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Form **990-PF**

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

2014

OMB No. 1545-0052

1110711	21 1 / O A G	intormation about	Form 990-PF and its separ	ate matractions is at www	.ir s.gov/rormaaupi.				
For	calen	dar year 2014 or tax year beginning		, 2014, and en		, 20			
		foundation	•		A Employer identifica				
\mathbf{T}	MOH	LEY FOUNDATION INC			63-120774	2			
Nu	mber a	and street (or P O box number if mail is not deli	vered to street address)	Room/suite	B Telephone number (s	see instructions)			
Ρ	0	BOX 1562			615-507-1	615-507-1999			
Cıt	y or to	wn, state or province, country, and ZIP or foreig	n postal code	<u> </u>	C If exemption application check here	is pending,			
В	REN	TWOOD TN 37024-1562			GIOCK HOLD	— —			
G	Check	call that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here			
		Final return	Amended return		D 1. Foreign organization 2. Foreign organization test, check here and	attach computation >			
		Address change	Name change		E If private foundation state	tus was			
Н	Check		(c)(3) exempt private fou	indation	terminated under section 507(b)(1)(A), check here				
		on 4947(a)(1) nonexempt charitable trust	` `			_			
			Accounting method: X	Cash Accrual	F If the foundation is in a				
		rom Part II, col. (c), line 16)	Other (specify)		termination under section 507(b)(1)(B), check here				
▶\$			(Part I, column (d) must	be on cash basis.)					
Pa		Analysis of Revenue and Expenses	(a) Revenue and	(b) Not investment	(a) Adiusted not	(d) Disbursements			
		The total of amounts in columns (b), (c), and (d) may not necessarily equal the	expenses per	(b) Net investment	(c) Adjusted net	for charitable			
		amounts in column (a) (see instructions).)		income	income	purposes (cash basis only)			
	4	Contributions, gifts, grants, etc., received (attach schedule)	370,606.			144 AN ST 100 SEA			
		Check In the foundation is not required to attach Schedule B	1		V 42,***/4 42,5 3	1 : 1 & 6 : 1			
	3	Interest on savings and temporary cash investments	368.						
	4	Dividends and interest from securities.				31.00 00 1			
	5a	Gross rents			***				
	b	(Net rental income or (loss)		2 (15 v 2 x 2 d)					
•		Net gain/(loss) from sale of assets not on line 10		1447 St. 244 18		EXCEPT YEAR TO THE			
2	b	Gross sales price for all assets on line 6a							
Revenue	7	Capital gain net income (from Part IV, line 2) .							
æ	8	Net short-term capital gain				1000 - 74 MARCH			
	9	Income modifications	27-22 (32/27-23)		חר חרוו ירי				
	10a	Gross sales less re- turns and allowances			TEGEIVE				
	ь	Less Cost of goods sold		C 2000 A 2000 A	K Kinds Har Co.	的 经 150000 300			
	C	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)				MIGHT THE SERVICE			
	12	Total. Add lines 1 through 11	370,974.		OGDENILL				
	13	Compensation of officers, directors,			OUBER, O				
enses	14	trustees, etc Other employee salaries and wages .							
Ĕ	15	Pension plans, employee benefits .							
	16a	Legal fees (attach schedule)							
Ú	1	Accounting fees (attach schedule)	2,130.						
Operating and Administrative Exp		Other professional fees (attach schedule)							
at	17	Interest							
St	18	Taxes (attach schedule) (see instructions)							
Ξ.	19	Depreciation (attach schedule) and depletion	1,097.			1			
ᄩ	20	Occupancy	21,309.						
Ğ	21	Travel, conferences, and meetings	48,439.						
Б	22	Printing and publications	255.						
e G	23	Other expenses (attach schedule)	594,615.						
<u>, Ĕ</u>	24	Total operating and administrative							
rat		expenses. Add lines 13 through 23 .	667,845.						
be	25	Contributions, gifts, grants paid		18 18 18 18 18 18 18 18 18 18 18 18 18 1	The ALEXANDER				
0	26	Total expenses and disbursements. Add lines 24 and 25	667,845.						
	27	Subtract line 26 from line 12:	TOWNS AND	J		T RECEIVED			
	a	Excess of revenue over expenses	(296,871.)						
	b	and disbursements Net investment Income (if negative, enter -0-)		*	THE TAX POST	32 - 22°55 - 25°55 - 24°5			
	[Add and and an area of the regard, effect of		2 2 (4) (2) (1) (2) (3) (4) (4) (4) (4) (4)		4/ 2 5 3 5 3 5 3 5 3 5 3 5 5 5 5 5 5 5 5 5			

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2014

Part II Balance Sheets Attached schedules and amounts in the description column should be for		Beginning of year	En	d of year		
ų e		end	of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		33,283.	26,873.	
	2	Savings and temporary cash	n investments [401,066.	99,435.	99,435.
	3	Accounts receivable ▶				
		Less: allowance for doubtful	accts. ▶			
	4	Pledges receivable ▶				
-		Less: allowance for doubtful	accts. ▶			
	5	Grants receivable				
	7	eceivables due from officers, directors, trustees, and other isqualified persons (attach schedule) (see instructions) ther notes and loans re-evable (attach schedule)				
		Less allowance for		Carried Middle Communication of the Communication o	<u> </u>	
ş		Inventories for sale or use				
Assets			rred charges			
₹		• •	e govt. obligations (attach schedule)			
			ck (attach schedule)			
		•	nds (attach schedule)			
		Investments - land, buildings, and equipment basis			7.	
		Less accumulated depreciation			<u> </u>	
		(attach schedule) · · · · · · · · · · · · · · · · · · ·	ns			
			schedule)			
	l	Land, buildings, and equipment basi	45 450	17.39.32		
	l	Less accumulated depreciation (attach schedule)	1 4 410	1,851.	754.	
	ı	Other assets (describe)			
		Total assets (to be comple	ted by all filers - see the			
			1, item l)	436,200.	127,062	. 127,062.
		Accounts payable and accru				7.77 7.3×3
	18	Grants payable				
S		Deferred revenue				
∄	20	Loans from officers, director disqualified persons	rs, trustees, and other	***		
Liabilities	21		payable (attach schedule) .			
Ë	22	Other liabilities (describe CREDIT CARD PAYABL)		20,257.	7,990	<u>. </u>
						â ·
	23	Total liabilities (add lines 1	17 through 22)	20,257.	7,990	
			FAS 117, check here . ▶			1
es	i	and complete lines 24 three	ough 26 and lines 30 and 31.			
Š	24	Unrestricted				
ala	25	Temporarily restricted				
ä	26	Permanently restricted .				
直			ollow SFAS 117, ck. here ▶ 🏻			
or Fund Balances		and complete lines 27 thr				
ō	27	Capital stock, trust principal				_
sts	28		r land, bldg., and equipment fund .	415 042	110 072	_
Net Assets	29	Retained earnings, accumulated	d income, endowment, or other funds .	415,943.	119,072	- -
Ž		T-4-1444444444	1 (! !	415,943.	119,072	
ě	30	Total liabilities and not as		413,943.	119,072	<u>-</u>
_	31	Total liabilities and net as	·	436,200.	127,062	ļ,
D-	art III		es in Net Assets or Fund Bal		127,002	•
_			at beginning of year - Part II, column		vanth	
٠		of-year figure reported on pri-		(a), line 30 (must agree	•	1 415,943.
2			arstetum)			1 415,943. 2 (296,871.)
		r increases not included in lii	0.44			3
		4.0 1.0				4 119,072.
		eases not included in line 2 (5
			at end of year (line 4 minus line 5) - I	Part II. column (b) line 3		6 119,072.
Ť	. 0 (61	access or rena balances	C. C. O. J. C. Miles F. Millias III O. O. T.		····	Form 990-PF (2014)
						1 5111 550-1 1 (2014)

Pa	art IV Capital Gains and	l Losses for Tax on Inve	estment Income	e		
•	(a) List and describe the ki2-story brick warehouse;	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)			
1 a	NONE			D - Donation		
_ <u>t</u>)					
С	;					
d	<u> </u>		. <u>.</u>			<u> </u>
ее	<u> </u>					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o			n or (loss) f) minus (g)
_ a	1					
_ t)					
	<u> </u>					
			<u> </u>			
	Complete only for assets showing				- ' '	I. (h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col		col. (k), but not Losses (t	rom col. (h))
	·					
t	•					
_			 			
			l		 	
2	Capital gain net income or (net c	If (loss),	also enter in Part I, I enter -0- in Part I, Ii		2	
3	Net short-term capital gain or (los If gain, also enter in Part I, line 8	, column (c) (see instructions).	5) and (6):	¬		
_	If (loss), enter -0- in Part I, line 8			, <u> </u>	3	
		ler Section 4940(e) for F				
(۲	or optional use by domestic private	toundations subject to the sect	uon 4940(a) tax on i	net investment ind	ome.)	
if s	section 4940(d)(2) applies, leave th	nis part blank.				
	as the foundation liable for the sec			•	iod?	Yes No
-	Yes," the foundation does not qua				-1	
1_	Enter the appropriate amount in		the instructions bet	ore making any e	entries.	(4)
	(a) Base period years Calendar year (or tax year beg. in	(b) Adjusted qualifying distribu		Net value of iritable-use asset		ribution ratio livided by col. (c))
_	2013					
_	2012					
	2011					
_	2010					
	2009					···
_						
2	Total of line 1, column (d)				2	
3	Average distribution ratio for the of years the foundation has been		•	-		
4	Enter the net value of noncharita	ble-use assets for 2014 from P	art X, line 5		4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)			6	
7	Add lines 5 and 6				7	
8	Enter qualifying distributions from				. 8	
	If line 8 is equal to or greater that	in line 7, check the box in Part \	VI, line 1b, and com	plete that part usi	ng a 1% tax rate. Se	e the Part VI

10

Part VIIA Statements Regarding Activities (continued)	Form	990-PF (2014) THOMLEY FOUNDATION INC 63-12077	42	Pa	ge 5
within the meaning of section 512(b)(13)? If "Yes", a flash schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified 13 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified 14 The books privileges? If "Es", attach statement (see instructions) 15 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 16 The books are in care of ▶ DAVID THOMLEY 17 Telephone no. ▶ 615-507-1999 18 Located at ▶ 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at ▶ 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at ▶ 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 28 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 29 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 20 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 20 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 20 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 20 Located at № 5620 GREEN APPL BRENTWOOD TN 28 Located APPL BRENTWOOD TN 29 Located APPL BRENTWOOD TN 29 Located APPL BRENTWOOD TN 20 Located APPL BRENTWOOD TN 20 Located APPL BRENTWOOD TRO 20 Located APPL BRENTWOOD TRO 20 Located The application of the second to the second to receive a not accused the second to receive a not advised to the second tree and the second tree the second t	Par	t VII-A Statements Regarding Activities (continued)			
within the meaning of section 512(b)(13)? If "Yes", a flash schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified 13 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified 14 The books privileges? If "Es", attach statement (see instructions) 15 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 16 The books are in care of ▶ DAVID THOMLEY 17 Telephone no. ▶ 615-507-1999 18 Located at ▶ 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at ▶ 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at ▶ 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 18 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 28 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 29 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 20 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 20 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 20 Located at № 5620 GREEN APPL BRENTWOOD TN 27 Telephone no. ▶ 615-507-1999 20 Located at № 5620 GREEN APPL BRENTWOOD TN 28 Located APPL BRENTWOOD TN 29 Located APPL BRENTWOOD TN 29 Located APPL BRENTWOOD TN 20 Located APPL BRENTWOOD TN 20 Located APPL BRENTWOOD TRO 20 Located APPL BRENTWOOD TRO 20 Located The application of the second to the second to receive a not accused the second to receive a not advised to the second tree and the second tree the second t	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity			
H "Yes" attach schedule (see instructions) 11					
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yee," aftatot statement (see instructions) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of ▶ DAVID_THOMLEY 15 Section 4947(3)(1) nonexempt chantable trusts filling Form 990-PF in lieu of Form 1041 - Check here 16 Section 4947(3)(1) nonexempt chantable trusts filling Form 990-PF in lieu of Form 1041 - Check here 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority 17 See instructions for exceptions and filling memory of a circuit of the properties of the foundation for foundation for foundation foundation for foundation fou			11		X
person had advisory privileges? If "Yes," attach statement (see instructions) 12	12				
13			12		Χ
Website address ▶ 14 The books are in care of ▶ DAVID THOMLEY 15 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accounced during the year. ▶ 15 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See setsuctions for exceptions and filing requirements for PinCEN Form 114, (formely TD F 90-22 1) If "Yes," enter the name of the foreign country ▶ Part VILES 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. 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?	13	, ,	<u> </u>	Х	
14 The books are in care of ▶ DAVID THOMLEY Locaded at ▶ 5620 GREEN APPL BRENTWOOD TN 2IP+4 ▶ 37024 15 Section 4947(a)(1) none-wenty chantable trusts filing Form 990-PF in lieu of Form 1041 · Check here and enter the amount of tax-exempt interest received or accrued during the year. 15 At any time during calendary ear 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 At any time during calendary ear 2014, did the foundation in value an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 See institutions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-221) if "Yes," enter the name of the foreign country. 17 See institutions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-221) if "Yes," enter the name of the foreign country. 18 Dayling the year did the foundation (either directly or indirectly): 19 Engage in the sate or exchange, or leasing of property with a disqualified person? 20 Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 21 Draw money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 22 Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 23 Furnish goods, services, or facilities to (or accept them from) a disqualified person? 24 Fast in the benefit or use of a disqualified person or make any of either available for the benefit or use of a disqualified person or make any of either available for the benefit or use of a disqualified person of the foundation agreed to make a grant to or to employ the official for a pend after termination of government service, it terminating within 90 days.) 18 If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regul		· · · · · · · · · · · · · · · · · · ·			
Located at P 5620 GREEN APPL BRENTWOOD TN	14		-50	7-1	999
15 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or a corrued during the year					
and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD FinD-22 th If Yes, "enter the name of the foreign country ▶ Tart VIII-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. 1 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?	15	· · · · · · · · · · · · · · · · · · ·	_		▶□
16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, (formetry TD Fis0-221) if "Yes," enter the name of the foreign country ▶ Fart VIII-9 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. 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?		1 1			
over a bank, securities, or other financial account in a foreign country? See instructions for exceeptions and filing requirements for FinCEN Form 114, (formerly TD F90-22 1) If *Yes,** enter the name of the foreign country ▶ Part VIII-BS Statements Regarding Activities for Which Form 4720 May Be Required Fills Form 4720 if any litem is checked in the "Yes" column, unless an exception applies. 1	16			Vae	No
See instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the foreign country Proteign count			16		
Foreign country ▶ Part 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. 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?		· · · · · · · · · · · · · · · · · · ·	,		7
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 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?			1		
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Touring the year did the foundation (either directly or indirectly):	Par				i
1a During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasaing of property with a disqualified person?			4	Yes	No
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a				
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a peniod after termination of government service, if terminating within 90 days.) (b) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations selction 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here C) Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(3) (does not apply for years the foundation was a private operating foundation defined in section 4942(3) 4942(3)(3) At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years \(\bigcit \) 20 20 20 20 20 20 20 20 20 20			1 6		
a disqualified person?			* 3 4		**
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			3 1		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			2.7		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).				ĺ	
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(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.)					
if the foundation agreed to make a grant to or to employ the official for a penod after termination of government service, if terminating within 90 days.). b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? C Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years \(\bigcit 20 \) 20 20 20 b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see the instructions.) c 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 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterphise at any time during the year? b If "Yes," idi it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year penod (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 have			34		4
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?					2 3
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and 6e, Part XIII) for tax year(s) beginning before 2014?	а				
If "Yes," list the years ▶ 20, 20	-	· · · · · · · · · · · · · · · · · · ·		1	
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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 2014)			'		
if the foundation had excess business holdings in 2014)					
4a Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes? 4a X b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable			3b		
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4a		<u> </u>		Х
				<u> </u>	
		purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X

Form 990-PF (2014) THOMLEY FOUNDAT	ION INC		63-120	7742 Page 6
Part VII-B Statements Regarding Activ	vities for Which F	orm 4720 May Be R	equired (continue	
'5a During the year did the foundation pay or incur				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	Yes X N	o
(2) Influence the outcome of any specific publ	ic election (see section	4955); or to carry		
on, directly or indirectly, any voter registrat	ion drive?		Yes X N	o
(3) Provide a grant to an individual for travel,				o 1 1 1
(4) Provide a grant to an organization other th				
in section 4945(d)(4)(A)? (see instructions		-	Yes X N	o 1
(5) Provide for any purpose other than religiou			🗀 \cdots 🖾	
educational purposes, or for the prevention		•	Tyes X N	
b If any answer is "Yes" to 5a(1)-(5), did any of t				
Regulations section 53.4945 or in a current no	•	•		. 5b
Organizations relying on a current notice regar		•	· —	
c If the answer is "Yes" to question 5a(4), does to	=			
tax because it maintained expenditure respons		•	Yes N	
			res N	0
If "Yes," attach the statement required by Reg.				
6a Did the foundation, during the year, receive an	-			
b Did the foundation, during the year, pay premi	ums, directly or indirect	iy, on a personal benefit o	ontract?	. 6b X
If "Yes" to 6b, file Form 8870.			• D	
7a At any time during the tax year, was the found				1
b If "Yes," did the foundation receive any proceed				
Part VIII Information About Officers	, Directors, Truste	es, Foundation Ma	nagers, Hignly Pai	a Employees,
and Contractors				
1 List all officers, directors, trustees, foundation				T
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred comp	(e) Expense account, other allowances
DAVID THOMLEY	PRESIDENT			
5620 GREEN APPLE LANE	20	0		
TEANNITE MICONTES				
JEANNIE THOMLEY	SECRETARY			
5620 GREEN APPLE LANE	1	0		
5620 GREEN APPLE LANE RYAN THOMLEY	SECRETARY 1 VICE PRES			
5620 GREEN APPLE LANE	1			
5620 GREEN APPLE LANE RYAN THOMLEY	VICE PRES	0		
5620 GREEN APPLE LANE RYAN THOMLEY	VICE PRES	0		
5620 GREEN APPLE LANE RYAN THOMLEY	VICE PRES	0	structions).	
5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee If none, enter "NONE."	VICE PRES 1 s (other than those in	O Cluded on line 1 - see in	(d) Contributions to	
5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee	VICE PRES 1 s (other than those in hours per week	O Cluded on line 1 - see in	(d) Contributions to employee benefit plans and deferred	(e) Expense account other allowances
5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	VICE PRES 1 s (other than those in	O Cluded on line 1 - see in	(d) Contributions to employee benefit	, , ,
5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee If none, enter "NONE."	VICE PRES 1 s (other than those in hours per week	O Cluded on line 1 - see in	(d) Contributions to employee benefit plans and deferred	, , ,
5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	VICE PRES 1 s (other than those in hours per week	O Cluded on line 1 - see in	(d) Contributions to employee benefit plans and deferred	, , ,
5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	VICE PRES 1 s (other than those in hours per week	O Cluded on line 1 - see in	(d) Contributions to employee benefit plans and deferred	, , ,
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5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	VICE PRES 1 s (other than those in hours per week	O Cluded on line 1 - see in	(d) Contributions to employee benefit plans and deferred	, , ,
5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	VICE PRES 1 s (other than those in hours per week	O Cluded on line 1 - see in	(d) Contributions to employee benefit plans and deferred	, , ,
5620 GREEN APPLE LANE RYAN THOMLEY 3231 DARK WOODS DR 2 Compensation of five highest-paid employee if none, enter "NONE." (a) Name and address of each employee paid more than \$50,000	VICE PRES 1 s (other than those in hours per week	O Cluded on line 1 - see in	(d) Contributions to employee benefit plans and deferred	, , ,
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Total. Add lines 1 through 3

Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see Instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable 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 6 MINISTERS AND 2 CHURCHES TO ENABLE THEM TO PROVIDE FOR PHYSICAL AND SPIRITUAL NEEDS OF THEIR CONGREGTES WITH EDUCATION FOOD AND MEDICAL EXPENSES 571,927. 2 GIFTS OF MONEY FOOD CLOTHES AND MEDICAL EXPENSES FOR NEEDY FAMILIES EXPERIENCEING DIASTER AND OVERWHELMING LIVING **EXPENSES** 26,577. 3 EDUCATIONAL LECTURES TO INDIVIDUALS AND MINISTERS PROVIDING BIBLICAL TRAINING MISSION TRIPS TO SUPPORT WORK OF MINISTERS WITH EDUCATION MATERIALS AND COMPUTERS 24,190. 4 DEVELOPMENT OF RESOURCES AND LIBRARY WITH EDUCATIONAL MATERIALS BOOKS AND REFERENCES PRODUCTION OF EDUCATIONAL MATERIALS 5,714. 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 NONE All other program-related investments. See instructions.

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For		-120//42 Page 8
Р	art X Minimum Investment Return (All domestic foundations must complete this part. Fo	reign foundations,
<u>:</u>	see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
а	Average monthly fair market value of securities	1a
b	Average of monthly cash balances	1b
C	Fair market value of all other assets (see instructions)	1c
d	Total (add lines 1a, b, and c)	1d
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c	
	(attach detailed explanation)	
2	Acquisition indebtedness applicable to line 1 assets	2
3	Subtract line 2 from line 1d	3
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	
	see instructions)	4
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5
6	Minimum Investment return. Enter 5% of line 5	6
P	Minimum Investment return. Enter 5% of line 5 art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations)	ating foundations and
	certain foreign organizations check here ▶ X and do not complete this part.)	
1	Minimum investment return from Part X, line 6	1
2 a	Tax on investment income for 2014 from Part VI, line 5	
t	Income tax for 2014. (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
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7
P	art XII Qualifying Distributions (see instructions)	
ш	attain adding Distributions (See II ISHUGIONS)	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	
í	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a
ı	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
1	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 f	oundation

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

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•	•	(a)		(b)		-	(c)		(d)	
1	Distributable amount for 2014 from Part XI,	Corpus	Years	prior to 20	013	2	013		2014	·
	line 7									
2	Undistributed income, if any, as of the end of 2014				L	n. 				
а	Enter amount for 2013 only			- <u> </u>						
b	Total for prior years: 20, 20 , 20									
	Excess distributions carryover, if any, to 2014									
а	From 2009									
b	From 2010		ļ							
C	From 2011									
d	From 2012						,			
е	From 2013									
f	Total of lines 3a through e		ļ							
	Qualifying distributions for 2014 from Part XII,			•	*					
	line 4: ▶ \$									
а	Applied to 2013, but not more than line 2a .									
	Applied to undistributed income of prior					,		\neg		,
_	years (Election required - see instructions) .									
c	Treated as distributions out of corpus	amen ann , _q ann amhairean ag agagagan inte ,n,maga			- , 		~		······································	
-	(Election required - see instructions)			•			••			
d	Applied to 2014 distributable amount			· · · · ·		 		1		
	Remaining amount distributed out of corpus		4.5		A!	~,			**	
	Excess distributions carryover applied to 2014				*		- M		the state of the s	
٠	(If an amount appears in column (d), the		 					_		,
	same amount must be shown in column (a).)	*	*£~	*	·¥	·	> 3×	į š .	*	4
6	Enter the net total of each column as				'>		,			
•	indicated below:							ŀ		
a	Corpus. Add lines 3f, 4c, & 4e. Subtract line 5	A	,	,wt	<i>'</i>	ž	ę B	1	* ×	90%
	Prior years' undistributed income. Subtract									
	line 4b from line 2b		į		ŀ		~ {			,
_	Enter the amount of prior years' undistributed		 		i					
·	income for which a notice of deficiency									
	has been issued, or on which the section		ļ		l	*				
	4942(a) tax has been previously assessed	,			1					
4	Subtract line 6c from line 6b. Taxable		1			· · · · ·				·
u	amount - see instructions									
۵	Undistributed income for 2013. Subtract		†							
•	line 4a from line 2a Taxable amount -									
	see instructions		1							
f	Undistributed income for 2014. Subtract									
•	lines 4d and 5 from line 1. This amount									
	must be distributed in 2015									
7	Amounts treated as distributions out of		 					_		
•	corpus to satisfy requirements imposed by									
	section 170(b)(1)(F) or 4942(g)(3) (Election									
	may be required - see instructions)							İ		
8	Excess distributions carryover from 2009		 					$\neg \vdash$		
٠	not applied on line 5 or line 7 (see									
9	Excess distributions carryover to 2015.		1		······································	L		_		
3	Subtract lines 7 and 8 from line 6a									
10	Analysis of line 9:	-	1				·			
	Excess from 2010									
	Excess from 2011 .	1								
	Excess from 2012	1	1							
	Excess from 2012	1								
	Excess from 2014	1	1							

Ð.	REMINISTRATION Found	ations (see ins	tructions and Pa	rt \/II_A guestion	<u>()</u>			
	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) If the foundation has received a ruling or determination letter that it is a private operating							
14	foundation, and the ruling is effective for 2014, enter the date of the ruling							
h	Check box to indicate whether the foundation is a private operating foundation described in section X 4942(j)(3) or 4942(j)							
2a Enter the lesser of the adjusted net Tax year Prior 3 years						3) 01 <u>1342(J)(3)</u>		
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d)2011	(e) Total		
	investment return from Part X for	(4)2014	(5)2010	(0,20.2	(4)2011	(0) 10121		
h	each year listed							
	Qualifying distributions from Part XII,			-				
Ī	line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt							
_	Ouglifying distributions made directly			-				
a	Qualifying distributions made directly for active conduct of exempt activities.							
	Subtract line 2d from line 2c							
2	Complete 3a, b, or c for the alternative					 		
,	test relied upon:							
2	"Assets" alternative test - enter:							
u	(1) Value of all assets	127,062.	436,200.	278,769.	151,531.	993,562.		
	(2) Value of assets qualifying	12//002.	130,200.	2,0,,03.	131,331.	333,302.		
	under section 4942(j)(3)(B)(i)	127,062.	436,200.	278,769.	151,531.	993,562.		
b	"Endowment" alternative test - enter	22//0021	100,2001	2.07.03.	101,001.	333,332.		
	2/3 of minimum investment return shown			117.	103.	220.		
С	In Part X, line 6 for each year listed "Support" alternative test - enter:							
Ĭ	(1) Total support other than gross investment income (interest, dividends, rents, payments							
	on securities loans (section			1				
	512(a)(5)), or royalties) · · · ·	370,606.	426,143.	466,678.	253,944.	1,517,371.		
	(2) Support from general public and 5							
	or more exempt organizations as	000 606	106 110		050 044			
	provided in section 4942(j)(3)(B)(iii).	370,606.	426,143.	466,678.	253,944.	1,517,371.		
	(3) Largest amount of support							
	from an exempt organization	260	217	264	244-	1 202		
	(4) Gross investment income	368.	317.	364.	344.	1,393.		
ľ	art XV Supplementary Informat			tne foundation	nad \$5,000 or r	nore in		
_	assets at any time during	 .	instructions.)					
а	Information Regarding Foundation Man List any managers of the foundation who h of any tax year (but only if they have contri AVID AND JEANIE THOMLE	ave contributed more buted more than \$5,			ved by the foundation	on before the close		
	List any managers of the foundation who o		the stock of a come	ration (or an aqually l	arge portion of the	numarchia of a		
b	partnership or other entity) of which the for			auOTT (Or all equally i	arge portion or the t	ownership or a		
N	ONE		3					
_	Information Regarding Contribution, Gr	ant, Gift, Loan, Sch	olarship, etc Pro	grams:				
	Check here ► X if the foundation onl requests for funds. If the foundation makes complete items 2a, b, c, and d.	y makes contributior	s to preselected cha	aritable organizations	and does not acceptions under other or	ot unsolicited anditions,		
а	The name, address, and telephone number	er or e-mail address	of the person to who	m applications shoul	d be addressed:			
b	The form in which applications should be s	submitted and inform	ation and materials	they should include:				
C	Any submission deadlines:			· · · · · · · · · · · · · · · · · · ·				
d	Any restrictions or limitations on awards, s	such as by geograph	ical areas, charitable	e fields, kinds of instit	tutions, or other fact	ors:		

Part XV Supplementary Information (continued)
3 Grants and Contributions Paid During the Year or Approved for Future Payment

3 Grants and Contributions Paid During the Year or Approved for 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							
a Paid during the year								
	NONE	CHURCH	MINISTRY SUPPOR	365,475.				
GIANNI BERDINI								
TRIESTE ITALY V J BENSON MUSHERABAD PO INDIA	NONE	PASTOR	MINISTRY SUPPOR	69,849.				
CHURCH OF CHRIST TRIESTE ITALY	NONE	PASTOR	MINISTRY SUPPOR	7,000.				
	NONE	CHURCH	MINISTRY SUPPOR	8,275.				
00043 CIAMPION ROME ITALY STEFANO CORAZZA 00144	NONE	PASTOR	MINISTRY SUPPOR	2,700.				
ROME ITALY FRANCESCO FOSCI	NONE	PASTOR	MINISTRY SUPPOR	27,400.				
VIA G ELOPARDI 5 04011 APRILIA LT ITALY MICHAEL CAUTHAN	NONE	PASTOR	MINISTRY SUPPOR	15,000.				
3711 US HWY 79 S 75633 TX CARTHAGE Total	NONE	PASTOR	MEDICAL EXPENSE	8,768. 551,518.				
b Approved for future payment								
Total		<u> </u>	▶ 3b					

Form 990-PF (2014)

Form 990-PF (2014) THOMLEY FOUNDATION INC

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated. Unrelated 63-1207742 Page **12**

nter gross amounts unless otherwise indicated.		Unrelat	ted business income	Exclude	d by section 512, 513, or 514	(e)	
1	Program service revenue:		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions.)
' a	_		ωdθ	<u> </u>	wde	·	
b		-			 	-	
c		-			 		
d		-	_		 		
е		-					
f		-			i		
g	Fees and contracts from government agencies	- s			1		
2	Membership dues and assessments						
3	Interest on savings and temporary cash investments						368.
4	Dividends and interest from securities						
5	Net rental income or (loss) from real estate:				STALL.		
	Debt-financed property			<u> </u>			
	Not debt-financed property				-		
6	Net rental income or (loss) from personal prop	- 1			 		
7	Other investment income				 		
8 9	Gain or (loss) from sales of assets other than invento Net income or (loss) from special events	-			1		
10	Gross profit or (loss) from sales of inventory						
11	Other revenue: a				 		
b		-			1		
С		_					
d		_					
θ		_					
	Subtotal. Add columns (b), (d), and (e)						368.
	Total. Add line 12, columns (b), (d), and (e)					13	368.
	worksheet in line 13 instructions to venfy calculated XVI-B Relationship of Activities			maliahmant of Eva	mnt D	urnagaa	
	ne No. Explain below how each activity for			<u> </u>			antly to the
	accomplishment of the foundation					•	•
3	MONEY DEPOSITED IN	MO	NEY MA	RKET BANK AC	CCOUN	IT FOR FUTURE	NEEDS
			•	·			
							
							
							
		•					
				·			
							

Part	XVII	Information in Exempt Organical Exempt O	Regarding Tra	ansfers To	and Trans	actions	and Relatior	nships Wit	h Noncha	aritable	е
l Di	d the ord	ganization directly or		in any of the	following with:	ny other o	rganization desc	cribed in sect	on 💮	Yes	s No
		he Code (other than									
		from the reporting for					g to ponded org	G111224401.101			3
		h							1a	(1)	X
		er assets								(2)	X
	• •	sactions:								الله الله	
	(1) Sale	s of assets to a none	charitable exempt	organization					1b	(1)	X
		hases of assets fron							1	(2)	X
	(3) Ren	tal of facilities, equip	ment, or other as:	sets					1b	(3)	X
	(4) Rein	nbursement arrange	ments						1b	(4)	X
	(5) Loar	ns or loan guarantee	s						1b	(5)	Х
	(6) Perf	ormance of services	or membership o	r fundraising	solicitations .				. 1b	(6)	X
	•	facilities, equipment	_								X
gc or	ods, oth	ver to any of the abo ner assets, or service arrangement, show	s given by the rep in column (d) the	value of the c	ation. If the four	ndation rec sets, or ser	eived less than frvices received.	fair market va	lue in any tra	ansactio	
(a) Line	ano (D) Amount involved	(c)Name of none	chantable exe	mpt organizau	on (G)Des	sc. of transfers, i	iansacions,	and snaming	arrange	ments
				<u> </u>							
		·			<u> </u>		-				
					-						
				<u> </u>							
					_						
								. 			_
											
											
	_			- 		_	-				
2a b	section	oundation directly or 501(c) of the Code (" complete the follow	other than sectior					· · · · · · ·	[] Yes	X No
	(a	a) Name of organiza	tion	(b)	Type of organi	zation		(c) Description	n of relation	ship	
					<u>. </u>	-					
					.						
											
							- 				
		nder penalties of penury, I	declare that I have exar	mined this return	including accompar	vino schedule:	s and statements, and	to the best of my	knowledge and		
Sig	gn b	elief, it is true, conject, and o							tedge	 	
He	ere	tant	عبار	~	10/10	/2015	PRESI	DENT	May the IRS di with the prepar	rer shown b	below
		Signature of officer or	trustee		Date		Title		(see instruction	1s)? X	Yes No
Paid		Print/Type preparer	r's name	Rreparer's s			Date	Check	X if PTIN		
	a parer	GLORIA R	WINTON	Line	cking		11/09/20	15 self-emplo	yed POC	0956	5 <u>46</u>
-	Only	Firm's name	<u> </u>	R WINTO	N CPA					30209	
U26	Ulliy		►101 1cm	7V TALE ME	י כידיבי י			04	756-73/	1_001	1 0

▶101 1ST AVE NE STE 220

CULLMAN AL 35055

Firm's address

Phone no. 256-734-0910

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

Schedule of Contributors

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

2014

OMB No. 1545-0047

Name of the organization **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 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1)

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, 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 totaling \$5,000 or more during the year . .

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

\$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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

THOMLEY FOUNDATION INC

Employer identification number 63-1207742

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is neede	d.
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIP + 4 DEACON FUND 1819 5TH AVE N BIRMINGHAM AL 35203-2120	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	MICHAEL AND PAULA HAUSER 3827 MISTICO LANE	\$\$	Person X Payroll Noncash (Complete Part II for
	FRANKLIN TN 37064-		noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DORA JEAN HOGAN PO BOX 8129 JACKSONVILLE AR 72078-	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ALEX AND STEFANI HUDSON 1523 HADDON DRIVE BIRMINGHAM AL 35226-	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KEN AND WENDY KING		Person X
	4608 PEYTONSVILLE RD	\$ 6,000.	Payroll Noncash
	SMYRNA TN 37167-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WOODY MCGEE		Person X
	110 STREAM VALLEY BLVD	\$\$	Payroll Noncash
	FRANKLIN TN 37064-		(Complete Part II for noncash contributions.)

Name of organization
THOMLEY FOUNDATION INC

Employer identification number 63-1207742

raiti	Contributors (see instructions). Ose duplicate copies of i	art in additional opaco to moodo	d.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JERRY AND ALICE NOLAND		Person X
	1509 SATURN WAY	<u>\$ 14,400.</u>	Payroll Noncash
	BOWLING GREEN KY 42104-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	TD AND IRENE ROBERTS		Person X
	2221 FIELD LANE	<u>\$ 16,900.</u>	Payroll Noncash
	BEDFORD TX 76021-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	THOMAS AND AMY STEPHENSON		Person X
	2620 COUNTRY HAVEN DRIVE	<u>\$ 47,500.</u>	Payroll Noncash
	THOMPSONS STATION TN 37179-		(Complete Part II for noncash contributions)
(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	\$ 24,000.	Payroll Noncash
	BRENTWOOD TN 37027-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

US 990PF Grants			id During the Year	2014
	If an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	
Recipient name and address	or substantial contributor	recipient	contribution	Amount
GIANNI BERDINI				
TRIESTE ITALY	NONE	NEEDY	MEDICAL TREATME	29,100.
ROLLING HILLS CHURCH				
DO DOY 155				
PO BOX 155	NONE	CHIBCH	MINICURY CURROR	2 000
THOMPSONS STAT TN 37179	NONE	CHURCH	MINISTRY SUPPOR	2,000.
CAROLYN CARTER				
1613 FAIRHOUSE ROAD				
SPRING HILL TN 37174	NONE	NEEDY	MEDICAL TREATME	12,951.
RUBY JONES	1,01,12	112221		12/301.
675 JONES ROAD				
NEWTON AL 36352	NONE	NEEDY	MEDICAL TREATME	2,000.
DELORES BURCHAM				
F376 TTOURNOOD DOAD				
5776 LIGHTWOOD ROAD	NONE	NIEEDY	MEDICAL MDBAMM	1 000
DEATSVILLE AL 36022	NONE	NEEDY	MEDICAL TREATME	1,000.
		 		
		ļ		
			1	
	-			
				45 05 3
Total				47,051.

US 990	Other Liabilities	Beginning of	2014
	Description	year book amount	End of year book amount
REDIT CARD PAYABLE		year book amount 20,257. 20,257.	book amount 7,990 7,990

IS 990 Other	Other Expenses			
	Expenses	Net investment	Adjusted net	Charitable
Description	per books	income	income	purposes
NK SERVICE CHARGE AND WIRE FEE	1,036.			
NISTRY SUPPORT	504,467.			
TS	192.			
STAGE AND DELIVERY	933.			
BRARY AND TRAINING MATERIALS	5,459.			
LEPHONE	6,880.			
JCATION SUPPLIES	7,108.			
TERTAINMENT	7,649.			
FICE SUPPLIES	1,271.			
JCATION SEMINAR EXPENSE	4,822.			
SURANCE	121.			
NEVOLENCE	54,677.			
	594,615.			
	1			
	1			
		1	!	1

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

2014

US 990	990-PF: Page 2, Line 14			
		Accumulated		2014
Description	Cost or basis	depreciation 14,419. 14,419.	Book value	FMV
EQUIPMENT	15,173.	14,419.	754.	754.
	15,173.	14,419.	754.	754.
	İ	-		
	į.			
		1	1	
]		

JS 990PF	Substantial Cont			2014	
None	Address				
Name CHAEL PAULA HAUSER	(Enter street, zip code, state, and city, in that order) 3827 MISTICO LANE 37064- TN FRANKLIN				
EX STEFANI HUDSON	1523 HADDON DRIVE	35226-	AT RIPMINGHAM	Ī	
N WENDY KING	1523 HADDON DRIVE 4608 PEYTONSVILLE RE	37167-	TH SMYRNA		
N WENDI KING	4000 FEITONSVILLE RE	7 37107-	IN SHIRMA		
	1				
	i				