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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

OMB No 1545 0052

► 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/form990pf.

2015

Open to Public Inspection

For ca	enda	r year 2015, or tax year beginning	, 2015	, and ending			
m	m T T	TEN CHARTESTER FOUNDAMEN			Α	Employer identification nu	mber
		LEY CHARITABLE FOUNDATION RNING DOVE DRIVE	N		B	20-3825855 Telephone number (see ins	tructions)
		STOWN, RI 02874					
				+	С	If exemption application is	nonding check hare.
G Ch	еск а	Il that apply: Initial return Final return	Initial return of a forr Amended return	ner public charity	D	1 Foreign organizations, che	ck here
		Address change	Name change			2 Foreign organizations mee	ting the 85% test, check
H Ch	eck ty		1(c)(3) exempt private f	foundation		here and attach computation	on ► [_]
0		ection 4947(a)(1) nonexempt charitable	trust Other taxable	private foundation	Ε	If private foundation status	was terminated
1 Fair			counting method: X C			under section 507(b)(1)(A)	), check here►
		t II, column (c), line 16)	Other (specify)		F	If the foundation is in a 60	-month termination
<b>►</b> \$			l, column (d) must be or	n cash basis.)	<u> </u>	under section 507(b)(1)(B	, check here . •
Part.		nalysis of Revenue and	(a) Revenue and	(b) Net investmer	nt	(c) Adjusted net	(d) Disbursements
	£	xpenses (The total of amounts in olumns (b), (c), and (d) may not neces-	expenses per books	income		income	for charitable purposes
	Sá	arily equal the amounts in column (a)					(cash basis only)
	(S	cee instructions))  Contributions, gifts, grants, etc, received (attach schedule)	25,000.	<del>  -:</del>		,	
	2	CK   if the foundation is not required to attach Sch B		·		<del></del>	
							7 = -
	3 4	Interest on savings and temporary cash investments  Dividends and interest from securities	2,234.	2,23 32,50	4.	2,234. 32,502.	
		Gross rents	32,502.	32,50	<u> </u>	32,502.	· · · · · · · · · · · · · · · · · · ·
	Ł	Net rental income or (loss)					
R	6 a	Net gain or (loss) from sale of assets not on line 10	75,944.			-	
Æ.	"	Gross sales price for all assets on line 6a 264,858.				-, -	
S	7	Capital gain net income (from Part IV, line 2)		75,94	4.	C+	
er)	8 9	Net short-term capital gain	<u> </u>	<del></del>		0.	
H 32/11/9.		Gross sales less				<del></del>	
APR		allowances				-	5 1
AF	'	goods sold					
		Gross profit or (loss) (attach schedule)					
	111		040				
Ź	1 12	See Statement 1  Total. Add lines 1 through 11	949. 136,629.	110,68	0	34,736	,
SCANNED	13	Compensation of officers, directors, trustees, etc.	0.	110,00	<u> </u>	34, 190	
Š	14	Other employee salaries and wages					ローションバーリ
	15	Pension plans, employee benefits				33	
A	16 a	Legal fees (attach schedule)	1 005			1 005	APR ® 2016
M	"	Accounting fees (attach sch)  See St.2  Cother prof fees (attach sch)  See St.3	1,295. 9,232.	9,23	2	1,295. 9,232-	, cale 17
Ń	17	Interest	9,232.	3,23	۷.	3, 232···	2
OPERATINE	18	Taxes (attach schedule)(see instrs). See Stm 4	3,673.	3,67	3.		
R R A A	19	Depreciation (attach					
ŢŢ	20	schedule) and depletion		<u> </u>			
N V G E	20 21	Occupancy			-		
A E	22	Printing and publications					
A E X P	23	Other expenses (attach schedule)					
E N		See Statement 5	65,443.	5	0.	50.	
S E	24	Total operating and administrative expenses. Add lines 13 through 23	79,643.	12,95	5.	10,577.	
>	25	Contributions, gifts, grants paid . Stmt 6	66,000.				66,000.
	26	Total expenses and disbursements.		10.55			
	27	Add lines 24 and 25	145,643.	12,95	5.	10,577.	66,000.
	27 a	Subtract line 26 from line 12: Excess of revenue over expenses			- 1		
	_	and disbursements	-9,014.				
		Net investment income (if negative, enter -0-)		97,72	5.	04.156	
	С	Adjusted net income (if negative, enter -0-)	-			24,159.	1

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0504L 12/04/15

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Page 2

Dark	. 11	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
Fait		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	46,164.	46,239.	46,239.
	3	Accounts receivable	A	<u> </u>	
		Less: allowance for doubtful accounts	<u> </u>		
	4	Pledges receivable		·	· vis
ı	i	Less: allowance for doubtful accounts ►		······································	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
.	7	Other notes and loans receivable (attach sch)	our Lie		
S		Less: allowance for doubtful accounts ▶			
š	8	Inventories for sale or use			
S S E T	9	Prepaid expenses and deferred charges .			
S	10 a	Investments — U.S. and state government obligations (attach schedule)			
		Investments — corporate stock (attach schedule)	1,510,523.	1,501,434.	1,501,434.
ľ	С	Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment. basis			
ļ		Less: accumulated depreciation (attach schedule)			
		Investments – mortgage loans			
		Investments — other (attach schedule)			
1	14	Land, buildings, and equipment: basis ►	* *		
J		Less: accumulated depreciation (attach schedule)			
		Other assets (describe ►  Total assets (to be completed by all filers —————)			
		see the instructions. Also, see page 1, item l)	1,556,687.	1,547,673.	1,547,673.
<b>1</b>	17	Accounts payable and accrued expenses			1
AB	18	Grants payable	<del></del>		
- 1	19	Deferred revenue			ļ
<u>ا</u> ا	20	Loans from officers, directors, trustees, & other disqualified persons . Mortgages and other notes payable (attach schedule)	<del></del>		
†	21 22	Other liabilities (describe )	<del></del>		
<u> </u>	22	Other liabilities (describe			·
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	-
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted	1,556,687.	1,547,673.	1
ŧΝ	25	Temporarily restricted			
ום		Permanently restricted			
A B S A L T A		Foundations that do not follow SFAS 117, check here .  And complete lines 27 through 31.			
E L T A S N	27	Capital stock, trust principal, or current funds			
SŅĮ	28	Paid-in or capital surplus, or land, bldg , and equipment fund			į
o É		Retained earnings, accumulated income, endowment, or other funds .			
Ř S		Total net assets or fund balances (see instructions)	1,556,687.	1,547,673.	
	31	Total liabilities and net assets/fund balances (see instructions)	1,556,687.	1,547,673.	
Dart		Analysis of Changes in Net Assets or Fund Balance		1,541,015.	
		net assets or fund balances at beginning of year – Part II, colu		ree with	·
<b>1</b> 7 €	otar end-o	net assets or fund balances at beginning of year — Fart II, coldin f-year figure reported on prior year's return)	min (a), mie 50 (must ag	1 1	1,556,687.
		amount from Part I, line 27a.		. 2	-9,014.
		ncreases not included in line 2 (itemize)		3	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b> </b>		1 547 672
<b>4</b> <i>P</i>		nes 1, 2, and 3		4	1,547,673.
<b>5</b> D	Add II Decreas	nes 1, 2, and 3 ses not included in line 2 (itemize) net assets or fund balances at end of year (line 4 minus line 5)		5	1,547,673.

Form 930-PF (2015)

Pa		Losses for Tax on Investmen				<u> </u>
	(a) List and describe 2-story brick warehous	the kind(s) of property sold (e.g., re; or common stock, 200 shares Mi	real estate, _C Company)	(b) How acqu P — Purcha D — Donati	se (mo, day, yr)	(d) Date sold (mo , day, yr )
1	SEE ATTACHED SHORT	TERM		P	Various	Various
	b SEE ATTACHED LONG I	ERM		P	Various	Various
	SEE ATTACHED LONG I	ERM		P	Various	Various
	d Capital gain divide	ends				
	e					<u> </u> _
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		<b>(h)</b> Gain or (e) plus (f) n	
	a 7,580.			9,148.		-1,568.
	b 109,814.		8	8,252.		21,562.
	145,555.		9	1,514.		54,041.
	d					
	e					
		ing gain in column (h) and owned b	<del></del>	(69	(I) Gains (Col	
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		gain minus col. (k), t than -0-) or Losses (f	
	a					-1,568.
	b					21,562.
	C					54,041.
(	d					1,909.
	e					
2	Capital gain net income or (ne	t capital loss) If gain, also If (loss), ent	enter in Part I, line 7 ter -0- in Part I, line 7		2	75,944.
3	Net short-term capital gain or (	(loss) as defined in sections 1222(5)	and (6):			<del></del>
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions). If	<b>!</b>		3	-1,568.
Pai	t V Qualification Under	Section 4940(e) for Reduce	d Tax on Net Investm	ent Incor	ne	
(For	optional use by domestic private for	oundations subject to the section 4940	(a) tax on net investment inc	ome )	N/A	
16	ation 4040(d)(2) continue logice t	his part blank				
ii se	ction 4940(d)(2) applies, leave t	nis part biank.				
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	mount of any year in the b	ase period?	·. Yes	No
lf 'Y	es,' the foundation does not qua	lify under section 4940(e) Do not c	omplete this part.			
1	Enter the appropriate amount in	each column for each year; see the ins	structions before making any	entries.		
	(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets (	(d) Distribution col. (b) divided by o	
	2014					
	2013					
	2012		<del> </del>		·	
	2011					
	2010					
					_ ]	
	Total of line 1, column (d) .			<del>  -</del>	2	
3	Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the t n has been in existence if less than	total on line 2 by 5, or by the 5 years	he	3	
4	Enter the net value of nonchar	itable-use assets for 2015 from Pari	t X, line 5		4	<del></del>
5	Multiply line 4 by line 3 .				5	
6	Enter 1% of net investment inc	come (1% of Part I, line 27b)			6	
7	Add lines 5 and 6				7	
8	Enter qualifying distributions from	om Part XII, line 4			8	
		n line 7, check the box in Part VI, line	1b, and complete that part u	∟ Ising a 1% ta	x rate. See the	

Forr	n 990-PF (2015) THE TILLEY CHARITABLE FOUNDATION		3825			F	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see	instru	ıction	s)		
1	a Exempt operating foundations described in section 4940(d)(2), check here • and enter 'N/A' on line 1.						
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)						
	Domestic foundations that meet the section 4940(e) requirements in Part V,	<del>-</del> .	_1_			1,9	955.
	check here ► 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)		<u> </u>				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			!			
	foundations only. Others enter -0-)		2				<u>   0 .                                </u>
3	Add lines 1 and 2		3			1,9	955.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	0-)	_4_				<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	<del></del>		1,9	<u>955.</u>
6	Credits/Payments:		ľ			5	1
	a 2015 estimated tax pmts and 2014 overpayment credited to 2015	00.	1 1		•		1
	b Exempt foreign organizations — tax withheld at source 6b		ll				
	c Tax paid with application for extension of time to file (Form 8868) 6 c		ļ				1
	Backup withholding erroneously withheld						
_	Total credits and payments Add lines 6a through 6d		7			2,4	100.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached .		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Finter the amount of line 10 to be: Credited to 2016 estimated tax  Refunded		11			4	45.
III	Enter the amount of line 10 to be: Credited to 2016 estimated tax 445. Refunded  TVII-A Statements Regarding Activities						0.
					<del>- T.</del>	Yes	No
1 6	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	l It		. [	1 a	163	X
1	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?			.	1 b		Х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	i					
	Did the foundation file Form 1120-POL for this year?				1 c		X
(	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			ľ		•	
	(1) On the foundation . > \$ 0. (2) On foundation managers > \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			0.	.	ľ	
•	foundation managers . • \$ 0.			ľ	}	,-	}
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?.			ſ	2		X
_	If 'Yes,' attach a detailed description of the activities.		•	ŀ		$\dashv$	<u> </u>
9	Has the foundation made any changes, not provide by reported to the IPS, in its governing instrument, articles					ı	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change	es .		ľ	3		X
4 8	Did the foundation have unrelated business gross income of \$1,000 or more during the year? .			ſ	4 a		X
ŧ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?			. [	4 b	N	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			[	5		Х
	If 'Yes,' attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1		1
	By language in the governing instrument, or				1	ł	1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that confluent the state law remain in the governing instrument?	ıct 		-	6		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV				7	x	<del></del> -
	Enter the states to which the foundation reports or with which it is registered (see instructions)	<b>&gt;</b>		r			$\neg$
-	RI	_		-			
ŧ	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 <i>General Instruction G? If 'No,' attach explanation</i>			_	8 b	Х	
9		(3) or	49427	1)(5)			
ד	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' con	nplete	Part	'XX [	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their name	es			10		v
BAA	and addresses				n 990-F	<b>PF</b> (20	X )15)
_,					_		•

Forn	n 990-PF (2015) THE TILLEY CHARITABLE FOUNDATION	\20-	<u> 382585</u>	,5		age!
Pai	rt VII-A   Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) .			11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified p advisory privileges? If 'Yes,' attach statement (see instructions)	erson had		12		х
13		tion applica	tion?	13	Х	
14		one no.				
17	Located at ► 116 MOURNING DOVE DRIVE SAUNDERSTOWN RI ZIP + 4		74			· <b>–</b> –
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check he			N/A	·	-
	and enter the amount of tax-exempt interest received or accrued during the year	. •	15			N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other author bank, securities, or other financial account in a foreign country?	ity over a		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country				, , ,	
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<del>j</del>				
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	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		25	ĺ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(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)?	Yes	⊠No		, .	
	to the belief of also of a dioqualined percenty.	□.03	<u>M</u>	İ		
	(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.).	Yes	XNo		-	3
b	olf any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instruction	ın		<u> </u>	[	لـــــ
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instruction organizations relying on a current notice regarding disaster assistance check here	is)? ▶	·m	1 b	N	<u>'A</u>
		 Ic			İ	: 1
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted act that were not corrected before the first day of the tax year beginning in 2015?	٠.		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d	□vaa	VINa		ł	ł
	and 6e, Part XIII) for tax year(s) beginning before 2015?	. Yes	XNo	<i>i</i> 1		1
	If 'Yes,' list the years ► 20 , 20 , 20 , 20					, 4
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 49	42(a)(2)	1		ľ	1
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 494 all years listed, answer 'No' and attach statement — see instructions.)		ļ	2 b	N	]
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the year		ŀ			<u> </u>
·	► 20 _ , 20 _ , 20			ŀ	l	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	. Yes	X No			,
b	If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation of disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approby 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 holdings period? (Use Schedule C, Form 4720, to	on ved		36	37	(2)
	détermine if the foundation had excess business holdings in 2015).		· }	3 b	- N/	<u>A</u>
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		ļ	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?			4 b		X
BAA			For	m 990	-PF (2	

Form 990-PF (2015) THE TILLEY CHARIT				25855	Page <b>6</b>
Part VII-B   Statements Regarding Activit		n 4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or inci	· · · · · · · · · · · · · · · · · · ·	4 4 40454 110	п. п	, . l	1 1
(1) Carry on propaganda, or otherwise attem			Yes X	No	
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr				No	
(3) Provide a grant to an individual for travel,	, study, or other similar	purposes?	. Yes X	No	
(4) Provide a grant to an organization other t in section 4945(d)(4)(A)? (see instruction	han a charitable, etc, o s)	rganization described	. Yes X	] No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?	. Yes X	No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?.	the transactions fail to a current notice regar		otions e	. 5 b	N/A
Organizations relying on a current notice rega	irding disaster assistan	ce check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim existility for the grant?	cemption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			
on a portonia attendent at			.   Yes  X	]No	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	ctly, on a personal bene	fit contract? .	6 b	X
If 'Yes' to 6b, file Form 8870.	dation a north to a neab	ubited toy chalter transc	otion? Dvos V	,,,	
<b>7 a</b> At any time during the tax year, was the found <b>b</b> If 'Yes,' did the foundation receive any process				No 7 b	
PartiVIII Information About Officers, D					
and Contractors		Touristing maria	goro, mgmy r ara s	p.oy00.	-,
1 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 devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other a	e account, llowances
See Statement 7				<u> </u>	
		0.	0.		0.
			<del></del>		
				Ì	
			10	<u> </u>	<del></del>
2 Compensation of five highest-paid employees (of	ther than those included	on line 1 – see instruction			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other al	e account, lowances
None					
		-			
		[			
				·	
				ī	
		ľ			
Total number of other employees paid over \$50,000	<u> </u>	<u></u>			0
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	8825855 Page <b>7</b>
Rant VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 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	
	1
	<del></del>
Total number of others receiving over \$50,000 for professional services	0
Rart IX: A Summary of Direct Charitable Activities	
Raile IN TAN Summary of Direct Chantable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
	Expenses
1 N/A	
	. <b>_</b>
2	{
	<del></del>
3	
	_
	<del></del>
4	. —
	-
	<u></u>
RartiX-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	Amount
N/A	-
N/A	-
2	<del> </del>
	-
	-
All other program-related investments. See instructions.	<del> </del>
3	
<u> </u>	-
	-
Total. Add lines 1 through 3	<u>▶</u> 0.
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see instructions.)	part. i Oreiç	gri roundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purpos a Average monthly fair market value of securities.	es: 1	1,505,979
<b>b</b> Average of monthly cash balances	1	1b 46,202
c Fair market value of all other assets (see instructions)	1	1 c
d Total (add lines 1a, b, and c)	1	1d 1,552,181
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		-
(attach detailed explanation)	0.	<u> </u>
2 Acquisition indebtedness applicable to line 1 assets	. 2	0
3 Subtract line 2 from line 1d	3	1,552,181
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	23,283
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	
Part XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here ► ☐ and do not complete this		g foundations
1 Minimum investment return from Part X, line 6	1	76,445
2a Tax on investment income for 2015 from Part VI, line 5 2a	1,955.	
b Income tax for 2015. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2	1,955
3 Distributable amount before adjustments. Subtract line 2c from line 1	. 3	74,490
4 Recoveries of amounts treated as qualifying distributions	. 4	
<b>5</b> Add lines 3 and 4	. 5	74,490.
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	74,490.
Part XII Qualifying Distributions (see Instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	<b></b>	a 66,000.
<b>b</b> Program-related investments — total from Part IX-B.		b
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purpos	es 2	<u> </u>
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)		   a
<b>b</b> Cash distribution test (attach the required schedule)	3	b
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	ne 4 . <b>4</b>	66,000.
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	66,000.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years.	er the foundate	ion

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Part XIII Undistributed Income (see instructions)

	(a)   Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part XI, line 7				74,490.
2 Undistributed income, if any, as of the end of 2015	<del></del>			
a Enter amount for 2014 only			65,887.	
<b>b</b> Total for prior years. 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010				
<b>b</b> From 2011				
c From 2012		,		-
<b>d</b> From 2013				
e From 2014 .				
f Total of lines 3a through e	0.	·		
4 Qualifying distributions for 2015 from Part				,
XII, line 4: ► \$ 66,000.				
a Applied to 2014, but not more than line 2a.			65,887.	
b Applied to undistributed income of prior years (Election required – see instructions).		0.		
c Treated as distributions out of corpus			- 7	
(Election required — see instructions)	0.	·		
<b>d</b> Applied to 2015 distributable amount				113.
e Remaining amount distributed out of corpus	0.		-	
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown ın column (a) )				
,,,			,	Ì
6 Enter the net total of each column as		,		-
indicated below:			'	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			<del></del>
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount – see instructions .		0.		
e Undistributed income for 2014. Subtract line 4a from	· 1			
line 2a. Taxable amount — see instructions	·		0.	
f Undistributed income for 2015. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2016		1		74,377.
7 Amounts treated as distributions out of			<del></del>	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required – see instructions)	0.		į	
· '				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	1		İ	
a Excess from 2011	J	J		
b Excess from 2012				
c Excess from 2013		}	ļ	
d Excess from 2014			j	1
e Excess from 2015		<u></u>		Form <b>990-PF</b> (2015)

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Part XIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or dete is effective for 2015, enter the date of the	rmination letter that ruling.	it is a private operat	ting toundation, and thi	e ruling	
<b>b</b> Check box to indicate whether the foundat	ion is a private ope	rating foundation o	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities	·				·
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					·
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	•				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information ( assets at any time during the	Complete this	part only if the	foundation had	\$5,000 or more i	n
1 Information Regarding Foundation Manag	<del></del>	Structions.)		- <del></del>	<del></del>
List any managers of the foundation who have close of any tax year (but only if they have None	contributed more th	an 2% of the total co han \$5,000). (See	ontributions received by section 507(d)(2).)	y the foundation befor	e the
<del></del>	100/	7	Z		
b List any managers of the foundation who own a partnership or other entity) of which the f None	oundation has a 10	stock of a corporation  % or greater interest	est.	portion of the ownersr	ip of
2 Information Regarding Contribution, Gran	. Gift. Loan Schol	arship, etc. Progra			
Check here ► X if the foundation only makes requests for funds. If the foundation makes complete items 2a, b, c, and d.	es contributions to p	reselected charitabl	le organizations and do	es not accept unsolic izations under other	ited conditions,
<b>a</b> The name, address, and telephone number or	e-mail address of th	e person to whom a	pplications should be a	ddressed	
, , , , , , , , , , , , , , , , , , , ,		·			
	<del></del>		<del> </del>		
<b>b</b> The form in which applications should be s	ubmitted and inforr	nation and materia	is they should includ	ə:	
c Any submission deadlines			··		<del></del>
d Any restrictions or limitations on awards, si	uch as by geograph	nical areas, charital	ble fields, kinds of in	stitutions, or other fa	ictors:

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3 Grants and Contributions Paid During the		ear or Approved for Futi	ure Paymen	t	
Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or busin	ess)	substantial contributor	recipient	CONTRIBUTION	
a Paid during the year	533/	Substantial Contributor			
Total		<del> </del>	<del>: - ·</del>	. ► 3a	
<b>b</b> Approved for future payment					
Total	•	•		. ► 3b	

### Part XVI Analysis of Income-Producing Activities

Entar an	arrayata unlana athanyuna unduantad	Llaustak	ad business income	Tuelude.	d h., alaban 510 510 an 514	
Enter gro	oss amounts unless otherwise indicated,	(a) Business	(b) Amount	(c) Exclu- sion	d by section 512, 513, or 514  (d)  Amount	(e) Related or exempt function income
<b>1</b> Pro	ogram service revenue:	code		code		(See instructions.)
а						
b						_
c				ļ	ļ	
d		ļ			ļ	ļ <u></u>
e		<del> </del>		<u> </u>		ļ
, <u>F</u>			<u> </u>	<b> </b>	<del> </del>	
-	es and contracts from government agencies		<del></del>	<del> </del>	<del> </del>	<del> </del>
	rest on savings and temporary cash investments				<del> </del>	2 224
	idends and interest from securities .			<del> </del> -	<del> </del>	2,234. 32,502.
	rental income or (loss) from real estate:	AMERICAN.		THE SECTION SECTION		32,302.
	ot-financed property	( SAME THANKS AND AND AND AND AND AND AND AND AND AND	SECTION AND PROPERTY OF STREET, STREET	24.7		
	: debt-financed property					<del></del>
6 Net	rental income or (loss) from personal property		,			
7 Oth	ner investment income					949.
8 Gain	or (loss) from sales of assets other than inventory					75,944.
	income or (loss) from special events					
	ss profit or (loss) from sales of inventory .	350 W 100 W 110	we minus had ne entire that the state of his	3042 19 Fm Ca	F. SOMEON AND AND AND SERVICE SERVICE OF MICHAEL SERVICE.	I have being up to be provided their receipts on the first transfer
<b>11</b> Oth	er revenue:	<b>NATION</b>		<b>新郊</b>		
. a	····	ļ <u> </u>				
ь с		<u> </u>		<del> </del>		
d		<del> </del>		<del> </del>	<del></del>	·
		<del> </del>				
е						
12 Sub	ototal. Add columns (b), (d), and (e)					111,629.
					. , 13	111,629. 111,629.
13 Tot	ototal. Add columns (b), (d), and (e) .		,		13	
13 Tot	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation	ns.)	shment of Exempt	Purpo	<del></del>	
13 Tot See wor	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  Al-B  Relationship of Activities to the	ns.) Accompli			ses	111,629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barry Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  Al-B  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barry Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
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13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.
13 Tot See wor Part:X\ Line No	ototal. Add columns (b), (d), and (e)  al. Add line 12, columns (b), (d), and (e)  ksheet in line 13 instructions to verify calculation  All Barriers  Relationship of Activities to the	Accompli	rted in column (e) of Pa	rt XVI-A	Ses	111, 629.

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

											Yes	No
1 D	id the	organiżation direc d in section 501(d	tly or indirectly e	engage in any of	the following wi	th any of	ther organization	on 527	i	7	,	.; -
a re	escribe elatino	to political organi	zations?	uner man section	ii 501(c)(s) oigai	IIIZaliūris	) or in section	327,		ا معادل ا معادل ا	, ' < ".	SE T
	•	s from the reporti		a noncharitable	a evemnt organiz	ation of				717	77	1 - Jan .
_	_	-	ing roundation to	a Honeriai itable	exempt organiz	ation of				1 - (1)		
•	I) Casl		•		•	•	•		•	1 a (1)		X
	•	er assets .					•	•		1 a (2)		<u>X</u>
<b>b</b> C	ther tra	ansactions:										-
(1	l) Sale	s of assets to a n	oncharitable exe	empt organizatio	n					1 b (1)		X
(2	2) Puro	hases of assets f	rom a noncharita	able exempt orga	anızatıon					1 b (2)		X
Ġ	B) Rent	al of facilities, eq	uipment, or othe	er assets .						1 b (3)		X
•	•	bursement arran	•							1 b (4)	-+	X
•	•	is or loan guarant	•			•	• ••		••	1 b (5)		
•	•	~						•			$\dashv$	X
•	•	ormance of servic		,	•	•	•			1 b (6)		X
c S	haring	of facilities, equip	ment, mailing lis	sts, other assets	, or paid employ	ees.			. [	1c	[	X
						٥.					_	
<b>d</b> If th ar	the an e good: ny tran:	swer to any of the s, other assets, or s saction or sharing	e above is 'Yes,' services given by arrangement, s	complete the fo the reporting four how in column (	illowing schedule ndation. If the four ( <b>d)</b> the value of the	. Columr ndation re ne goods	n <b>(b)</b> should alv ceived less that , other assets,	ways show t n fair market or services	ne fair m value in received	narket valu f	ue of	
(a) Line	no.	(b) Amount involved	(c) Name	of noncharitable exer	npt organization	(d)	Description of trai	nsfers, transacti	ons, and s	haring arran	gements	<del></del> -
N/A		/->	1 10		. F 3	<del>- `-'</del>		,			J	
IV/M	<del>-  -</del>		<del></del>			<del> </del>						
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	L		_									
-						}						
	~						<del></del>	<del></del>				
2 a is	the fou	ndation directly or id in section 501(c	indirectly affiliated	d with, or related there then	to, one or more ta	x-exempt	organizations	<del></del>		Πvos		
		<u>=</u>	•	thet than section	1 301(0)(3)) 01 111	3000001	<i>JE7</i> : .	•		Yes	[∆]'	10
<b>D</b> IT		complete the follo										
	(a)	Name of organiza	ation	<b>(b)</b> Type	e of organization		(0	) Description	n of rela	tionship		
N/A												
						1						
		<del></del>										
<del></del>	Under ne	enalties of neriury. I dee	are that I have exami	ined this return, includ	ling accompanying sch	nedules and	statements, and to	the best of my l	cnowledge a	and belief, it i	s true.	
	correct,	enalties of perjury, I de and complete. Declar	on o preparer (other t	than taxpayer) is base	ed on all information of	f which prep	arer has any knowl	edge.			,	
Sign		. // /.			/ ;					May the IR this return	S discus	ss
Here	V				1 4/5/19	: P <sub>P</sub>	resident			preparer si	hown be	low
	Signat	ure of officer or trustee			Date	<u>-</u>				(see instru	ctions)? 'es	7 <sub>No</sub>
	/ July 1	Print/Type preparer's r	name	Preparer's			Date		1 1. 1	PTIN	62	140
		<b>31</b>		<b>₹</b> 7		_	1	Check	□" (			
Paid		MIKE BISSON	NETTE	MIKE	BISSONNETTE	<u>:</u>	2/15/16	self-emplo		P00391	<u>)12</u>	
Prepa	rer	Firm's name	MELUCCI BI	SSONNETTE	& CO, LTD			Firm's EIN	05-04	94826		
Use O		Firm's address	7 IVAN STR	REET								
	٠	•	NORTH PROV		02904-480	8		Phone no	401-3	05-390	0	
BAA										Form <b>990</b> -		015)
												J.J

#### 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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

italii oi die organization		l amproyer realitimes were manually
THE TILLEY CHARITABLE FOUNDAT	ION	20-3825855
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 priva	ate 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) orga	inization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions tota	ling \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribut	or's total contributions.
Special Rules		
For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support	ort test of the regulations
received from any one contributor, during the	that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 he year, total contributions of the greater of (1) \$5,000 or (2) D-EZ, line 1. Complete Parts I and II.	2% of the amount on (1)
Form 990, Part VIII, line 1h, or (ii) Form 990	0-EZ, line 1. Complete Parts I and II.	
For an organization described in section 50	1(c)(7) (8) or (10) filing Form 990 or 990-F7 that received fr	rom any one contributor.
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit	erary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III	
Π	1( )(T) (D) (1 F 000 000 F7 that recovered fr	
Light the year contributions exclusively for	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fir r religious, charitable, etc., purposes, but no such contributio	om any one contributor, ons totaled more than
\$1,000. If this box is checked, enter here th	e total contributions that were received during the year for a	n <i>exclusively</i> religious,
charitable, etc., purpose Do not complete a	any of the parts unless the General Rule applies to this organ	ization because
it received nonexclusively religious, charitab	le, etc , contributions totaling \$5,000 or more during the yea	
Caution An organization that is not severed by	the General Rule and/or the Special Rules does not file Sch	edule B (Form 990, 990-F7, or
990-PF), but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990, or check the box on line H of its Form 9	190-EZ or on its Form 990-PF,
Part I, line 2, to certify that it does not meet the	e filing requirements of Schedule B (Form 990, 990-EZ, or 99	U-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of org	B (FORM 990, 990-EZ, 01 990-PF) (2013)	Fage	yer identification number
_	ILLEY CHARITABLE FOUNDATION		3825855
(Rant)	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEVEN TILLEY  116 MOURNING DOVE DRIVE	\$12,500	(Complete Part II for
(a) Number	SAUNDERSTOWN, RI 02874  (b)  Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHAEL TILLEY  116 MOURNING DOVE DRIVE  SAUNDERSTOWN, RI 02874	\$12,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ - -	Person Payroll Complete Part II for noncash contributions )
BAA	TEEA0702L 10/12/15	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2015)

1 to

1 of Part II

THE TILLEY CHARITABLE FOUNDATION

Employer identification number

20-3825855

r al unas	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	<del>                                     </del>	<del>                                     </del>
		]	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		•	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>.                                      </u>			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	} 	-	
		\$	
		(2)	(-I)
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Sche	l dule B (Form 990, 990-Ez	L , or 990-PF) (2015

THE TILLEY CHARITABLE FOUNDATION

Employer identification number 20+3825855

	or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	completing Part III, enter the total (Enter this information once Se	of exclusively religious, charitable, etc.,	
(a) No. from Part (		(c) Use of gift	(d) Description of how gift is held	
	N/A			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
:	Transferee's name, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, addres		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee		
BAA			Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

Federal Statements	Page 1
THE TILL BY CHARITARLE FOLINDATION	20-3825855
THE HELET CHARITABLE FOUNDATION	07·23AM
e 11	
(a) (b) Net Revenue Investment per Books Income	(c) Adjusted Net Income
Total \$ 949.	\$ 0.
e 16b	
(a) (b) Net (c)  Expenses Investment Adjusted  per Books Income Net Income	Purposes
e 16c	
(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income  \$ 9,232. \$ 9,232. \$ 9,232.  Total \$ 9,232. \$ 9,232. \$ 9,232.	Purposes
e 18	
(a) (b) Net (c)  Expenses Investment Adjusted  per Books Income Net Income  \$ 3,673. \$ 3,673.  Total \$ 3,673. \$ 3,673. \$ 0.	(d) Charitable Purposes  \$ 0.
	## THE TILLEY CHARITABLE FOUNDATION    Comparison

2015	Fed	deral Statements		Page 2
Client TIL5855	THE TILLE	Y CHARITABLE FOUNDATION	DN	20-3825855
2/15/16				07:23AM
Statement 5 Form 990-PF, Part I, Line 23 Other Expenses	3			
LICENSES AND PERMITS UNREALIZED HOLDING LOS		65,393.	nt Adjusted	(d) Charitable Purposes 0.
Statement 6 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gi	i rants			
Cash Grants and Alloca	itions	-		
Class of Activity: Donee's Name: Donee's Address:		CORNERSTONE ADULT SEE 140 WARWICK NECK AVEN WARWICK, RI 02889	RVICES NUE	
Relationship of Donee: Organizational Status Amount Given:	of Donee:	NONE 501 C (3)	\$	10,000.
Class of Activity: Donee's Name: Donee's Address:		BOYS & GIRLS CLUB OF 42 FREDERICK STREET WARWICK, RI 02888	WARWICK	:
Relationship of Donee: Organizational Status Amount Given:	of Donee:	NONE 501 C (3)		20,500.
Class of Activity: Donee's Name: Donee's Address:		RI SPECIAL OLYMPICS 33 COLLEGE HILL ROAD WARWICK, RI 02886	BLD 31	
Relationship of Donee: Organizational Status Amount Given:		NONE 501 C (3)		3,000.
Class of Activity: Donee's Name: Donee's Address:		SAINT ELIZABETH COMMU ONE ST ELIZABETH WAY EAST GREENWICH, RI 02		
Relationship of Donee: Organizational Status Amount Given:	of Donee:	NONE 501 C (3)		20,000.
Class of Activity: Donee's Name: Donee's Address:		OPERATION STAND DOWN 1010 HARTFORD AVENUE JOHNSTON, RI 02919	RI	
Relationship of Donee: Organizational Status Amount Given:	of Donee:	NONE 501 C (3)		2,500.
Class of Activity: Donee's Name:		BIG BROTERS BIG SISTE	RS OF OCEANT STAT	E

2015		Federal Statements	Page 3	
Client TI	IL5855 THE TILLEY CHARITABLE FOUNDATION			
2/15/16			07 23AM	
Form	ment 6 (continued) 990-PF, Part I, Line 25 ibutions, Gifts, and Grants			
Done	e's Address:	1540 PONTIAC AVENUE CRANSTON, RI 02920		
Rela	tionship of Donee: nizational Status of Donee:	NONE 501 C (3)		
	nt Given:	\$	2,500.	
Clas	s of Activity: e's Name:	NORTH KINGSTOWN FOOD PANTRY INC		
	e's Address:	450 POST ROAD NORTH KINGTOWN, RI 02852		
Rela Organ	tionship of Donee: nizational Status of Donee:	NONE 501 C (3)		
Amou	nt Given:		5,000.	
Clas: Done	s of Activity: e's Name:	THE KENT CENTER FOR HUMAN & ORG DEV.		
Done	e's Address:	2756 POST ROAD #100 WARWICK, RI 02886		
Organ	tionship of Donee: nizational Status of Donee:	NONE 501 C (3)		
Amoui	nt Given:		2,500.	
		Total \$	66,000.	
Ctata	<u> </u>			

# Statement 7 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devote</u>		Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
STEVEN TILLEY 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874	President 2.00	\$	0.	\$ 0.	\$ 0.
PATRICIA TILLEY 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874	Vice President 0.50		0.	0.	0.
STEVEN TILLEY II 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874	Secretary 0.25		0.	0.	0.
PATRICIA TILLEY 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874	Treasurer 0.50		0.	0.	0.
MICHAEL TILLEY 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874	Director 0.25		0.	0.	0.
	Tot	al 🕏	0.	\$ 0.	\$ 0.