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# EXTENDED TO NOVEMBER 15, 2017 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.lrs.gov/form990pf.

For ca	lendar year 2016 or tax year beginning		, and ending		
Nam	e of foundation			A Employer identification	number
_TH	IOMPSON CHARIS FOUNDATION			47-2423100	
Numb	er and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	8 MERRIMAN ROAD			412-999-78	95
	or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
	WICKLEY, PA 15143-2377	<del></del>	<del></del>	1	
G Ch	eck all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2. Foreign organizations me	eting the 85% test
	Address change	Name change	<del></del>	2. Foreign organizations me check here and attach co	mputation
H Ch	eck type of organization: X Section 501(c)(3) ex Section 4947(a)(1) nonexempt charitable trust		4	E If private foundation sta	
<u> </u>	market value of all assets at end of year J Accounts	Other taxable private founda	Accrual	under section 507(b)(1)	
		her (specify)	Acciuai	F   If the foundation is in a   under section 507(b)(1)	60-month termination
<b>→</b> 3		mn (d) must be on cash b	pasis.)	under section 507(b)(1)	(b), check here
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	320,000.		N/A	
Ì	2 Check In the foundation is not required to attach Sch. B				
l	Interest on savings and temporary cash investments	4.	4.		STATEMENT 1
ł	4 Dividends and interest from securities	19,583.	19,565.	<u> </u>	STATEMENT 2
	5a Gross rents			ļ	
}	b Net rental income or (loss)			<del> </del>	
9	6a Net gain or (loss) from sale of assets not on line 10  Gross sales price for all	\		<del> </del>	
Revenue	D assets on line 6a		0.	<del> </del>	
Be	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain	<u> </u>		<u> </u>	<del> </del>
	9 Income modifications				<del></del>
ļ	10a and allowances		<del></del>	<del> </del>	<del> </del>
į	b Less Cost of goods sold				
1	c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	339,587.	19,569		
- }	13 Compensation of officers, directors, trustees, etc	10,000.	0		10,000.
	14 Other employee salaries and wages	ļ		ļ	<u> </u>
S	15 Pension plans, employee benefits		·	ļ	<del>                                     </del>
nses	16a Legal fees			<del> </del>	<del> </del>
Expens	b Accounting fees  Co. Other professional fees  STMT 3	3,798.	3,798		0.
E E	other professional fees STMT 3	3,198.	3,190	•	<del>                                     </del>
and Administrative	18. Taxes STMT 4	89.	89		0.
istr	19 Depreciation and depletion				
훒	20) Occupancy				
Ad	21 Travel, conferences, and meetings				
and pic	22 Printing and publications			RECEIVE	
<u>B</u>	23 Other expenses STMT 5	274.	0,	9	$\sim$ 274.
rati	Total operating and administrative		3,887	NOV 1 5 2017	10,274.
Operating	expenses. Add lines 13 through 23	14,161.	3,887	2011	1 1011
	25 Contributions, gifts, grants paid	20,000.	<del> </del>	OGDEN, IJT	10 20,000.
}	26 Total expenses and disbursements.	24 161	3,887		
	Add lines 24 and 25	34,161.	3,88/	<del></del>	30,274.
	27 Subtract line 26 from line 12:	305,426.			
	Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	303,420.	15,682		
	c. Adjusted net income (if negative enter -0-)		13,302	N/A	<del>                                     </del>

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** Department of the Treasury Internal Revenue Service

(a) List and des	cribe the ki	nd(s) of property sold (e.g. or common stock, 200 shs	., real estate,		1 P-	w acquired urchase	(c) Da	ate acquired ., day, yr.)	(d) Date sold (mo., day, yr.)
		01 0011111011 010011, 200 0110		<del></del>	<u>U</u> -	Donation	(1110	., day, y,	(mo., day, yr.)
b NO	ONE	<del></del>			<del> </del>				<del></del>
C						<del></del>	ļ		<del></del>
d									
<u>e</u>	T				<del>}</del> _		<u> </u>		<u></u>
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale			(e) t (p	) Gain or (loss clus (f) minus	) (g)
a	ļ		<u> </u>	<del> </del>					
<u>b</u>	<del> </del>		ļ						
<u>C</u>	<del> </del>			<del></del>	-+	<del></del>	<del></del>		<del></del>
e e	<del>                                     </del>								<del></del>
Complete only for assets show	ıng gaın ın	column (h) and owned by	the foundation	on 12/31/69			(I) Gains	s (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		(	col. (k), b Loss	ut not less that ses (from col. (	n -0-) or h))
a									
<u>b</u>	<del>                                     </del>								
<u>c</u>	<del> </del>		ļ						<del></del>
<u>d</u>	-		<del> </del>	<del></del>					<del></del>
6. Control gain not income or (not	anutal laga	If gain, also ente			7				
2 Capital gain net income or (net o	•	( ,,		1	<i>}</i>  -	2			<del></del>
3 Net short-term capital gain or (I If gain, also enter in Part I, line I If (loss), enter -0- in Part I, line	3, column (		10 (6):		}	2			
Part V Qualification	Under S	Section 4940(e) for	Reduced	Tax on Ne	Inve	stment li	ncome		
(For optional use by domestic priva	ite foundat	ions subject to the section	4940(а) tах оп	net investment i	ncome.				
If section 4940(d)(2) applies, leave	this nart h	lank							
,,,,,,,	•			41.4 1.4.4					——————————————————————————————————————
Was the foundation liable for the se If "Yes," the foundation does not gu				•	rioa?		•		Yes X No
1 Enter the appropriate amount in					entries.				
(a) Base period years		(b)			(c)			Distrit	(d) oution ratio
Calendar year (or tax year begin	nıng ın)	Adjusted qualifying dis		Net value of n	onchari			(col. (b) div	rided by col. (c))
2015		1	.5,023.			11,90	12.		1.262225
2014 2013		<del> </del>				<del>~ ~</del>			
2012									
2011									
2 Total of line 1, column (d)	a C was be	an annual duida tha tatal	an line O by E	ar hu tha numba	r of	***		2	1.262225
3 Average distribution ratio for the the foundation has been in exist	-	·	on line 2 by 5,	or by the numbe	r oi yea	rs		3	1.262225
4 Enter the net value of nonchard	able-use a	ssets for 2016 from Part X,	, line 5	-				4	397,362.
5 Multiply line 4 by line 3								5	501,560.
6 Enter 1% of net investment inc	oma / 1% o	of Part I lina 27h)		•				6	157.
	omic (176 c								
7 Add lines 5 and 6							-	7	501,717.
8 Enter qualifying distributions fr If line 8 is equal to or greater th			e 1b, and com	plete that part us	ing a 1%	tax rate.	L	B	30,274.
See the Part VI instructions.									

	990-PF (2016) THOMPSON CHARIS FOUNDATION	47-	2423	100	F	age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	or 4948	- see i	nstru	ctior	ıs)
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	Ì				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1	ļ		3	14.
	of Part I, line 27b .					
	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-)	2	ļ			<u>0.</u>
	Add lines 1 and 2	3	ļ		3	14.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	ļ			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5_	ļ		3	<u>14.</u>
	Credits/Payments:		1			
	2016 estimated tax payments and 2015 overpayment credited to 2016		ì			
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld		1			
	Total credits and payments. Add lines 6a through 6d	7	ļ			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8_	ļ			
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 7	<b>▶</b> 9	<u> </u>		3	<u>14.</u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11	ــــــــــــــــــــــــــــــــــــــ			
	rt VII-A Statements Regarding Activities			<del></del>	<u> </u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	vene in			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the defi	•		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pe	ıblished o	r	1 1	]	
	distributed by the foundation in connection with the activities.				į	
	Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_		1 1		
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	0.		] (		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ▶ \$0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u>X</u> _
	If "Yes," attach a detailed description of the activities.			1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporal	ion, or		1		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		7/7	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	A\R	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u>X</u>
_	If "Yes," attach the statement required by General Instruction T.			1 1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			1		
	By language in the governing instrument, or  Provided by a provided by the defeature to a provided by a construment as that no mondatory directions that conflict with the second control of the conflict with the second control of the seco	-4-4-		}		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the second of the processor and the processor an	state law			v	
_	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 Pa	irt XV		7	<u>X</u>	
	Cata-the states to which the foundation reports or with which it is required (one instructions)					
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	PA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				!	
t				0.	v	
_	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for			8b	X	
9	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	n calendar				v
40	D. J. Colombia and Antonia dimensional Assessment	STM'	r 8	10	X	X
10	DID OILY HELSONS DECOMINE SUBStantial Contributors during the tax year. It "Yes," attach a schedule listing their names and addresses	2111		rm 990		(2016)

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4a

X

N/A

b if "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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

orm 990-PF (2016) THOMPSON CHARIS FOUNDATI	ON		47-24231	00 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No	}
(2) Influence the outcome of any specific public election (see section 4955); o				
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		s X No	1 1
(4) Provide a grant to an organization other than a charitable, etc., organization			ו מאובאם צי	1
•	ii described iii section	<del></del>	~ l	( )
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			1 1
the prevention of cruelty to children or animals?		Ye	s X No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		N/A 5	ib
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it maintai	ined		
expenditure responsibility for the grant?		I/A Ye	s No	
If "Yes," attach the statement required by Regulations section 53.494		.,,,,	ال رو	<b> </b>
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •			
	hay brennants on	<u> </u>	İ	
a personal benefit contract?		Ye		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u>  6</u>	b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A 7	b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	account, other allowances
LEROY THOMPSON, JR.	PRESIDENT	United 5	Compensation	unorrandos
268 MERRIMAN ROAD	11120122111			
SEWICKLEY, PA 15143-2377	3.00	0.	0.	0
LAUREN THOMPSON	SECRETARY	<u></u>	<u>-</u>	<u> </u>
	SECKETARI			
268 MERRIMAN ROAD	2 00	40000		_
SEWICKLEY, PA 15143-2377	3.00	10,000.	0.	0.
RYAN THOMPSON	TREASURER			
268 MERRIMAN ROAD				
SEWICKLEY, PA 15143-2377	0.50	0.	0.	0.
JAY PASSAVANT	DIRECTOR			
268 MERRIMAN ROAD				
SEWICKLEY, PA 15143-2377	0.50	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc				
1. Name and address of each ampleuse had mare than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Expense account, other allowances
NONE		<del> </del>	,	
	1		ļ	
		<del>                                     </del>		
	†			
	<del> </del>	<del> </del>	<del> </del>	
	1			
	<del> </del>	<del> </del>	<del>  </del>	
	4			
	<del> </del>	<del> </del>	<u> -</u>	
	_			
	<u> </u>	<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000 .	<del> </del>		. ▶	0
			Form	900-DE (2016)

. P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	361.062.
b		1b	361,062. 42,351.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	403,413.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	403,413.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,051.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	397,362.
6	Minimum investment return. Enter 5% of line 5	6	19,868.
F	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	
1	Mınımum ınvestment return from Part X, line 6	1	19,868.
2a	Tax on investment income for 2016 from Part VI, line 5		<del></del>
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	314.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	19,554.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	19,554.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	19,554.
F	Part XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	30,274.
t	Program-related investments - total from Part IX-B	1b	0.
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	
t	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	30,274.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	30,274.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies fo	or the section

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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				19,554.
2 Undistributed income, if any, as of the end of 2018			<del></del>	17,334.
a Enter amount for 2015 only			0.	
b Total for prior years:				
g rotation prior years.		0.		
3 Excess distributions carryover, if any, to 2016:		<u></u>		
a From 2011	1			
b From 2012				
c From 2013	į			}
d From 2014		·		
e From 2015 14,428.				
f Total of lines 3a through e	14,428.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 30, 274.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	<del></del>			
(Election required - see instructions)	0.			r.
d Applied to 2016 distributable amount			<del></del>	19,554.
e Remaining amount distributed out of corpus	10,720.	<del> </del>		10,004.
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,148.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				<u> </u>
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				1
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.		<del> </del>	<del> </del>
8 Excess distributions carryover from 2011	•			
not applied on line 5 or line 7	0.	<del> </del>	<del> </del>	
9 Excess distributions carryover to 2017.	25 140			
Subtract lines 7 and 8 from line 6a	25,148.	<del></del>	<del></del>	<del>                                     </del>
10 Analysis of line 9:				
a Excess from 2012		}		
b Excess from 2013				
c Excess from 2014				
d Excess from 2015 14, 428.				
e Excess from 2016 10,720.	<u> </u>	<del></del>	<u> </u>	<u> </u>

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Form **990-PF** (2016)

Part XIV Private Operating Fo	oundations (see ins		II-A. guestion 9)	4/	7-2423100 Page 10
1 a If the foundation has received a ruling or			, , , , ,	N/ A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found			in section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g Tourisation addutibut	Prior 3 years	4342(J)(3) 01 1	1 4342()(0)
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for			<del> </del>		(0) 10141
each year listed			]	1	
b 85% of line 2a				<del></del>	
c Qualifying distributions from Part XII,		<del></del> -			
line 4 for each year listed			l l		}
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			}	}	
e Qualifying distributions made directly					
for active conduct of exempt activities.	,		l	1	
Subtract line 2d from line 2c			i e		
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets				]	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)			Ì	ĺ	
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:					<del></del>
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section		•		ļ	
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from		Ì			
an exempt organization	· · · · ·- ·- ·- ·- ·- ·	ļ		<del></del>	
(4) Gross investment income		to Aleja araut - ale	- if the - fee - d	1: 1 of 000	
Part XV Supplementary Info			it the toundar	tion had \$5,000	or more in assets
at any time during t		detions.)			
<ul> <li>Information Regarding Foundation</li> <li>a List any managers of the foundation wh</li> </ul>		than 20/ of the total or	mtributions resoured b		- the along of any tou
year (but only if they have contributed r			intributions received t	by the foundation before	the close of any lax
LEROY THOMPSON, JR.			<del></del>		
b List any managers of the foundation wh other entity) of which the foundation ha			n (or an equally large	portion of the ownersh	ip of a partnership or
NONE				·	
2 Information Regarding Contribut					<del></del>
Check here I if the foundation of					
the foundation makes gifts, grants, etc.					u, u, anu u.
a The name, address, and telephone num	ider of e-mail address of	the person to whom ap	pheations snould be a	tuuressea:	
SEE STATEMENT 11					
<b>b</b> The form in which applications should	be submitted and informa	ation and materials they	should include:		
c Any submission deadlines:		· · · · · · · · · · · · · · · · · · ·		<del></del>	
d Any restrictions or limitations on award	is, such as by geographic	cal areas, charitable field	ds, kinds of institution	is, or other factors:	
000001 11 00 10					Earm 000-DE (2010

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or contribution Foundation status of Amount any foundation manager or substantial contributor Name and address (home or business) recipient a Paid during the year NORTHWAY CHRISTIAN COMMUNITY PC 12121 PERRY HIGHWAY TO FURTHUR THE VISION WEXFORD, PA 15090 OF CREATING CHRISTIAN COMMUNITY 10,000, INFLUENCE INTERNATIONAL INC. ÞС MISSIONARY WORK 1 BLACKBURN CENTER GLOUCESTER, MA 01930 5,000. WOMENS CHOICE NETWORK ÞС PRO-LIFE INITIATIVES 4615 FIFTH AVENUE OAKLAND, PA 15213 5,000, ▶ 3a 20 000. b Approved for future payment INFLUENCE INTERNATIONAL INC. ÞС MISSIONARY WORK 1 BLACKBURN CENTER GLOUCESTER MA 01930 15,000, Total **▶** \_3b 15 000 Form **990-PF** (2016)

Part XVI-A	Analysis of In-	come-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelated	d business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		COGE	7,11100111	
a	<del></del>		<del> </del>		
Ь		<del></del>	<del> </del>		
c	<del></del>		<del> </del>		
d	<b> </b>				
e	<del> </del>	<del></del>	<del></del>		
	<del> </del>	<del></del>	├		
g Fees and contracts from government agencies	<del> </del>	<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
2 Membership dues and assessments	\\	<del></del>	<del> </del>		
3 Interest on savings and temporary cash	1		1 4		
investments	<del> </del>	<del></del>	14	4.	
4 Dividends and interest from securities	<b> </b>	<del></del>	14	19,583.	
5 Net rental income or (loss) from real estate:	<b> </b>	<del></del>	<del> </del>		
a Debt-financed property	<b></b>				<del></del>
b Not debt-financed property	<b> </b>		<del> </del>	<u> </u>	
6 Net rental income or (loss) from personal			1		
property 7 Other investment income	<del> </del>	<del></del>	+	<del></del>	
8 Gain or (loss) from sales of assets other	ļ	<del></del>	+	<del></del>	
	1 1				
than inventory  9 Net income or (loss) from special events		<del></del>	╂		
10 Gross profit or (loss) from sales of inventory	<del> </del>		<del> </del>		<del></del>
11 Other revenue:			┼	<del></del>	
	1		1		
a	<del>  </del>	<del></del>	┼	<del> </del>	
b	<del>                                     </del>		┼	<del> </del>	<del></del>
c	l I		┼	<del> </del>	
d		<del></del>	┼	<del></del>	<del></del>
e 12 Subtotal. Add columns (b), (d), and (e)		0.	<del> </del>	19,587.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<del></del>		ــــــــــــــــــــــــــــــــــــــ	13	
(See worksheet in line 13 instructions to verify calculations.)		•			
Part XVI-B Relationship of Activities t	o the Acco	mnlishment of E	vemn	t Purnoses	
Telationship of Activities			———		
Line No Explain below how each activity for which inco			A contri	buted importantly to the accom	plishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).		<del></del>	
		<del></del>			
		<del> </del>			
				<del></del>	
		<del></del>		<del></del>	<del></del>
				<del> </del>	<del></del>
		<del></del>		<del></del>	<del> </del>
		<del></del>		<del></del>	
				<del></del>	
				<del></del>	<del></del>
		<del></del>		· <del></del>	
				<del></del>	
623621 11-23-16					Form <b>990-PF</b> (2016)

rait Avii	Exempt Organization		nd Transactions a	nd Relationships With Nonc	naritable	
1 Did the ord	anization directly or indirectly enga		with any other organization	n described in section 501(c) of	Yes	٧n
-	other than section 501(c)(3) organ			` '	103	10
•	rom the reporting foundation to a i	•		izations:		
(1) Cash	form the reporting roundation to a r	tononar habic exempt or g	amzadon ot.		1a(1)	v
(2) Other	accate			•		$\frac{\mathbf{x}}{\mathbf{x}}$
<b>b</b> Other trans					14(2)	
	actions. of assets to a noncharitable exemp	t organization			15/43	v
	ases of assets from a noncharitable					<u>X</u> _
· ·	of facilities, equipment, or other a					X
, ,		55515				<u>X</u> _
, ,	ursement arrangements	•				X
• •	or loan guarantees mance of services or membership	or fundraising collectation	ne			X
` '	facilities, equipment, mailing lists,	=				X
				vays show the fair market value of the goo		<u>X</u> _
				ie in any transaction or sharing arrangeme		
	the value of the goods, other asse		o 1055 than fall market valu	is in any dansaction of sharing arrangeme	III, SHOW III	
<del></del> ,		c) Name of noncharitable	exempt organization	(d) Description of transfers, transactions,	and charge arrangement	
(4)2	(	N/A		(a) osserption of transfers, transactions,	and sharing arrangements	
		N/ A	<del></del>			
			<del></del>	<del>                                     </del>		
				<del> </del>		
<del></del>			<del></del>	<del></del>	<del></del>	
				<del> </del>	<del></del>	
		·		<del> </del>		
			<del></del>			
		<del></del>				
				<del></del>		
	<del></del>			<del></del>	<del></del>	
	idation directly or indirectly affiliate 501(c) of the Code (other than sec			zations described	Yes X	No
	mplete the following schedule.					
	(a) Name of organization		(b) Type of organization	(c) Description of relat	ionship	
	N/A					
			-			
					· · · · · · · · · · · · · · · · · · ·	_
				statements, and to the best of my knowledge	May the IRS discuss this	s
Sign	eller, it is true, correct, and complete Dec	garation of preparer (other tha	in taxpayer) is based on all million	nation of which preparer has any knowledge	return with the preparer shown below (see instr.)	)?
Here	0.		11/7/17	PRESIDENT	X Yes	No
Sigi	nature of officer or trustee		Date	Title	<u> </u>	
	Print/Type preparer's name	Preparer's s	ignature	\ \ <del>\</del> \	TIN	
			. 11	self- employed		
Paid	EDWARD J. MURI		1 Must OA		P00245811	
Preparer	Firm's name ► CORLESS	& ASSOCIAT	ES	Firm's EIN ► 25	-1793385	
Use Only						
	Firm's address ► 718 SC					
	HOLLID	AYSBURG, PA	16648	Phone no. 412	<u>-519-5926</u>	
					Form 990-PF (2	การ

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2016

Name of the organization Employer identification number THOMPSON CHARIS FOUNDATION 47-2423100 Organization type (check one): Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, Ine 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

### THOMPSON CHARIS FOUNDATION

47-2423100

Part I	Contributors (See instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEROY THOMPSON, JR.  268 MERRIMAN ROAD  SEWICKLEY, PA 15143-2377	\$ <u>320,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 110		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

#### THOMPSON CHARIS FOUNDATION

47-2423100

art II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(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
(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
23453 10-1	L.—		990, 990-EZ, or 990-PF)

Name of organ	ization		Employer identification number								
THOMPSO	ON CHARIS FOUNDATION  Exclusively religious charitable, etc., control	ibutions to organizations described i	47 – 2423100 in section 501(c)(7), (8), or (10) that total more than \$1,000 for								
i dit iii	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	Olumns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or i	VING line entry. For organizations								
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.									
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, ar	nd ZIP + 4	Relationship of transferor to transferee								
-											
] -											
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
-											
	(e) Transfer of gift										
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
-											
(a) No.											
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
_											
		t .									
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee								
] -											
(a) No											
(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, a	nd ZIP + 4	Relationship of transferor to transferee								

FORM 990-PF INTERE	ST ON SAVIN	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1	
SOURCE		(A REVE PER B	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOM	£	
CHARLES SCHWAB			4.		4.			
TOTAL TO PART I, LI	NE 3		4.		4.			
FORM 990-PF	DIVIDEND	S AND INTER	AND INTEREST FROM SECUE			STATEMENT	2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENI	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME	
CHARLES SCHWAB	19,583	•	0.	19,583.	19,56	5.		
TO PART I, LINE 4	19,583	•	0.	19,583.	19,56	5.		
FORM 990-PF	O <sup>1</sup>	THER PROFES	SSIONAL	FEES		STATEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTED NET INCOM			
INVESTMENT SERVICES	-	3,798	·	3,798.			0.	
TO FORM 990-PF, PG	1, LN 16C	3,798	•	3,798.			0.	
FORM 990-PF		TAX	KES			STATEMENT	4	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET 3	(B) INVEST- INCOME	(C) ADJUSTEI NET INCOM			
FOREIGN TAX		89	•	89.			0.	
TO FORM 990-PF, PG	1, LN 18	89	•	89.		0.		
	==		= =====					

FORM 990-PF	OTHER E		STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		_
AMORTIZATION	274.		0.		274	
TO FORM 990-PF, PG 1, LN 23	274.		0.		2	74.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	T
LORD ABBETT HIGH YIELD LORD ABBETT MULTI ASSET		COST 200,000. COST 185,000.				
TOTAL TO FORM 990-PF, PART I	I, LINE 13	:		385,000.	425,9	79.
FORM 990-PF IN	TEREST AND F	PENALTIES			STATEMENT	7
TAX DUE FROM FORM 990-PF, PA LATE PAYMENT INTEREST LATE PAYMENT PENALTY	ART VI				3	14. 6. 11.
TOTAL AMOUNT DUE					3	31.

6.

FORM 990-PF I	STAT	'EMENT 8				
NAME OF CONTRIBUTOR		ADDRESS				
LEROY THOMPSON, JR.		268 MERF SEWICKLE				
FORM 990-PF	LA!	TE PAYMENT I	PENALTY		STAT	EMENT 9
DESCRIPTION	DAT	E AMOUN	NT BA	LANCE	MONTHS	PENALTY
TAX DUE DATE FILED	05/15 11/16	='	314.	314. 314.	7	11.
TOTAL LATE PAYMENT PENA	ALTY					11.
FORM 990-PF	LA	TE PAYMENT :	INTEREST		STAT	EMENT 10
DESCRIPTION	DATE	AMOUNT	BALANCE	RAT	E DAYS	INTEREST
	05/15/17 11/16/17	314.		1404	00 185	6.

TOTAL LATE PAYMENT INTEREST

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LAUREN THOMPSON 268 MERRIMAN ROAD SEWICKLEY, PA 15143-2377

TELEPHONE NUMBER

412-999-7895

#### FORM AND CONTENT OF APPLICATIONS

APPLICATION SHOULD BE IN WRITING AND STATE THE NAME OF THE ORGANIZATION, WITH SOME BACKGROUND INFORMATION AS TO THE ORGANIZATIONS CHARITABLE PURPOSE AND REASON FOR, AND THE EXPECTED BENEFITS OF THE GIFT REQUEST.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

<b>EPORT</b>
ZATION
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5 DEPR
2016

	<del></del>						 						l o
_	Ending Accumulated Depreciation	297.	297.				 · • • • • • • • • • • • • • • • • • • •	· · · · ·					tion, GO Zon
	Current Year Deduction	274.	274.				 ·						* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense												nercial Revita
	Beginning Accumulated Depreciation	23.	23.										Bonus, Comn
	Basis For Depreciation	4,105.	4,105.	1,							-		ITC, Salvage,
	Reduction In Basis												*
	Section 179 Expense												
990-PF	Bus % Excl												pesoc
	Unadjusted Cost Or Basis	4,105.	4,105.						-				(D) - Asset disposed
t	No Pe	43			 		 						
	005>	H			 		 			- <del> </del>		· · · · · · · · · · · · · · · · · · ·	4
	Life	180M											
	Method	248											
	Date Acquired	11/30/15 248											
FORM 990-PF PAGE 1	Description	ORGANIZATION COSTS	* TOTAL 990-PF PG 1 DEPR & AMORT										4-01-18
ORM 99	Asset No	1			 								628111 04-01-18
Ē	L				 	_							