of the	ownership of a
_	partnership or other entity) of which the for				ange perment en ane t	p
N	ONE					
2	Information Regarding Contribution, G	rant, Gift, Loan, Scl	holarship, etc., Pro	grams:	•	
	Check here ► X if the foundation onl	ly makes contribution	ns to preselected cha	aritable organizations	and does not acce	pt unsolicited
	requests for funds. If the foundation make	s gifts, grants, etc (s	see instructions) to ir	ndıvıduals or organiza	ations under other c	onditions,
	complete items 2a, b, c, and d.			_		
а	The name, address, and telephone number	er or e-mail address	of the person to who	m applications shou	ld be addressed:	
_						
b	The form in which applications should be	submitted and inform	nation and materials	they should include.		
_						
C	Any submission deadlines:					
	Any restrictions or limitations on awards, s	such as by geograph	ical areas, charitable	e fields, kinds of ınsti	tutions, or other fact	tors:

Form 990-RF (2013) THOMLEY FOUNDATION INC
Part XV Supplementary Information (continued)

Grants and Contributions Paid Du	If recipient is an individual,			<del></del>
Recipient	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	recipient		
a Paid during the year		1		
MONFALCONE CHURCH OF CH				
GIANNI BERDINI	NONE	CHURCH	MINISTRY SUPPOR	16,184
TRIESTE ITALY	NONE	PASTOR	MINISTRY SUPPOR	83,131
V J BENSON				
MUSHERABAD PO INDIA				
	NONE	PASTOR	MINISTRY SUPPOR	6,500
CHILDCH OF CHIDICE				
CHURCH OF CHRIST TIRESTE ITALY				
	NONE	CHURCH	MINISTRY SUPPOR	116,184
GIANNI BERDINI TRIESTE ITALY				
IKIESIE IIADI	NONE	NEEDY	MEDICAL EXPENSE	26,000
MICHAEL CAWTHON				•
2711 - 177 - 177 - 70 - 7				
3711 US HWY 79 S 75633 TX CARTHAGE	NONE	MINIST	MOVING EXPENSE	4,000
, 3033 III CIRCIIIIGE	10212			1,000
				051 000
Total	. <u> </u>		▶ 3a	251,999
Approved for future payment				
Total			▶ 3b	·

Page 12 Part XVI-A Analysis of Income-Producing Activities Enter gross amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513, or 514 (8) Related or exempt (a) (b) (c) (d) function income **Business Amount** Excl. **Amount** (See instructions.) Program service revenue: code code g Fees and contracts from government agencies 2 Membership dues and assessments . . . . 233. 3 Interest on savings and temporary cash investments 84. Dividends and interest from securities Net rental income or (loss) from real estate: a Debt-financed property **b** Not debt-financed property Net rental income or (loss) from personal property 6 Other investment income Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events Gross profit or (loss) from sales of inventory 10 Other revenue: a 11 b 317. 5 g 1 12 Subtotal. Add columns (b), (d), and (e)  $\overline{317}$ . 13 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. 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.) INVESTMENT IN MONEY MARKET FUNDS FOR FUTURE NEEDS INVESTMENT IN MONEY MARKET AND MUTUAL FUNDS FOR FUTURE NEEDS

Page 13

			<b>Exempt Org</b>	janizations					•			
f	Did the	organ			e in any of the follo	owing with any	other orga	inization des	cribed in secti	on	Yes	No
	501(c)	of the	Code (other than	n section 501(c)(3	) organizations) or	in section 527	, relating to	o political org	ganizations?	1 :		$\overline{}$
а			•		ncharitable exemp		-					
		Cash								1a(1)		Х
	(2)	Other a	issets .							1a(2)		X
b	Other t											
_				ncharitable exemp	ot organization .					1b(1)		X
					e exempt organiza					1b(2)		X
				pment, or other a				•	•	. 1b(3)		X
			ursement arrang	-	.55515	•				. 1b(4)		X
	• •		or loan guarante					••	•	1b(5)		<u>x</u>
			<del>-</del>		or fundraising solic		•		• •	1b(6)		X
_				· · · · · · · · · · · · · · · · · · ·	ther assets, or paid				••	. 1c	$\vdash$	$\frac{\pi}{X}$
		-		-	plete the following	-	umn (h) ch	ould always	chow the fair r		tho	<del></del> -
u			-		-							
	•			-	eporting foundation				iaii iiiaikei va	ide ili ariy ilaris	action	
	or sna	ring ari	rangement, snov	v in column (a) th	e value of the good	us, other asset	s, or servic	es received.				
<i>-</i> \	. 1	(1-)		14-334			(4) 5	-111				
(a)	Line no	(b) /	Amount involved	(c) Name of no	ncharitable exemp	t organization	(a)Desc.	of transfers,	transactions, a	and sharing arra	ıngeme	ents
				_								
				<del>-</del>								
									·			
									<del></del>			
				<u> </u>								
				<u> </u>								
		<u> </u>										
2a	is th	ne foun	dation directly or	r indirectly affiliate	ed with, or related t	to, one or more	tax-exem	pt organization	ons described	ın		
	sect	tion 50	1(c) of the Code	(other than section	on 501(c)(3)) or in:	section 527?				. 🗌 Y	es X	No
b	If "Y	es," co	omplete the follow	wing schedule.								
		(a)	Name of organiz	ation	<b>(b)</b> Typ	e of organizat	on		(c) Description	n of relationship	)	
_				<u> </u>	Ī .							
									•			
		•				·					-	
_					amined this return, inclu							-
	<b>.</b>	belief	, it is trate, correct, and	complete Declaration	of preparer (other than to	axpayer) is based o	n all information	on of which prepared	arer has any knowl	edge		
	Sign		/ / ,	$\sim$	1	, ,			ſ	May the IRS discuss	this retu	ım
	Here	<b>  ₽/</b>	( Joint	Shor	nly	18/14/2	2014	PRESI	DENT	with the preparer sh	own belo	w
		Si	gnature of office	r or trustee		Date		Title		(see instructions)?	X	
_	_1.4	, ,	Print/Type pre		La reparer's sig		.   [	Date	Check	X if PTIN		
	aid		GLORIA R	•	Close K	Unton		/12/20			564	6
	repare	er	Firm's name	▶GLORIA	R WINTON	CPA	100	<u>,</u> = , = 0		63-10302		-
U	se On	uy	Firm's address		C AVE NE S			-		56-734-0		)
			5 455,054		N AL 35055					· <del>-</del> - ·		

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

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. **Employer Identification number** 

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

Employer Identification number 63-1207742

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 BARBARA COOK Person **Pavroll** 831 COVINGTON GROVE BLVD 5,200. Noncash (Complete Part II for BOWLING GREEN KY 42104-4690 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 DEACON FUND C/O NATHAN JOHNSON Person **Payroll** 1819 5TH AVE N 100,000. Noncash (Complete Part II for BIRMINGHAM AL 35203-2120 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 THOMLEY ITALIAN TRUST Person **Payroll** PO BOX 1562 33,776. Noncash (Complete Part II for BRENTWOOD TN 37024noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 KENNETH AND CYNTHIA HIBBETT Person **Payroll** 108 STONEY CREEK DRIVE 6,400. Noncash (Complete Part II for FLORENCE AL 35633noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 DORA JEAN HOGAN Person **Payroll** PO BOX 8129 12,000. Noncash (Complete Part II for JACKSONVILLE AR 72078noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution WOODY AND JOYCE MCGEE 6 Person **Payroll** 110 STREAM VALLEY BLVD 100,000. Noncash (Complete Part II for FRANKLIN TN 37064noncash contributions )

Employer identification number 63-1207742

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 JERRY AND ALICE NOLAND Person Pavroli 1509 SATURN WAY 15,300. Noncash (Complete Part II for BOWLING GREEN KY 42104noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. 8 HARRY AND BEVERLY REYNOLDS Person X **Payroll** 618 COUNTY ROAD 156 6,400. Noncash (Complete Part II for GRANGER TX 76530noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 9 TD ROBERTS Person **Payroll** 2221 FIELD LAND 14,900. Noncash (Complete Part II for BEDFORD TX 76021noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 THOMAS AND AMY STEPHENSON Person Payroll 2620 COUNTRY HAVEN DRIVE 5,000. Noncash (Complete Part II for THOMPSONS STATION TN 37179noncash contributions) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 DAVID THOMLEY Person **Payroll** 5620 GREEN APPLE LANE 66,400. Noncash (Complete Part II for BRENTWOOD TN 37027noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Attachment

179 Sequence No.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

TH	HOMLEY FOUNDATION	INC	FORM 990	PF				63-1207742
P	art I Election To Expe	nse Certain P	roperty Under Se	ection 179				
	Note: If you have	any listed pro	perty, complete Pa	art V before yo	ou complete	e Part I.		
1	Maximum amount (see instru						1	500,000.
2	Total cost of section 179 prop	perty placed in se	perty placed in service (see instructions)					
3	Threshold cost of section 179	property before	reduction in limitati	on (see instruc	tions)		3	2,000,000.
	Reduction in limitation. Subt						4	
5	Dollar limitation for tax year.	Subtract line 4 f	rom line 1. If zero o	r less, enter -0-	. If married			
	filing separately, see instructi	ons .					5	
6	(a) Description of prop		(b) Cost (busi	ness use only)	(c) Elec	ted cost		
				•				
7	Listed property. Enter the an	nount from line 2	29	. 7	7			
8	Total elected cost of section	179 property. A	dd amounts in colun	nn (c), lines 6 a	nd 7		8	
9	Tentative deduction. Enter the	ne <b>smaller</b> of line	e 5 or line 8.		•		9	
10	Carryover of disallowed dedu	ction from line 1	3 of your 2012 Forn	n 4562			10	*
	Business income limitation. Ente		-		ine 5 (see inst	ructions)	11	
	Section 179 expense deduct		•	•	•	•	12	
	Carryover of disallowed deduction		·	_				
	ote: Do not use Part II or Par				•			
_			Other Depreciation (D		ted property.)	(See instr	ructio	ons.)
14	Special depreciation allowan	ce for qualified p	property (other than	isted property)	placed in se	rvice	Π	
	during the tax year (see instr	•	, , ,	,	•		14	
15	Property subject to section 1	•					15	<del></del>
	Other depreciation (including						16	
			nclude listed prop	erty.) (See ins	structions.)			
_			Section					
17	MACRS deductions for asset	ts placed in serv	ice in tax years begi	nning before 2	013 .		17	1,612.
	If you are electing to group a	-		-			F	
	into one or more general ass			•		▶ □		
			ice During 2013 Ta	ax Year Using	the General	Depreci	atio	on System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only - see instructions)	(d) Recovery penod	(e) Convention	(f) Meth		(g) Depreciation deduction
19	a 3-year property	Table and the state of the stat						
	<b>b</b> 5-year property	1 [	·			Ì		
_	c 7-year property	]						
	d 10-year property	1 1						
	e 15-year property	! "						
	f 20-year property	] :[				Ì		
	g 25-year property	1		25 yrs.		S/L		
_	h Residential rental			27.5 yrs.	ММ	S/L		
	property			27.5 yrs.	MM	S/L		
_	i Nonresidential real			39 yrs.	ММ	S/L		
	property			<u> </u>	ММ	S/L		
_		Placed in Servi	ce During 2013 Tax	Year Using t	he Alternati	ve Depre	ciat	tion System
20	a Class life	T	<u> </u>		1	S/L		
_	<b>b</b> 12-year	†		12 yrs		S/L		
	c 40-year	1		40 yrs.	ММ	S/L		
	art IV Summary (See i	nstructions )	<del>-</del>	1 40 yis.	1			1.
21		<del></del>	<del></del>				21	Τ
22	· · · · · · · · · · · · · · · · · · ·			and 20 in colur	nn (n) and li	ine 21	1-1	<del> </del>
	Enter here and on the approp						22	1,612.
23		•	•	•	- See mandci		122	1,014.
20	the nortion of the basis att	•		in your, only	22			

# 2013 ASSET DETAIL REPORT

Date Sold	
Sales   Price	
Gain/ Price	
Current AMT	302 120 422 214 214 535 621 621 621 1721
Prior AMT	1661 660  2321 963 373  2690 2590 2551  2551
Next Year	151 57  208 214 383 62  445 15  1097
Current Depr.	302 120 120 422 441 441 433 433 433 110 1612
Prior Depr.	1661 660  2321 963 963 457 457  3304 2381 170  2551
Rec. Per. Cv	7.0 HY 7.0 HY 7.0 HY 7.0 MQ 7.0 MQ 7.0 MY 7.0 HY 7.0 HY
Method	ures nonrental 2115 SL 837 SL 2952 1501 SL 4389 MACRS 705 MACRS 5094 3029 SL 217 SL 3246
Basis	LXTUTES NON 2115 SL 837 SL 2952 1501 SL 4389 MAV 705 MAV 7
179+ Spec.	uipment
Bus. Use	Furniture 107 2115 100 837 100 2952 1501 100 109 705 100 705 100 5094 0ffice eq 07 3229 100 217 100 3246 3246
Cost	## Furni 2007 2115 837  2952 2008 1501 2009 4389 705  5094 8: Offic 2007 3029 217  51793
Date Acqd	nrty: N nr Class nr Class 1 Year: 12/09 12/09 12/09 12/09 11/07
Description	Form: FORM 990PF           Rental Property: N/A           Depreciation Class: Furniture and fixtures nonrental In Service Year: 2007           FURNITURE         07/07         2115 100         2115 SL           FURNITURE         08/07         837 100         837 SL            2952         2952           STORAGE CABI 06/08         1501 100         1501 SL           BOOKSHELVES         12/09         4389 100         4389 MACRS           FILE CABINET 12/09         4389 100         705 MACRS           FILE CABINET 12/09         705 100         705 MACRS           FILE CABINET 12/09         705 100         705 MACRS           COMPUTER         04/07         3029 100         217 SL           COMPUTER         04/07         217 100         217 SL           Form Totals:         12793         12793

S 990	Other Professional Fees  Expenses Net investment Adjusted net				201 Charitable	
Description		per books	income	income	purposes	
OKKEEPING SERVICES		per books 12,000. 12,000.				
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	Expenses Expenses	Net investment	Adjusted net	Charitable
Description	per books	income	income	purposes
NK SERVICE CHARGES	1,488.			
NTRIBUTIONS	150.			
ASSIFIED ADVERTISING	779.			
NISTRY SUPPORT	115,253.			
FTS	1,064.			
STAGE AND DELIVERY	2,460.			
BRARY AND TRAINING MATERIALS	5,891.			
LEPHONE	6,196.			
UCATIONAL LECTURE EXPENSES	17,839.			
TERTAINMENT	15,843.			
FICE SUPPLIES	6,511.			
NEVOLENCE	36,746.			
	210,220.			
	520,2201			
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US 990	Other Decreases	2013
1	Description LOSS ON SALE OF MUTUAL FUNDS	Amount
REALIZED	LOSS ON SALE OF MUTUAL FUNDS	989. 989.
		:

Land, Buildings and Equipment US 990 990-PF: Page 2, Line 14

2013

<u>US 990                                   </u>		<u>990-PF: Pa</u>	ge 2, Line 1	14		2013
				Accumulated		
	Description		Cost or basis	depreciation	Book value	FMV
EQUIPMENT			Cost or basis 15,173. 15,173.	depreciation 13,322. 13,322.	1,851.	
			15,173.	13,322.	1,851.	
			:			
				1		
			1			
			,			
			1			
			L	L		

US 990PF	Substantial Co		2013	
Name	Address			
EACON FUND	1819 5TH AVE N	er street, zip code, state, and city, in that orde 35203-2120 AL BIR	MTNGHAM	
HOMLEY ITALIAN TRUST	PO BOX 1562	37024-1562 TN BRE	NTWOOD	
	j			