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Form 990-PF

Department of the Treasury Internal Revenue Service

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

2016

Open to Public Inspection

| For | <u>calen</u> | dar year 2016 or t | ax year beginni | ng | . 201 | 6, and ending | | | |
|----------------------|--------------|---|--|----------|---|--|-------------------|--|--|
| THI | E TI | LLEY CHARIT | ABLE FOUND | | | <u>,</u> | Α | Employer identification nu 20-3825855 | mber |
| SAU | JNDE | OURNING DOVE CRSTOWN, RI | DRIVE 02874 | | | | В | Telephone number (see in: | structions) |
| - | Nh1. | -11.11 | <u> </u> | | | | С | If exemption application is | s pending, check here 🕨 🗌 |
| u | леск | all that apply: | Initial return Final return | | Initial return of a for Amended return | rmer public charity | D | 1 Foreign organizations, che | ck here► |
| H | heck | type of organizati | Address char | | Name change 01(c)(3) exempt private | foundation | | 2 Foreign organizations med here and attach computations | eting the 85% test, check on |
| | | Section 4947(a)(1) rket value of all assets |) nonexempt cha | arıtable | trust Other taxable | private foundation | E | If private foundation statu under section 507(b)(1)(A | s was terminated |
| (i | rom Pa | art II, column (c), l ine 1 | 16) | i E | counting method. X (| | F | If the foundation is in a 6 | ت |
| Div | . | 1,783 | | (Part | l, column (d) must be d | on cash basis) | | under section 507(b)(1)(B |), check here ► |
| Rar | | Analysis of Re Expenses (The columns (b), (c), a sarily equal the ar (see instructions) | total of amounts and (d) may not mounts in colum | neces | (a) Revenue and expenses per books | (b) Net investmen income | t | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| _ | 1 | | s, etc , received (attach sch | edule) | 205,328. | | ~ ~ | | |
| 2017 | 2 | | | | 203,326. | | | F 9 445 7 - 447 1 1 | |
| 3 | _ | | | VVII L | | | *** | 1 1 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 | Salar Maria |
| \rightleftharpoons | 3 | • | | | 2,241. | 2,24 | | 2,241. | |
| | 1 2 | Dividends and interest fro a Gross rents . | m securities | • | 31,727. | 31,72 | <u>7.</u> | 31,727. | 1.25 1.4 1. 美国 |
| ≽ | | b Net rental income or (loss) | | | Transfer of the second | 10 E 20 12 13 13 13 | : : | to with engine the many of | |
| \ W\\ | 6 | a Net gain or (loss) from sa | ile of assets not on line 10 | | 136,005. | F - 10 | - 12" | The state of the s | ************************************** |
| OV. | ł | b Gross sales price for assets on line 6a | | 463. | 130,003. | * ** | . ; | The state of the s | |
| ME | 7 | | ome (from Part IV, line | | | 136,011 | <u> </u> | | |
| ZN. | 8 | Net short-term capita | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | · · · · · · · · · · · · · · · · · · · | <u> 7</u> 43 | 0. | C 1 |
| SCANNED | 9 | Income modifications a Gross sales less | \$ | • | A TO THE STATE OF | | ~. ° | | The same of the sa |
| U | '' | returns and allowances | | | | | | KEVE | VED , |
| עש | | b Less. Cost of goods sold | | | ·最多观点等 | 30411 | , 3 | m | 6 |
| | 1 | C Gross profit or (loss) (attai | ch schedule) | | 20,7 49, 31 4, 77, 24 | 77. | ا موجد الأراثي | S APR 17 | 2017 9 |
| | 11 | | • | | <u></u> | <u> </u> | <u>.</u> | <u> </u> | <u> </u> |
| | 1 | | | | | | | OGDE | CUT 6 TO |
| | | Total. Add lines 1 t | | | 375,301. | 169,979 | ₹. | 33,968. | |
| | 13 | | | es, etc | 0. | | | | |
| | 15 | | _ | • • | | | _ | | |
| | | a Legal fees (attach sch | | • • | | | _ | | · |
| A D | | b Accounting fees (attai | | St. 1 | 1,250. | | _ | 1 250 | |
| I. | 1. | C Other professional fees (at | • | | 6,790. | 6,790 | \vdash | 1,250. 6,790. | |
| O I | 17 | Interest | | | 0,130. | 0,750 | $\ddot{\dashv}$ | 0,130. | |
| OPERATING | 18 | Taxes (attach schedule)(see | e instrs) See . S. | tm .3. | 1,667. | 1,667 | , | | |
| RAA | 19 | Depreciation (attach | | | | <u> </u> | Ť | | 医侧子 经联络 医二十二二 |
| į | 20 | schedule) and deplete Occupancy | on . | • • • | | | _ | | 2.520人类4.73 |
| N V | 21 | Travel, conferences, a | and meetings . | | | | \dashv | | |
| A E N X D P | 22 | Printing and publication | ons | | | | 1 | | |
| Ďĝ | 23 | Other expenses (attac | | | | | 7 | | |
| Ñ | | | ee Stateme | nt 4 | 55,044. | 50 | ١. | 50. | |
| AND EXPENSES | 24 | Total operating and a expenses. Add lines 1 | | | 64,751. | 8,507 | . | 8,090. | |
| | 25 | Contributions, gifts, grants p | | 5 | 75,000. | -0,507 | | 8,090. | 75,000. |
| | 26 | Total expenses and d | | i | | | 7 | | |
| | 27 | Add lines 24 and 25 Subtract line 26 from I | hoo 12s | • | 139,751. | 8,507 | ᆛ | 8,090. | 75,000. |
| | | Subtract line 26 from I | | | | | <u> </u> | | 展記。管學於於 |
| | Ι [| and disbursements | | | 235,550. | 张江州 1756年 | 溢 | Ring Company of the | |
| | b | Net investment incom | e (if negative, enter | 0-) . | · · · · · · · · · · · · · · · · · · · | 161,472 | | The state of the s | 1.30 公司 1.50 公司 |
| | l c | Adjusted net income | (if negative legter .0. | a [| | 1 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - | 4.47 | 25 878 | न्तु । हा हा बहुर नाम हरने स्था |

| Pa | irt II | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only | n | Beginning of year | | | of year |
|-----------------------|----------------|--|--|-------|---|--------------|-------------|---|
| | | | (See instructions) | | (a) Book Value | (b) Book Val | ue | (c) Fair Market Value |
| | 1 | Cash – non-interest | -bearing , | | | | | |
| | 2 | Savings and temporal | ary cash investments | | 46,239. | 58, | 850. | 58,850. |
| | 3 | Accounts receivable | • • • • • • • • • • • • • • • • • • • | | | | | |
| | | Less allowance for o | doubtful accounts > | | | | | |
| | 4 | Pledges receivable | • | | | | | |
| | 1 | Less: allowance for o | doubtful accounts > | | | | | |
| | 5 | Grants receivable | | | | | | |
| | 6 | Receivables due from offic | ers, directors, trustees, and other | | <i>*</i> | | | |
| | | disqualified persons (attac | h schedule) (see instructions) | | | <u> </u> | | |
| | 7 | Other notes and loans rece | eivable (attach sch) | | THE PURE NO. | | | |
| Ŝ | 1 | Less: allowance for d | | | | <u></u> . | | |
| န္ | 8 | | | | | | | |
| A S S E T | 9 | | nd deferred charges | | | | | |
| S | 10 | a Investments - US a | and state government | İ | | | | |
| | | obligations (attach so | • | | <u> </u> | | | <u> </u> |
| | - 1 | • | stock (attach schedule) | • | 1,501,434. | 1,724, | <u>373.</u> | 1,724,373. |
| | 1 | c Investments — corporate b | | | | | | |
| | 11 | Investments – land, equipment basis . | buildings, and | | | | | |
| _ | | Less. accumulated deprecia | ation | | | | | |
| | 12 | | age loans | | | ļ · | | |
| | 13 | • | ~ | | | | | |
| | 14 | | | | | | | |
| | '~ | Less. accumulated deprecia | • • | 4 | | | Carry. | |
| | 1 | (attach schedule) | | ĺ | | | | |
| | 15 | Other assets (describ | e ► | 2 | | | | |
| | 16 | Total assets (to be co | ompleted by all filers — Also, see page 1, item I) | | 1,547,673. | 1,783,2 | 223 | 1,783,223. |
| L | 17 | | d accrued expenses | | 1,547,075. | 1,703,2 | | 1,703,223. |
| Ĭ | 18 | Grants payable | | | " " " " " " " " " " " " " " " " " " " | | | |
| B | 19 | Deferred revenue | | · · | | - | | |
| ŀ | 20 | | ors, trustees, & other disqualified persons | | | | | |
| ī | 21 | | payable (attach schedule) | | | | | |
| Ţ | 22 | Other liabilities (desci | · · | · st | · | | | |
| Ė | 1 | • | | -1 | | | | |
| <u>S</u> | 23 | Total liabilities (add I | | X | 0. | | 0. | |
| | | | 4 through 26 and lines 30 and 31. | | | <i>'</i> | | |
| N F E U T N | 24 | Unrestricted . | | { | 1,547,673. | 1,783,2 | 223. | |
| E U | 25 | Temporarily restricted | l | . [| | | | |
| Ď | 26 | Permanently restricted | d | ſ | | | | |
| A B A L A | | Foundations that do and complete lines 27 | not follow SFAS 117, check here > 7 through 31. | | | | | |
| E L T A S N | 27 | Capital stock, trust pri | incipal, or current funds . | . | | | | |
| SN | 28 | Paid-in or capital surplus, o | r land, bldg , and equipment fund . | . [| | | | |
| O E | 29 | Retained earnings, accumula | ated income, endowment, or other funds | [| · | | | Property of the second |
| ŔŜ | 30 | Total net assets or fu | nd balances (see instructions) | . [| 1,547,673. | 1,783,2 | 23. | |
| | 31 | Total liabilities and no (see instructions) | et assets/fund balances | ſ | 1,547,673. | 1,783,2 | 23 | |
| Dar | 1 1-1111317 | | es in Net Assets or Fund Bala | mce | | 1,103,2 | .23. | |
| | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 1 | Total end-c | net assets or fund bala of-year figure reported | ances at beginning of year — Part II, on prior year's return) | colur | mn (a), line 30 (must a | gree with | 1 1 | 1,547,673. |
| | | amount from Part I, II | | | | | 2 | 235,550. |
| | | ncreases not included in line | | - • | •••• | | 3 | 200,000. |
| | | nes 1, 2, and 3 . | | | | | 4 | 1,783,223. |
| 5 | Decrea | ses not included in line 2 (its | emize) | | • | • • • • | 5 | 2,,00,220. |
| 6 | Total | net assets or fund bala | ances at end of year (line 4 minus line | e 5) | - Part II. column (h) | line 30 | 6 | 1,783,223. |
| - | | Juliana Juli | and the second of the second o | , | , | | 1 | ~,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |

| Part IV Capital Gains and I | osses for Tax on Investme | nt Income | | | | |
|--|--|--|--------------------------------------|--------|---|-------------------------------|
| (a) List and describe | the kind(s) of property sold (e.g., ouse; or common stock, 200 share | real estate, | (b) How acc P — Purch D — Dona | nase | (C) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1a SEE ATTACHED SHORT | TERM | | P | | Various | Various |
| b SEE ATTACHED LONG T | | | P | | Various | Various |
| c SEE ATTACHED LONG T | ERM | | P | | Various | Various |
| d Wash Sale | | | | | | |
| <u>e Capital qain divide</u> | nds | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other ba plus expense of sa | | | (h) Gain or (e) plus (f) m | (loss) ınus (g) |
| a 26,589. | | 3 | 1,800. | | | -5,211. |
| b 303,751. | <u> </u> | 18 | 9,233. | | | 114,518. |
| <u>c</u> 91,758. | | 6 | 6,425. | | | 25,333. |
| d | <u> </u> | | | | | |
| e | | | | | | |
| Complete only for assets show | ing gain in column (h) and owned | | 69 | | (1) Gains (Col | (h) |
| (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 | | | ain minus col (k), b in -0-) or Losses (fr | |
| a | | | | | | -5,211. |
| b | | · | | | | 114,518. |
| c | | | | | | 25,333. |
| d | | | | | | 6. |
| e | | | | | | 1,365. |
| 2 Capital gain net income or (net | | enter in Part I, line 7 ter -0- in Part I, line 7 | · | 2 | | 136,011. |
| 3 Net short-term capital gain or (| loss) as defined in sections 1222(5 | i) and (6). | ς | | | |
| If gain, also enter in Part I, line in Part I, line 8 | e 8, column (c) (see instructions). I | f (loss), enter -0- | | 3 | | -5,205. |
| Part V Qualification Under | Section 4940(e) for Reduce | d Tax on Net Investm | ent Inco | me | | |
| (For optional use by domestic private for | oundations subject to the section 4940 | (a) tax on net investment inc | ome.) | | N/A | |
| If soction 4040(d)(2) applies leave H | ara a ant bland. | | | | | |
| If section 4940(d)(2) applies, leave the | по ран выпк. | | | | | |
| Was the foundation liable for the sec | tion 4942 tax on the distributable a | mount of any year in the b | ase period | !? | Yes | No |
| If 'Yes,' the foundation does not qual | ify under section 4940(e) Do not o | complete this part. | | | | |
| Enter the appropriate amount in e | ach column for each year; see the in | structions before making any | entries. | | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use ass | sets | (| (d) Distribution col (b) divided | |
| 2015 | | | | | | |
| 2014 | | | | | | |
| 2013 | | | | | | |
| 2012 | | | | | | ··· |
| 2011 | | | | | | |
| 2 Total of line 1, column (d) | | | | 2 | | |
| Average distribution ratio for the number of years the foundation | e 5-year base period — divide the has been in existence if less than | total on line 2 by 5, or by th 5 years | ne . | 3 | | |
| 4 Enter the net value of nonchard | table-use assets for 2016 from Par | t X, line 5 | ļ - | 4 | | |
| 5 Multiply line 4 by line 3 | | | | 5 | ·—· | |
| 6 Enter 1% of net investment inco | ome (1% of Part I, line 27b) | | | 6 | | |
| 7 Add lines 5 and 6 | | | | 7 | | |
| 8 Enter qualifying distributions from | | | | 8 | | |
| If line 8 is equal to or greater than Part VI instructions. | line 7, check the box in Part VI, line | 1b, and complete that part u | sing a 1% f | tax ra | te See the | |

| Pa | art VI 🗐 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see | instr | uction | s) | | |
|-----|---|----------------|--------------|--------------|--------------|----------------|
| | a Exempt operating foundations described in section 4940(d)(2), check here . and enter 'N/A' on line 1. | | 454 | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary — see instructions) | | | | ALCOHOL: NO. | |
| | b Domestic foundations that meet the section 4940(e) requirements in Part V, | 1 | | | 3,2 | 229. |
| | check here. ► and enter 1% of Part I, line 27b | 1 | 100 | 游池 | | and the |
| | c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) . | | | | | N. A. |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | 2 | | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | | 3,2 | 229. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | 5 | | | 3,2 | 229. |
| 6 | Credits/Payments: | | 2 | | | |
| | a 2016 estimated tax pmts and 2015 overpayment credited to 2016 | | | | | |
| | b Exempt foreign organizations — tax withheld at source 6b | | | | | |
| | c Tax paid with application for extension of time to file (Form 8868) 6 c | | | | | * * |
| | d Backup withholding erroneously withheld | | | 4 | | |
| 7 | Total credits and payments Add lines 6a through 6d | 7_ | | | _1,9 | <u> 45.</u> |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X 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_ | | | 1,2 | 284. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| _11 | Enter the amount of line 10 to be. Credited to 2017 estimated tax | 11 | | | | |
| Pa | rtVIIA Statements Regarding Activities | | | | | |
| 1. | a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | | 1 a | Yes | No X |
| I | b 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 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 | | _ [| | | |
| (| (1) On the foundation | | 0. | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | .] | 2 | D) JOHN | Х |
| | If 'Yes,' attach a detailed description of the activities. | | | | 4. | |
| | 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? <i>If 'Yes,' attach a conformed copy of the changes</i> | | | 3 | GRE-GREGOLE | X |
| | a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | ٠ . ا | 4 a | - 37 | X /2 |
| | olf 'Yes,' has it filed a tax return on Form 990-T for this year? | • | •••• | 4 b | IN | /A |
| Э | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 7 | | X |
| _ | If 'Yes,' attach the statement required by General Instruction T. | | ľ | . J | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or | | l | | * 3 | |
| | by language in the governing instrument, or | | | | | \hat{n} |
| | 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 |
| | 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 | and the second |
| 8 a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | _ | | 17 | |
| | RI | | _ | | 7 | 3 |
| b | 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 | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' complete | 4942 e Part | ()(5) XIV | 9 | | X |
| | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses | | <u> </u> | 10 | | X |
| BAA | | | For | m 990 | -PF (2 | 016) |

| For P a | m 990-PF (2016) THE TILLEY CHARITABLE FOUNDATION art VII-A: Statements Regarding Activities (continued) | 20-3 | 3 <u>82585</u> | 5 | P | age ! |
|-------------------|---|-------------|----------------|--------------------|-------------------|------------|
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity | | | | Yes | No |
| | within the meaning of section 512(b)(13)? If 'Yes,' attach schedule (see instructions) . | | | 11 | | <u>X</u> _ |
| 12 | 2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persadvisory privileges? If 'Yes,' attach statement (see instructions) | on had | | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption | applicati | on?. | 13 | Χ | |
| 14 | Website address ► N/A | . no - | | | | |
| • | Located at ► 116 MOURNING DOVE DRIVE SAUNDERSTOWN RI ZIP + 4 ► | 0287 | 74 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here | | - 1 | .N/A | | |
| 16 | and enter the amount of tax-exempt interest received or accrued during the year | ► <u>[1</u> | 5 | | Yes | N/A |
| 10 | At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority of bank, securities, or other financial account in a foreign country? | ver a | | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country | | | | | |
| Ŗā | it VII B Statements Regarding Activities for Which Form 4720 May Be Required | | | 73977,7.190,291290 | 126 m × 6 4 1 | TENERS A |
| | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | | Yes | No |
| 13 | a During the year did the foundation (either directly or indirectly): (1) Expanse in the cale or explanate or leaving of property with a discussified paragraph. | □v | [V]No | | | |
| | (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 | Yes | X No | | | |
| | disqualified person? | Yes | X No | | | |
| - | (3) Fürnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes Yes | X No | | | |
| | | | E 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 | X No | | | |
| | (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 | ΧΝο | | | |
| ŧ | b If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions) | ? | | 1 b | Ŋ | / A |
| | Organizations relying on a current notice regarding disaster assistance check here | . • | П | 14 | | |
| C | 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 2016? | | | 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 $4942(j)(5)$): | | | | | |
| a | | Yes | X No | | | |
| | If 'Yes,' list the years ► 20 , 20 , 20 , 20 | | | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see instructions.) | a)(2) to | | 2 b | N | /A |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years h | | | | | |
| | ► 20 , 20 , 20 | | | | - x ⁻¹ | |
| 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 | of f 'Yes,' did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.) | l | | 3 b | N | /A |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | 4 a | | х |
| b | 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 2016? | | | 4 b | | X |

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Form **990-PF** (2016)

| Form, 990-PF (2016) THE TILLEY CHARIT | | | 20-38 | 25855 | Page |
|---|---|---|--|--------------------------|------------------------|
| Part VII-B Statements Regarding Activit | | n 4720 May Be Req | uired (continued) | Lesimont. | an Astronomical Inches |
| 5 a During the year did the foundation pay or inco(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 registr | olic election (see section | n 4955); or to carry | | No | |
| (3) Provide a grant to an individual for travel | | | Yes X | 18-7 | |
| (4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instruction | n a charitable, etc., organ s) | ization 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 If any answer is 'Yes' to 5a(1)—(5), did any o described in Regulations section 53 4945 or ii (see instructions)? | f the transactions fail to n a current notice regar | | ptions e | 5 b | N/A |
| Organizations relying on a current notice rega | ording 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 exisibility for the grant? | kemption from the | N/A Yes | No | |
| If 'Yes,' attach the statement required by Reg | | | | | |
| | | | | No G | |
| b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870. | iums, directly or indirec | ctly, on a personal bene | fit contract? . | 6b | X |
| | dation-a party to a proh | nibited tax shelter transa | action? - Yes X | No - | |
| b If 'Yes,' did the foundation receive any proceed | ds or have any net inco | ome attributable to the | transaction? 1 | N/A 7b | |
| Rand VIII Information About Officers, D | irectors, Trustees, | Foundation Manage | gers, Highly Paid E | Employees | ,, |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| 1 List all officers, directors, trustees, foundation | | | | | |
| (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) Expense other all | e account, lowances |
| See Statement 6 | | | | | |
| | | 0. | 0. | | 0. |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | L | | <u> </u> | |
| 2 Compensation of five highest-paid employees (of | | on line 1 – see instructio | (d) Contributions to | <u>:</u> | · |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | employee benefit plans and deferred compensation | (e) Expense other all | e account, lowances |
| None | | | | | |
| | • | į | | | |
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| | | | | [| |
| | | | | | |
| | | | | (| |
| Total number of other employees paid over \$50,000 | | | | | 0 |
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| Form 990-PF (2016) THE TILLEY CHARITABLE FOUNDATION Part VIII Information About Officers, Directors, Trustees, Foundation Ma | 20-382 nagers, Highly Paid E | |
|--|---------------------------------|---------------------------|
| and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services (see instructions). | | |
| | Type of service | (c) Compensation |
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| PartiX:A Summary of Direct Charitable Activities | | |
| The state of the s | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information su organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ch as the number of | Expenses |
| | | |
| 1 <u>N/A</u> | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Part X B Summary of Program-Related Investments (see instructions) | | |
| Describe the two largest program-related investments made by the foundation during the tax year on I | ines 1 and 2. | Amount |
| 1 | | |
| | | |
| N/A | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| Total. Add lines 1 through 3 | | 0. |
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Page 8

| see instructions.) | no para rereig | , roundano, io, |
|--|----------------------|--|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | 元 |
| a Average monthly fair market value of securities | 1 | -/020/3011 |
| b Average of monthly cash balances | 1 | b 52,545. |
| c Fair market value of all other assets (see instructions) | <u>1</u> | с |
| d Total (add lines 1a, b, and c) | 1 | d 1,665,449. |
| 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 | 1,665,449. |
| 4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | 24,982. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, lir | ne 4 5 | 1,640,467. |
| 6 Minimum investment return. Enter 5% of line 5 | . 6 | 82,023. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) pr | ivate operating | |
| and certain foreign organizations check here > and do not complete | this part.) | |
| 1 Minimum investment return from Part X, line 6 | 1 | 82,023. |
| 2a Tax on investment income for 2016 from Part VI, line 5 | 3,229. | <u> </u> |
| b Income tax for 2016. (This does not include the tax from Part VI.) 2b | | |
| c Add lines 2a and 2b | 2 | 3,229. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 78,794. |
| 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 | 78,794. |
| | | |
| RartXIII Qualifying Distributions (see Instructions) | | |
| 1. Amounts nord (including administrative expenses) to ecceptually aboutable, etc., purposes | | |
| 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 Program-related investments — total from Part IX-B | 1 | |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., pu | urposes 2 | |
| | 7.5 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) | 3 | ==" |
| b Cash distribution test (attach the required schedule) | | b |
| 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XI | | 75,000. |
| | · · · · · · · | 1 |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5 | |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 75,000. |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years. | vhether the foundati | on |
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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2015 | (c) 2015 | (d) 2016 |
|--|--|--|--|--|
| 1 Distributable amount for 2016 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2016 | Acres of the | 2 1 2 2 2 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 78,794 |
| a Enter amount for 2015 only. | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | 74 277 | |
| b Total for prior years. 20 , 20 , 20 | 7 7 | | 74,377. | 24 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18 |
| 3 Excess distributions carryover, if any, to 2016 | 4 | U. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Mark Control |
| a From 2011 | | | | |
| b From 2012. | | | | |
| c From 2013 | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | | |
| d From 2014. | - | | | |
| e From 2015. | | | | |
| f Total of lines 3a through e | | · 1965 (1963) | | |
| 4 Qualifying distributions for 2016 from Part | 0. | | - 4, 5-0 | |
| tana a sa ta | | | , 4 | |
| a Applied to 2015, but not more than line 2a. | | | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | the state of the s | 74,377. | |
| b Applied to undistributed income of prior years (Election required — see instructions) | | 0. | | St. St. St. St. St. St. St. St. St. St. |
| c Treated as distributions out of corpus (Election required — see instructions) | 0. | | | |
| d Applied to 2016 distributable amount | 1.1.2. | | | 623. |
| e Remaining amount distributed out of corpus | 0. | | 2 23 | 023. |
| 5 Excess distributions carryover applied to 2016 . | 0. | 3 / 2 / 2 / 2 / 2 | | 0 |
| (If an amount appears in column (d), the same amount must be shown in column (a).) | 30 - 1 - 15 - 15 | | 35 14 14 1 | 0, |
| Same amount must be shown in column (a).) | The state of the s | 8-10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The second of the second | |
| 6 Enter the net total of each column as | | Brand Addition 1 | | |
| indicated below: | p and the part of man | The state of the s | | |
| a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | 0.1 | | | 高高高 (A) (A) (A) (A) |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0 | | in the second se |
| c Enter the amount of prior years' undistributed | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0. | | |
| income for which a notice of deficiency has | | Į. | | |
| been issued, or on which the section 4942(a) tax has been previously assessed | The state of the | ر م | | |
| · | 3 | 0. | ¥ . · · · · · · · · · · · · · · · · · · | 1 |
| d Subtract line 6c from line 6b Taxable amount — see instructions | | | | 1 . 2 . 2 . 2 . 2 . 2 . 4 . 4 . 4 . 4 . 4 |
| | | 0. | 33. | · · · · · · · · · · · · · · · · · · · |
| e Undistributed income for 2015 Subtract line 4a from | | | | |
| line 2a. Taxable amount — see instructions | | 1 21 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0. | |
| f Undistributed income for 2016. Subtract lines | | | 4 2 2 2 3 | |
| 4d and 5 from line 1. This amount must be | | | | |
| distributed in 2017 Amounts treated as distributions out of | | | | 78,171. |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(a)(3) (Flection | | | ·传见的《春春·秋 | |
| may be required - see instructions) | 0. | San San San San San San San San San San | | Control of the control |
| B Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) | 0. | | The state of the s | |
| 9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a | 0. | | | |
| n Analysis of line 9 | | 4 | | |
| a Excess from 2012 | 4.15克克克斯斯拉克斯· | | | |
| b Excess from 2013. | | | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| c Excess from 2014. | | | | 27.万万级水宝具 |
| d Excess from 2015 | | | "是你是"的"是"。 第一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一 | |
| e Excess from 2016 | | | | 是一次的"S.A.S.A.S.A.S.A.S.A.S.A.S.A.S.A.S.A.S.A |
| A | 1. 1. 1. 5 St. 18 00 21 1 1 1 1 | AND THE PORT OF THE PARTY OF THE | 38 5 8 8 4 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Form 990-PF (2016) |

| Part XIV Private Operating Foundat | | | t VII.A guestion | 20-382585 | N/A |
|--|---|--|---------------------------------|-----------------------|---------------------------|
| 1 a If the foundation has received a ruling or dete | | | | | N/A |
| is effective for 2016, enter the date of the | ruling . | | • | _ <u></u> ▶ | |
| b Check box to indicate whether the foundat | | erating foundation | | 4942(J)(3) or | 4942(j)(5) |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | Tax year (a) 2016 | (b) 2015 | (c) 2014 | (d) 2013 | (e) Total |
| 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 | | | | | |
| 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: | | | | | ļ |
| (1) Value of all assets | | | | <u> </u> | |
| (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 royalities) | | | | | |
| (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 Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have None | eyear — see in ers: contributed more th | structions.) nan 2% of the total co | ontributions received | | |
| | | | | | |
| b List any managers of the foundation who own a partnership or other entity) of which the f None | 10% or more of the oundation has a 1 | stock of a corporation of a corporation of greater inter | on (or an equally large est. | e portion of the owne | rship of |
| 2 Information Regarding Contribution, Grant, G Check here X if the foundation only make requests for funds. If the foundation makes gift complete items 2a, b, c, and d | es contributions to | preselected charitable | | | |
| a The name, address, and telephone number or | e-mail address of th | ne person to whom a | pplications should be | addressed: | |
| b The form in which applications should be so | ubmitted and infor | mation and materia | als they should inclu | de: | |
| | | | | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on awards, st | uch as by geograp | hical areas, charita | ble fields, kinds of i | nstitutions, or other | factors. |
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| 3 Grants and Contributions Paid During the | e Year or Approved for Fut | ture Payment | | |
|--|---|----------------------|----------------------------------|-------------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | - | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Total | | <u> </u> | ▶ 3; | |
| Total | | ··- | ▶ 3a | 1 |
| The second secon | | | | |
| | | | | |
| Total | | | ▶ 31 | oi |

| | Analysis of Income-Producing amounts unless otherwise indicated. | | ed business income | Excluded | by section 512, 513, or 514 | (e) |
|--|--|--|--|--|---|--|
| | | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions) |
| | gram service revenue: | code | | code | | (occ manuchons) |
| a | | | | | | |
| b | | | | <u> </u> | | |
| ď | | | | | | |
| e | | <u> </u> | | | | |
| f | | | | | | |
| g Fee | s and contracts from government agencies | | | | | |
| | nbership dues and assessments . | | | | | |
| | est on savings and temporary cash investments | | | ļ ļ | | 2,241. |
| | dends and interest from securities | MANUAL MA | werkelderberger in der Wilselberger in werker auf das | 200 300-100-000 | range of the March Sciences, expenses and | 31,727. |
| a Deb | rental income or (loss) from real estate t-financed property | | | | | |
| | debt-financed property | | | | | |
| | ental income or (loss) from personal property | | | | | |
| • | er investment income | | | | | |
| | or (loss) from sales of assets other than inventory income or (loss) from special events. | | | | | 136,005. |
| | ss profit or (loss) from sales of inventory. | | | | | |
| | er revenue: | de miles | | | | |
| a | | STATE OF THE STATE | A STATE OF THE PARTY OF THE PAR | K-MARKET ST. | | |
| b | | | | l | | ···· |
| c | | | | | | |
| d | | | | | | |
| | | | | | | |
| e | | | | | | |
| | total Add columns (b), (d), and (e) | | | | | 169,973. |
| 13 Tota | I. Add line 12, columns (b), (d), and (e) | | | | 13 | 169,973. 169,973. |
| 13 Tota See work | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate | ons.) | ichment of Evenn | | • | |
| 13 Tota See work Part XV | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |
| 13 Tota See work Part XV Line No. | I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations. Relationship of Activities to the | ons.) | | t Purpo | ses | 169,973. |

Form,990-PF (2016) THE TILLEY CHARITABLE FOUNDATION 20-3825855 [Part XVIII] Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| a Transfers from the reporting foundation to a noncharitable exempt organization of. (1) Cash. (2) Other assets (3) Each assets (4) Seles of assets from a noncharitable exempt organization (5) Seles of assets from a noncharitable exempt organization (6) Purchases of assets from a noncharitable exempt organization (6) Reinfluxes end in a session from a noncharitable exempt organization (6) Reinfluxes end in a session from a noncharitable exempt organization (6) Performance of services or membership or fundrasing solicitations (7) Seles of assets from a noncharitable exempt organization (8) Performance of services or membership or fundrasing solicitations (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Internation of the services of the services of the services of the services (9) Internation of the services of the servic | descrit | e organization directly bed in section 501(c) g to political organiza | of the Code (other | age in any of the following w r than section 501(c)(3) orga | rith any other organizati inizations) or in section | on 527, | Yes No |
|--|-----------------|---|--|--|---|-----------------------------------|--|
| (b) Cash (c) Other assets (d) Sales of assets to a noncharitable exempt organization (e) Purchases of assets from a noncharitable exempt organization (f) Sales of assets from a noncharitable exempt organization (g) Purchases of assets from a noncharitable exempt organization (g) Purchases of assets from a noncharitable exempt organization (g) Purchases of assets from a noncharitable exempt organization (g) Purchases of assets from a noncharitable exempt organization (g) Purchases of assets from a noncharitable exempt organization (g) Purchases of assets from a noncharitable exempt organization (g) Purchases of assets from a noncharitable exempt organization (g) Loans or loan guarantees (g) Performance of services or membership or fundrasing solicitations (g) Purchases of facilities, equipment, including sastety of the answer to any of the above is "Yes," complete the following schedule: (g) Line no. (g) Amount notice! (g) Line no. (g) Amount notice! (g) Line no. (g) Amount notice! (g) Line no. (g) Amount notice! (g) Line no. (g) Amount notice! (g) Line no. (g) Amount notice! (g) Line no. (g) Amount notice! (g) Line no. (h) Amount notice! (g) Line no. (h) Type of organization (h) Percipment of transfers, transactions, and sharing arrangements (h) Type of organization (h) Percipment of transfers, transactions, and sharing arrangements (h) Type of organization (h) Type of organization (h) Percipment of transfers, transactions, and sharing arrangements (h) Type of organization (h) Type of organization (h) Type of organization (h) Type of organization (h) Percipment of transfers, transactions, and sharing arrangements (h) Type of organization (h) Type of organization (h) Type of organization (h) Percipment of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prop | | · · · · · · · · · · · · · · · · · · · | | anaharitahla ayamat araani | antion of | | |
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| b Other transactions. (1) Sales of assets for an anonchantable exempt organization (2) Purchases of assets from a nonchantable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrarising solicitations (7) Sales and the answer to any of the above is "Yes," complete the following schedule. Column (0) should always show the fair married value of any transaction or sharin arrangements or the answer to any of the above is "Yes," complete the following schedule. Column (0) should always show the fair married value of any transaction or sharin arrangements or the answer to any of the above is "Yes," complete the following schedule. Column (0) should always show the fair married value of any transaction or sharin arrangement or any transaction or sharin arrangements. (3) Line no. (6) Amount involved (1) Same of noncharitable exempt organization (1) Description of transfers, transactions, and sharing arrangements. (4) Line no. (6) Amount involved (1) Same of noncharitable exempt organization (2) Description of transfers, transactions, and sharing arrangements. (3) Name of organization (1) Type of organization (2) Description of relationship (2) Description of | | | • | | | | |
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| described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b If 'Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penjury, I declare Plat I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration preparer (other than taxpayer) is based on all information of which preparer has any knowledge Signature of officer or trustee Primit/Type preparer's name Preparer MIKE BISSONNETTE MIKE BISSONNETTE MIKE BISSONNETTE & CO, LTD Firm's name MELUCCI BISSONNETTE & CO, LTD Firm's self-employed Phone no 401–305–3900 | N/A | | | | | | |
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| Under penalties of perjury, I declare Plat I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Variable Preparer Print/Type preparer's name Preparer Signature of officer or trustee Date Date Check If PTIN | describ | ed in section 501(c) (| of the Code (other | h, or related to, one or more t than section 501(c)(3)) or ii | ax-exempt organizations n section 527? | | Yes XNo |
| Under penalties of perjury, I declare Plat I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration preparer (other than taxpayer) is based on all information of which preparer has any knowledge Variable | (a |) Name of organizati | on | (b) Type of organization |) (| c) Description of rela | ationship |
| May the IRS discuss this return with the preparer shown below (see instructions)? No | N/A | | | | | | |
| May the IRS discuss this return with the preparer shown below (see instructions)? No | | | | | | | |
| May the IRS discuss this return with the preparer shown below (see instructions)? No | | | | | | | |
| May the IRS discuss this return with the preparer shown below (see instructions)? No | | | | | | | |
| May the IRS discuss this return with the preparer shown below (see instructions)? No | | | | | | | |
| Firm's address President | Under correct | penalties of perjury, I declar , and complete Declaration | Pat I have examined to i preparer (other than | his return, including accompanying so axpayer) is based on all information of | chedules and statements, and to of which preparer has any know | the best of my knowledge ledge | |
| Signature of officer or trustee Print/Type preparer's name Preparer MIKE BISSONNETTE MIKE BISSONNETTE Prim's name Firm's name MELUCCI BISSONNETTE & CO, LTD Firm's address MELUCCI BISSONNETTE & CO, LTD Firm's address Phone no 401-305-3900 | | | | 14/13/11 | Dunadana | | this return with the preparer shown below |
| Print/Type preparer's name Preparer's signature MIKE BISSONNETTE MIKE BISSONNETTE Preparer Firm's name MELUCCI BISSONNETTE & CO, LTD Firm's elin 05-0494826 7 IVAN STREET NORTH PROVIDENCE, RI 02904-4808 Phone no 401-305-3900 | l | attire of other or truston | | Date Date | | | (see instructions)? |
| Preparer Use Only MIKE BISSONNETTE MIKE BISSONNETTE 2/15/17 Self-employed P00391012 | Jaight | | ne | | | | |
| Preparer Use Only Firm's address MELUCCI BISSONNETTE & CO, LTD Firm's EIN 05-0494826 7 IVAN STREET NORTH PROVIDENCE, RI 02904-4808 Phone no 401-305-3900 | | | | | | | 1 |
| Use Only Firm's address 7 IVAN STREET | Paid | | | | E 2/15/17 | self-employed | P00391012 |
| Use Only Firm's address 7 IVAN STREET | Preparer | Firm's name M | ELUCCI BISS | ONNETTE & CO, LTD | _, <u></u> | Firm's EIN ► 05-04 | 494826 |
| NORTH PROVIDENCE, RI 02904-4808 Phone no 401-305-3900 | - | | | | | | |
| | | NO NO | | |)8 | Phone no 401- | 305-3900 |
| | BAA | | | | | | Form 990-PF (2016) |

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

2016

| Name of the organization | | Employer identification number |
|---|---|---|
| THE TILLEY CHARITABLE FOUNDAT | CION | 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 not treated as a | private foundation |
| | 527 political organization | |
| | 327 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a privi | ate foundation |
| | 501(c)(3) taxable private foundation | ato roundation |
| | | |
| Check if your organization is covered by the Genera | i Rule or a Special Rule. | |
| Note. Only a section 501(c)(7), (8), or (10) orga | anization 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 property) from any one contributor. Comple | Z, or_990-PE that received,_during the year,_contributions total te Parts I and II. See instructions for determining a contribute. | ılıng_\$5,000_or_more_(in_money_or tor's total contributions. |
| Special Rules | | |
| For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990 | P1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, the year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II | ort test of the regulations 16a, or 16b, and that 2% of the amount on (i) |
| For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to | 1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, life ochildren or animals. Complete Parts I, II, and III. | rom any one contributor, lerary, or educational |
| during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an | 1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contribution to total contributions that were received during the year for any of the parts unless the General Rule applies to this organible, etc., contributions totaling \$5,000 or more during the year | ons totaled more than In <i>exclusively</i> religious, Ization because |
| Caution. An organization that isn't covered by t 990-PF), but it must answer 'No' on Part IV, lin Part I, line 2, to certify that it doesn't meet the | he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990, or check the box on line H of its Form 9 filing requirements of Schedule B (Form 990, 990-EZ, or 990 | ule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF,)-PF) |

| Schedul | e B (Form 990, 990-EZ, or 990-PF) (2016) | Page | 1 of 1 of Part |
|---------------------|---|-------------------------------|--|
| Name of or THE T | ganization ILLEY CHARITABLE FOUNDATION | ' ' | er identification number 825855 |
| | Contributors (see instructions). Use duplicate copies of Part I if additional space | | 023033 |
| (a) Number | | (c) Total contributions | (d) Type of contribution |
| 1 | STEVEN_TILLEY | | Person |
| | 116 MOURNING DOVE DRIVE | \$ 80,328. | l ' 🖳 |
| | SAUNDERSTOWN, RI 02874 | - | (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | STEVEN_TILLEY_II | | Person X Payroll |
| | 116 MOURNING DOVE DRIVE | \$25,000. | Noncash |
| | SAUNDERSTOWN, RI 02874 | | (Complete Part II for |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | MICHAEL TILLEY | | Person X |
| | 116 MOURNING DOVE DRIVE | \$25,000. | Payroll |
| | SAUNDERSTOWN, RI 02874 | | (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | SMT CAPITAL, LLC | | Person X |
| | 116 MOURNING DOVE DRIVE | \$75,000. | Payroll Noncash |
| <u>-</u> | SAUNDERSTOWN, RI 02874 | | (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) lumber | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions) |

TEEA0702L 08/09/16

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page

to

1 of Part II

Name of organization

THE TILLEY CHARITABLE FOUNDATION

20-3825855

Employer identification number

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 800 SH | NVIDIA | | |
| | | \$ \$ | . 12/19/16 |
| (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 |
| | | | |
| | | s | |
| (a) No. | 45 | (a) | (d) |
| (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 |
| | | | |
| | | \$ | |
| AA | | Schedule B (Form 990, 990- | F7 or 990-PE) (20 |

TEEA0704L 08/09/16

BAA

| 2016 | Federal Statements | Page 1 |
|---|---|-----------------------------------|
| Client TIL5855 | THE TILLEY CHARITABLE FOUNDATION | 20-382585 |
| 2/16/17 Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees | | 11.19Ar |
| ACCOUNTING FEES | | (d) aritable arposes 0. |
| Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees | | |
| PROFESSIONAL FEES | (a) (b) Net (c) Expenses Investment Adjusted Chaper Books Income Net Income Pu Total \$ 6,790. \$ 6,790. \$ 6,790. \$ 6,790. \$ 6,790. \$ 6,790. \$ | (d) aritable- arposes 0. |
| Statement 3 Form 990-PF, Part I, Line 18 Taxes | | |
| TAXES | | (d) critable crposes |
| Statement 4 Form 990-PF, Part I, Line 23 Other Expenses | | |
| LICENSES AND PERMITS UNREALIZED HOLDING LOSS . | | (d) aritable urposes 0. |
| Statement 5 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants | | |
| Cash Grants and Allocatio Donee's Name: Donee's Address: | CORNERSTONE ADULT SERVICES 140 WARWICK NECK AVENUE WARWICK RI 02889 | |

| 2016 | Fee | deral Statements | Page | e 2 |
|--|-----------|---|-----------|-----|
| Client TIL5855 | THE TILLE | Y CHARITABLE FOUNDATION | 20-3825 | 855 |
| 2/16/17 | | | 11:1 | 9AM |
| Statement 5 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Gra | nts | | | |
| Relationship of Donee: Organizational Status o Amount Given: | of Donee: | NONE 501 C (3) | \$ 10,000 | • |
| Donee's Name: Donee's Address: | | BOYS & GIRLS CLUB OF WARWICK 42 FREDERICK STREET WARWICK RI 02888 | | |
| Relationship of Donee: Organizational Status o Amount Given: | f Donee: | NONE 501 C (3) | 13,000 | |
| Donee's Name: Donee's Address: | | RI SPECIAL OLYMPICS 33 COLLEGE HILL ROAD BLD 31 WARWICK RI 02886 | | |
| <pre>Relationship_of Donee: Organizational Status o Amount Given:</pre> | f Donee: | NONE 501 C (3) | 6,000 | |
| Donee's Name: Donee's Address: | | SAINT ELIZABETH COMMUNITY ONE ST ELIZABETH WAY EAST GREENWICH RI 02818 | | |
| Relationship of Donee: Organizational Status o Amount Given: | f Donee: | ****** | 20,000 | |
| Donee's Name: Donee's Address: | | BIG BROTERS BIG SISTERS OF OCEANT 1540 PONTIAC AVENUE CRANSTON RI 02920 | STATE | |
| Relationship of Donee: Organizational Status o Amount Given: | f Donee: | NONE | 2,500 | |
| Donee's Name: Donee's Address: | | NORTH KINGSTOWN FOOD PANTRY INC 450 POST ROAD NORTH KINGTOWN RI 02852 | | |
| Relationship of Donee: Organizational Status o Amount Given: | f Donee: | NONE | 5,000. | |
| Donee's Name: Donee's Address: | | THE KENT CENTER FOR HUMAN & ORG DE 2756 POST ROAD #100 WARWICK RI 02886 | v. | į |
| Relationship of Donee: Organizational Status o Amount Given: | f Donee: | NONE 501 C (3) | 3,500. | |
| Donee's Name: Donee's Address: | | HOUSE OF HOPE COMMUNITY DEVELOPMEN 3188 POST ROAD WARWICK RI 0288 | T CENT | |
| Relationship of Donee: Organizational Status of Amount Given: | f Donee: | NONE 501 C (3) | 5,000. | . |
| Donee's Name: Donee's Address: | | THE IMPOSSIBLE DREAM INC 575 CENTERVILLE ROAD | · | |
| Relationship of Donee: | | WARWICK RI 02886 NONE | | |

| 2016 | Federal Stateme | ents | | Page 3 |
|--|---|-----------|------------------------------------|------------------------------|
| Client TIL5855 | THE TILLEY CHARITABLE F | OUNDATION | | 20-3825855 |
| 2/16/17 Statement 5 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants | | | | 11.19AM |
| Organizational Status of I Amount Given: | Donee: 501 C (3) | | \$ | 10,000. |
| | | | Total 💲 | 75,000. |
| Statement 6 Form 990-PF, Part VIII, Line 1 List of Officers, Directors, Truste Name and Address | ees, and Key Employees Title and Average Hours Per Week Devote | | Contri- bution to _ EBP & DC | Expense Account/ Other |
| STEVEN TILLEY 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874 | President 6.00 | | \$ 0. | |
| | Wise Describent | | | |
| PATRICIA TILLEY 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874 | Vice President 0.50 | 0. | 0. | 0. |
| 116 MOURNING DOVE DRIVE | | 0. | | 0. |
| 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874 STEVEN TILLEY II 116 MOURNING DOVE DRIVE | 0.50 Secretary | | 0. | |
| 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874 STEVEN TILLEY II 116 MOURNING DOVE DRIVE SAUNDERSTOWN, RI 02874 PATRICIA TILLEY 116 MOURNING DOVE DRIVE | 0.50 Secretary 0.25 Treasurer | 0. | 0. | 0. |