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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► 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	lendar year 2015, or tax year beginning	, 2015	, and ending	,	
	Y FAMILY FOUNDATION		A	Employer identification nur 45-2774866	nber
	BOX 2113 EN, CT 06820		В	Telephone number (see inst (917) 885-054	-
			c	If exemption application is	pending, check here
G Ch	eck all that apply: Initial return	Initial return of a form	ner public charity D	1 Foreign organizations, chec	ck here ►
	Address change	Name change		2 Foreign organizations meet here and attach computation	ing the 85% test, check
H Ch	eck type of organization: \overline{X} Section 50 Section 4947(a)(1) nonexempt charitable	1(c)(3) exempt private f		If private foundation status	اسا
I Fair	1111	counting method: X C		under section 507(b)(1)(A)	
(fro	m Part II, column (c), line 16)	Other (specify)	F	If the foundation is in a 60 under section 507(b)(1)(B)	
Part		, column (d) must be or	(b) Net investment	(c) Adjusted net	(d) Disbursements
-	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc, received (attach schedule) 2 Ck I if the foundation is not required to attach Sch B	65,000.			
	3 Interest on savings and temporary cash investments	445.	445.	445.	
	5 a Gross rents				
2018 11 20 18	6 a Net gain or (loss) from sale of assets not on line 10				
. V	b Gross sales price for all assets on line 6a				
^{ਜ਼ਰ} E ≎ੇ N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain				
er Ü	9 Income modifications.				
<u> </u>	10 a Gross sales less returns and allowances				
17.7	b Less Cost of goods sold .				
2	C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule)				
APK CHREKO	11 Other income (attach schedule)				
2	12 Total. Add lines 1 through 11	65,445.	445.	445.	
,,	13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	0.			
	15 Pension plans, employee benefits				
Α	16a Legal fees (attach schedule)				
D M	b Accounting fees (attach sch)				
I N	c Other prof fees (attach sch)				
PS	17 Interest				
O I S T R A	19 Depreciation (attach	4.			
ÎÎ	schedule) and depletion			FACILIED	
N V G E	20 Occupancy 21 Travel, conferences, and meetings .		<u>_</u> _	IFUEIVEU IC	
_	22 Printing and publications		[7]	1 1 2010	
A E N X D P	23 Other expenses (attach schedule)		 	APR 1 1 2016	
E			10	, i	<i>\$</i>
N S E S	24 Total operating and administrative expenses. Add lines 13 through 23	4.		GDEN IT	
S	25 Contributions, gifts, grants paid Stmt 2	17,000.	(F)	1.48.71.31.31.31.31.31.31.31.31.31.31.31.31.31	17,000.
	26 Total expenses and disbursements. Add lines 24 and 25	17,004.	0.	0.	17,000.
-	27 Subtract line 26 from line 12:	17,004.		<u> </u>	2,,0001
	a Excess of revenue over expenses and disbursements.	48,441.			
	b Net investment income (if negative, enter -0-)		445.		
	C Adjusted net income (if negative, enter -0-)			445.	

Dar	4 IK	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	Beginning of year	End o	f year
rai	t II'	Balance Sheets column should be for end of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	102,400.	139,459.	
	3	Accounts receivable ▶			
		Less. allowance for doubtful accounts			•
	4	Pledges receivable			
		Less: allowance for doubtful accounts	1		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		· · · · · · · · · · · · · · · · · · ·	
		disqualified persons (attach schedule) (see instructions).			
۸	7	Other notes and loans receivable (attach sch)			
ŝ		Less: allowance for doubtful accounts		71.	
A S E T	8	Inventories for sale or use			
Ť	9	Prepaid expenses and deferred charges			
S		a Investments — U.S. and state government obligations (attach schedule)			
	1	b Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment. basis			
		Less: accumulated depreciation (attach schedule)			
	15				
	16	Total assets (to be completed by all filers – see the instructions. Also, see page 1, item l)	102,400.	139,459.	0.
Ļ	17	Accounts payable and accrued expenses			
A	18	Grants payable ,			
Ŗ	19	Deferred revenue			*
-	20	Loans from officers, directors, trustees, & other disqualified persons			
Ī	21	Mortgages and other notes payable (attach schedule)			
Ţ	22	Other liabilities (describe ►)	·		
E S	22	Total liabilities (add lines 17 through 22)	0	0	
<u> </u>	23	Foundations that follow SFAS 117, check here	0.	0.	
		and complete lines 24 through 26 and lines 30 and 31.			â
N F E U T N	24	Unrestricted .			
ΤŇ	25	Temporarily restricted			
A D	26	Permanently restricted			
S B S A		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds	102,400.	139,459.	
SNC	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
RS	30	Total net assets or fund balances (see instructions)	102,400.	139,459.	
	31	Total liabilities and net assets/fund balances (see instructions)	102,400.	139,459.	
Parl	III	Analysis of Changes in Net Assets or Fund Balance		233, 133.1	
		I net assets or fund balances at beginning of year – Part II, colur		ree with	
•	end-	of-year figure reported on prior year's return)	(2), 55 (mast ag	1	102,400.
2	Ente	r amount from Part I, line 27a		2	48,441.
		increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3		4	150,841.
		ases not included in line 2 (itemize) See Statement 3		5	11,382.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), lir	ne 30 6	139,459.

Parl	(a) List and describe	Losses for Tax on Investment the kind(s) of property sold (e.g., rse; or common stock, 200 shares ML	eal estate.	(b) How acque P — Purcha D — Donation	se	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	N/A						
b							
С							
d							ļ
e	(-) (-)	(65)				4.5	<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other base plus expense of sal			(h) Gain or (e) plus (f) n	(loss) ninus (g)
a							
_ <u>b</u>			<u></u>				
<u>c</u>							
<u>u</u>		-			—		
	Complete only for assets show	ving gain in column (h) and owned b	v the foundation on 12/31/	69		40.0	
	(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	-		(I) Gains (Col ain minus col (k), b an -0-) or Losses (f	out not less
a							
b						. **	
С							
d							
е							
2	Capital gain net income or (ne	et capital loss). - If gain, also If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7		2		-
3	Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)				
	If gain, also enter in Part I, lin in Part I, line 8	e 8, column (c) (see instructions). If	(loss), enter -0-		3		
Part		r Section 4940(e) for Reduce foundations subject to the section 4940(e)			ne		
If 'Ye	s,' the foundation does not qua	ction 4942 tax on the distributable and alify under section 4940(e). Do not contact the column for each year; see the installation (b) Adjusted qualifying distributions	omplete this part		,	. Yes	X No
	Calendar year (of tax year beginning in)	, , , ,	noncharitable-use ass	ets (col	(b) divided by	col (c))
	2014	8,500.		,530.			0.071112
	2013	17,774.		3,756.			0.123640
	2012	6,500.	83	3,443.			0.077897
	2011					·	
	2010	L	· · · · · · · · · · · · · · · · · · ·			<u></u> "	
2	Total of line 1, column (d)				2		0.272649
3	Average distribution ratio for t	he 5-year base period — divide the to n has been in existence if less than	otal on line 2 by 5, or by th 5 years	ne	3		0.090883
4	Enter the net value of noncha	ritable-use assets for 2015 from Part	X, line 5		4		120,734.
5	Multiply line 4 by line 3				5		10,973.
6	Enter 1% of net investment in	come (1% of Part I, line 27b)			6		4.
7	Add lines 5 and 6		•		7	<u> </u>	10,977.
	Enter qualifying distributions fi			-	8		17,000.
	If line 8 is equal to or greater tha Part VI instructions	an line 7, check the box in Part VI, line	1b, and complete that part u	sing a 1% ta	ax ra	ate See the	

Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructio	1s)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter: (attach copy of letter if necessary – see instrs)			
ŀ	b Domestic foundations that meet the section 4940(e) requirements in Part V,			4.
	check here. ► X 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) .			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
_	foundations only. Others enter -0-)			<u>0.</u>
3	Add lines 1 and 2			4.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5			4.
0	Credits/Payments: a 2015 estimated tax pmts and 2014 overpayment credited to 2015			
	b Exempt foreign organizations — tax withheld at source 6b			
	c Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld . 6 d			
7	Total credits and payments. Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .			4.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded > 11			
Par	rt VII-A Statements Regarding Activities			
1 2	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		X
ŧ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	١		
	(see Instructions for the definition)?	1 b		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
,	c Did the foundation file Form 1120-POL for this year?	1 c		X
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	10		
	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0.			
6	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ 0.			
2	foundation managers	2		.,
2	If 'Yes,' attach a detailed description of the activities			X
_				
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 changes	3		Х
4 a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6_	X	
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	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) .			
	CT			
t	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV			
	for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9_		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	10		.,
BAA	and addresses .	10 rm 990	-PF (2	X 015)

Pai	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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
-14	Website address	: -		
14		<u>8) _981</u>	<u>-596</u>	<u> 51</u>
15	Located at 19 WESTVIEW DRIVE MANSFIELD MA ZIP + 4 02048 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	_{N/A}		
	and enter the amount of tax-exempt interest received or accrued during the year		•	∐ N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a		Yes	No
	bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,'	. 16		X
	enter the name of the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		L	<u> </u>
	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?)		
	(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?	t t		
	(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 period after termination of government service, if terminating within 90 days))		***************************************
t	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)?	1b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here .			Ī ,
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 2015?	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 and 6e, Part XIII) for tax year(s) beginning before 2015?	•		
	f 'Yes,' list the years ► 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 instructions)	2 b	N.	/A
С	f 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			
3 a	Ord the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	,		
b	f 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (1) 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 2015.)	3 b	N	/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could eopardize its charitable purpose that had not been removed from jeopardy before the first day of he tax year beginning in 2015?	4 b		X
BAA		Form 990	O-PF (2015)

Form 990-PF (2015) RILEY FAMILY FOUN			45-27	74866	Page
Part VII-B Statements Regarding Activit		n 4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or inct (1) Carry on propaganda, or otherwise attem	•	on (section 4945(e))?	☐ Yes X	No	
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registry	olic election (see section	n 4955); or to carry		No	
(3) Provide a grant to an individual for travel,			Yes X	4 !!	
(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] N o	
(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 If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regar	qualify under the exception disaster assistance	otions e	. 5b	N/A
Organizations relying on a current notice rega	arding disaster assistani	ce check here .	· [19/11
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A. Yes] No	
If 'Yes,' attach the statement required by Reg		• •			
6 a Did the foundation, during the year, receive a on a personal benefit contract?b Did the foundation, during the year, pay prem]No	
If 'Yes' to 6b, file Form 8870.	nums, affectly of maired	ctly, on a personal bene	ent contract?	6 b	X
7a At any time during the tax year, was the found	dation a party to a proh	ubited tax shelter transa	action? Yes X	No	.
b If 'Yes,' did the foundation receive any proces				N/A. 7b	
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid I	Employees	3,
List all officers, directors, trustees, foundations	n managers and their	componentian (see incl	hurratia na N		
List all officers, directors, trustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowances
TIMOTHY M. RILEY	Trustee	0.	0.	T	0
P.O. BOX 2113	0.50				
DARIEN, CT 06820				 	
ANGELA A. RILEY	Trustee	0.	0.		0
_P.O. BOX 2113 DARIEN, CT 06820	0.50				
	ļ				
2 Compensation of five highest-paid employees (or	I				
(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, llowances
None			Compensation	 	
				 	
					
				 	
	-			 	
				}	
Total number of other employees paid over \$50,000)		-		C

3 Five highest-paid independent contractors for professional services (see in:	structions). 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
1		
N/A		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.
BAA		Form 990-PF (2015)

Form 990-PF (2015) RILEY FAMILY FOUNDATION	45-2774866	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part	. Foreign found	ations,
see instructions.)		
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		
a Average monthly fair market value of securities	. 1a	
b Average of monthly cash balances	. 1 b	
c Fair market value of all other assets (see instructions)	1 c	122,573.
d Total (add lines 1a, b, and c)	1 d	122,573.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d .	3	122,573.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3		
(for greater amount, see instructions).	. 4	1,839.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	120,734.
6 Minimum investment return. Enter 5% of line 5	. 6	6,037.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of	erating founda	tions
and certain foreign organizations check here ► □ and do not complete this par	t.)	
1 Minimum investment return from Part X, line 6	1	6,037.
2a Tax on investment income for 2015 from Part VI, line 5 2a	4.	
b Income tax for 2015 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	4.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	6,033.
4 Recoveries of amounts treated as qualifying distributions	. 4	
5 Add lines 3 and 4	5	6,033.
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	6,033.
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	1 1	
	. 1a	17,000.
b Program-related investments — total from Part IX-B	1 b	
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 charitable projects that satisfy the: a Suitability test (prior IRS approval required) . 		
	. 3a	
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 4	4	17,000.
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	4.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,996.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years	e foundation	
BAA	Form	990-PF (2015)

Part XIII Undistributed Income (see instructions)

1. Discholatable amount for 2015 from Part XI, line 7		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
a Enter amount for 2014 only b Total for priv years: 20 , 20 , 20	1 Distributable amount for 2015 from Part XI, line 7				6,033.
D Total far prior years 20	2 Undistributed income, if any, as of the end of 2015				
3 Booss distributions carryower, if any, to 2015:	a Enter amount for 2014 only			0.	
a From 2010 b From 2012 c From 2012 d From 2013 d From 2014 2, 5, 527. f Total of lines 3a through e Qualifying distributions for 2015 from Part XII, line 4: P S 17, 000. a Applied to 2014, but not more than line 2a b Applied to midstributed mome of prior years (Election required — see instructions) c Treated as distributions out of corpus (Election required — see instructions) d Applied to 2015 distribution out of corpus (Election required — see instructions) d Applied to 2015 distribution out of corpus (Election required — see instructions) c Treated as distributions out of corpus (Election required — see instructions) d Applied to 2015 distributed out of corpus fill an amount appears in column (b), the farme amount misst be shown in column (a), the farme amount misst be shown in column (a), the farme amount misst be shown in column (a), the farme amount of prior years' undistributed income. Subtract line 4b from line 2. The amount of prior years' undistributed on the prior years' undistributed income. Subtract line 4b from line 2. The amount of prior years' undistributed on the prior years' undistributed on the prior years' undistributed income for which a notice of deficiency has been insued, or on which the section 4942(o) tax has been previously assessed d Subtract line 6 from line 6b. Taxable amount — see instructions Undistributed mome for 2014. Subtract line 4b from line 2. Taxable amount — see instructions Undistributed and the form line 6 from line 6 from line 16. Analysis of line 9. Excess from line 1. This amount must be distributions carryover to 2016. Subtract lines 7 and 6 from line 6 Analysis of line 9. Excess from 2011 b Excess from 2011 b Excess from 2014 2, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,			0.		· · · · · · · · · · · · · · · · · · ·
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10 Analysis of line 9. a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015 10,967	9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	24.505			
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c Excess from 2013 . 10,638 . d Excess from 2014 2,527 . e Excess from 2015 10,967 .					
d Excess from 2014 2,527. e Excess from 2015 10,967.					
e Excess from 2015 10.967.					
	e Excess from 2015 10, 967.				Form 000 PF (2015)

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:

Check here \nearrow X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

art XV Supplementary Information Grants and Contributions Paid During the	Year or Approved for Fut	ure Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or	A
Name and address (home or business)	foundation manager or	recipient	Purpose of grant or contribution	Amount
a Paid during the year	Substantial Contributor	 		
]		
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		}		
Total		<u> </u>	► 3a	
Approved for future payment				-
Total			▶ 3ь	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelate	ed business income	Excluded	(e)	
1 Progr	ram service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
а						
b						
С						
d						
е						
f						·
_	and contracts from government agencies					
	bership dues and assessments	 				
	st on savings and temporary cash investments			1.4	445	· · · · · · · · · · · · · · · · · · ·
	ends and interest from securities			14	445.	
	ental income or (loss) from real estate: financed property					
	lebt-financed property				-	
	ntal income or (loss) from personal property					
	r investment income					
	r (loss) from sales of assets other than inventory					
	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory					
	revenue:					
a						
е	. 97.1					
12 Subto	otal Add columns (b), (d), and (e)				445.	
13 Total	. Add line 12, columns (b), (d), and (e)	til till same			13	445.
(See works	sheet in line 13 instructions to verify calculation	ns.)				
Part XVI	-B Relationship of Activities to the	Accompl	ishment of Exemp	t Purp	oses	
I dit /(T)						
Line No. ▼	Explain below how each activity for which in accomplishment of the foundation's exempt	come is rep	orted in column (e) of F	Part XVI-	A contributed important such purposes) (See ii	ly to the
	accomplishment of the real actions exempt					
N/A			me			

	1-1-1				· ·	
	10.					
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					<u> </u>	-
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DAA			0500: 10/13/15			Form 990-PF (2015)

Form 990-PF (2015) RILEY FAMILY FOUNDATION 45-2774866 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

									Yes	No
1 Did th	ie organization directly ibed in section 501(c) (or indirectly e	engage in any o	of the following w	ith any of	ther organization	n 507			;
relatir	ng to political organization	tions?	uner unam secu	on sur(c)(s) orga	mzations) or in section	527,			
a Trans	fers from the reporting	ı foundation to	a noncharitab	le exempt organi	zation of					
	ash							1 a (1)		v
	ther assets .			·		•		1 a (1)		X
	transactions:		•	• •		•		1 a (2)		
	ales of assets to a non	ncharitable eve	mnt organizati	on				1 5 (2)		١,,
	urchases of assets from							1 b (1)		X
	ental of facilities, equip			gariization	,	•		1 b (2)		X
				•		• •	•	1 b (3)		X
	eimbursement arrange		• • •	•		•		1 b (4)		_X
• •	oans or loan guarantee					•		1 b (5)		X
	erformance of services		-	•		•		1 b (6)		X
c Snarir	ng of facilities, equipme	ent, mailing lis	sts, other asset	is, or paid employ	ees .		• •	. 1c		X
d If the	answer to any of the a	bove is 'Vos '	complete the f	ollowing cohodul	Column	a (h) should alv	vava abaw tha fa	المرا فماليمميرين		
the go	answer to any of the a ods, other assets, or ser	vices given by	the reporting for	undation If the fou	ndation re	eceived less than	rays snow the fair fair market value	ir market val	ue oi	
any tr	ansaction or sharing a	rrangement, s	how in column	(d) the value of t	he goods	, other assets,	or services recei	ved.		
(a) Line no	(b) Amount involved	(c) Name (of noncharitable exi	empt organization	(d)	Description of tran	sfers, transactions, a	nd sharing arrar	ngement	ts
N/A										
			-							
				·					-	
						-	- · · · · · · · · · · · · · · · · · · ·	•		
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	L						-54-			
	1-1	-	·			**-				
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			·							
		L			<u> </u>					
2a Is the t	foundation directly or ind bed in section 501(c) o	lirectly affiliated	d with, or related	to, one or more to	ax-exempt	t organizations		Г		• •
		-	ther than section	on 501(c)(3)) or if	1 section	52//.		∐Yes	X	No
	, complete the follows		4 > =							
	(a) Name of organization	on	(b) Typ	e of organization	-	(c) Description of r	elationship		
N/A										
				T			-			
			-			- + h	·			
Unde	r penalties of perjury, I declare ct, and complete Declaration	e that I have exami	ined this return, inclithan taxpaver) is ba	uding accompanying si sed on all information	chedules and of which ore	d statements, and to	the best of my knowle	edge and belief, i	t is true,	•
Sign	1 01		,,			, , , , , , , , , , , , , , , , , , ,	July	May the II		
Here	V-/ 110 //	W. () is	νΛ ₋	14 3.11	▶ "			this return preparer s	with the	e l
9.4	nature of officer or trustee	Jayou	<i>S</i>	Date	Titl	rustee		(see instri	uctions)	ا ر
July	Print/Type preparer's nam	ne .	Prenarer's	s signature	110	Date		PTIN	Yes	No
	1			()	,,<	3/16	Check X if	ļ		
Paid	Tracy Scott			Scott 1/	<u>F-7</u>	1:	self-employed	<u> P01297</u>		
Preparer		racy Scot					Firm's EIN ► 114	54 924	77	
Use Only	_	<u>9 Westvie</u>								
	∦ Ma	<u>ansfield,</u>	MA 02048				Phone no (50	8) 981-5	961	
BAA	<u> </u>							Form 990	-PF (2015)

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

Name of the organization		Employer identification number			
RILEY FAMILY FOUNDATION		45-2774866			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable trust no	t treated as a private foundation			
	527 political organization	·			
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust tre	ated as a private foundation			
	501(c)(3) taxable private foundation	·			
	Per (e)(e) tayana private realization				
Check if your organization is covered by the Gener	al Rule or a Special Rule.				
Note. Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the Genera	l Rule and a Special Rule. See instructions.			
General Rule					
X For an organization filing Form 990, 990-E property) from any one contributor. Comp	Z, or 990-PF that received, during the year, cor lete Parts I and II. See instructions for determin	ntributions totaling \$5,000 or more (in money or			
hh 3, 3		mig a contributor o total contributions.			
Special Rules					
•	01(c)(3) filing Form 990 or 990-F7 that met the	33-1/3% support test of the regulations			
under sections 509(a)(1) and 170(b)(1)(A)(vi)	01(c)(3) filing Form 990 or 990-EZ that met the that checked Schedule A (Form 990 or 990-EZ), F	Part II, line 13, 16a, or 16b, and that			
Form 990, Part VIII, line 1h, or (ii) Form 9	the year, total contributions of the greater of (1) 90-EZ, line 1 Complete Parts I and II.) \$5,000 or (2) 2% of the amount on (i)			
For an organization described in section 5 during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ than \$1,000 <i>exclusively</i> for religious, charitable	that received from any one contributor,			
purposes, or for the prevention of cruelty	o children or animals. Complete Parts I, II, and	III			
	01(c)(7), (8), or (10) filing Form 990 or 990-EZ				
	or religious, charitable, etc, purposes, but no s the total contributions that were received during				
charitable, etc., purpose. Do not complete	any of the parts unless the General Rule applie	es to this organization because			
it received nonexclusively religious, charita	able, etc., contributions totaling \$5,000 or more	during the year			
Ocalian Assessment III I	" 0 101 11 " 0 15:				
990-PF), but it must answer 'No' on Part IV. II	y the General Rule and/or the Special Rules do ne 2, of its Form 990, or check the box on line	es not file Schedule B (Form 990, 990-EZ, or H of its Form 990-EZ or on its Form 990-PF.			
Part I, line 2, to certify that it does not meet the	ne filing requirements of Schedule B (Form 990	, 990-EZ, or 990-PF)			
BAA For Paperwork Reduction Act Notice, see the Inst	ructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2015)			

1 of

1 of Part I

RI

Employer identification number

LEY F	YAMTLY	FOUNDATION			45-277486	. (
<u> </u>	TAITHI	TOUNDATION	 	 	43 Z11400	_

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TIMOTHY AND ANGELA RILEY P.O. BOX 2113 DARIEN, CT 06820	\$65,000.	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 Payroll 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 Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
		Caladala P (5am 200	(Complete Part II for noncash contributions.)

1 to

1 of Part II

Employer identification number

45-2774866 RILEY FAMILY FOUNDATION

Part (see instructions)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. Form Description of noncash property given FMV (or estimate) (see instructions) (a) No. FMV (or estimate) (see instructions) (b) Description of noncash property given FMV (or estimate) (see instructions) (c) No. FMV (or estimate) (see instructions) (d) Date received form from Part I Description of noncash property given FMV (or estimate) (see instructions) (a) No. FMV (or estimate) (see instructions) (b) Date received from from from from from from from from	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. Description of noncash property given FMV (or estimate) (see instructions) Date received (see instructions) (a) No. (a) No. Description of noncash property given FMV (or estimate) (see instructions) Date received (see instructions) (a) No. (a) No. Description of noncash property given FMV (or estimate) (see instructions) (b) Indicate the property given FMV (or estimate) (see instructions) Date received (see instructions) (c) No. Description of noncash property given FMV (or estimate) (see instructions) (a) No. Description of noncash property given FMV (or estimate) (see instructions) (b) Date received (see instructions) Date received (see instructions) (c) No. Description of noncash property given FMV (or estimate) (see instructions) (a) No. Description of noncash property given FMV (or estimate) (see instructions) (a) No. Description of noncash property given FMV (or estimate) (see instructions) (b) Date received (see instructions) Date received (see instructions)		N/A		
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(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions) \$ Description of noncash property given FMV (or estimate) (see instructions)			s	
Part I (see instructions)	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I (see instructions)			 \$	
	(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Caba		7 or 990 DE /2015

1 of Part III

Name of organ	FAMILY FOUNDATION		45-2774866				
Part III		contributions to organiz	ations described in section 501(c)(7), (8),				
	or (10) that total more than \$1,000 for the	year from any one contribute	Or. Complete columns (a) through (e) and				
	the following line entry. For organizations com	pleting Part III, enter the total of	exclusively religious, charitable, etc.,				
	contributions of \$1,000 or less for the year. (El Use duplicate copies of Part III if additional spi	nter this information once. See i	nstructions)				
(-)							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	N/A						
		(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				
			<u> </u>				
(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, address,	ranster of gift	Relationship of transferor to transferee				
	Transferee 5 flame, address,		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held				
ı uıçı							
	(e) Transfer of gift						
	Transferee's name, address,	Relationship of transferor to transferee					
	Transferee's fiame, address, a	allu ZIF + 4	Relationship of transferor to transferee				
(a)	_ (b)	(c) Use of gift	(d)				
(a) No. from Part I	Purpose of gift	Use of gift	(d) Description of how gift is held				
Farti		 					
			†				
	(e)						
	(e) Transfer of gift						
	Transferee's name, address,	and 21P + 4	Relationship of transferor to transferee				
	L						
	1	1					

2015		Fed	deral State	ments			Page 1
		RILE	Y FAMILY FOU	NDATION			45-2774866
Statement 1 Form 990-PF, Par Taxes	t I, Line 18						
,		 Total	(a) Expenses per Books \$ 4 \$ 4	•	ent	(c) Adjusted Jet Income	(d) ritable rposes 0.
Statement 2 Form 990-PF, Par Contributions, Gi	t I, Line 25 fts, and Grants						
<u>Cash Grants an</u>	d Allocations		_				
Donee's Name: Donee's Addres	ss:		Obie Harri PO Box 222 Darien CT	21	∍s Foun	ıdation	
Relationship o Organizational Amount Given:	of Donee: . Status of Don	iee:	None 501(c)(3)	00020			\$ 5,000.
Class of Activ Donee's Name: Donee's Addres Relationship o	ss:		Kids Suppo Keys P.O. Box 5 New Canaan None	532			
	. Status of Don	iee:	501 (c) (3)				7,000.
Donee's Name: Donee's Addres	s:		JAZZ ASPEN 110 E HALL ASPEN CO 8	AM ST #104	4		
Relationship o Organizational Amount Given:	of Donee: . Status of Don	nee:	None 501(c)(3)				5,000.
						Total	\$ 17,000.
Statement 3 Form 990-PF, Par Other Decreases	t III, Line 5						
Net Unrealized	Gains or Loss	ses on]	Investments			Total	\$ 11,382. 11,382.

Federal Statements

Page 2

RILEY FAMILY FOUNDATION

45-2774866

Statement 4
Form 990-PF, Part XV, Line 1a
Foundation Managers - 2% or More Contributors

TIMOTHY M. RILEY ANGELA A. RILEY