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Form **990-PF** 

**Return of Private Foundation** 

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

For calendar year 2016 or tax year beginnin 10/31/16, and ending 12/31/16

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Na	me of fo	pundation		31,10	A Emp	loyer identification numbe	7
					ľ		
_ <u>J</u>	AME	S AND JOYCE GILES FOUNDATION	N			<u>-4380924</u>	
		nd street (or P O box number if mail is not delivered to street address)		Room/suite	1	phone number (see instruction	ins)
		N. State or province, country, and ZIP or foreign postal code			44	3-249-3721	
		ENSVILLE MD 21666			C If exe	emption application is pendin	g, check here
G	heck	all that apply X Initial return Initial retu	ırn of a former pub	lic charity	D 1 F	oreign organizations, check l	nere <b>•</b>
		Final return Amended	return .	•	2. F	oreign organizations meeting	ı the
		Address change Name cha	ange	,		5% test, check here and atta	
н	heck	type of organization X Section 501(c)(3) exempt priva	te foundation		E Ifon	vate foundation status was te	erminated under
		on 4947(a)(1) nonexempt charitable trust Other taxab		on	1 .	on 507(b)(1)(A), check here	<b>▶</b> □
		irket value of all assets at J Accounting method		Accrual	F If the	foundation is in a 60-month	termination
eı	nd of y	year (from Part II, col (c), Other (specify)			unde	r section 507(b)(1)(B), check	here •
lir	ne 16)	▶ \$ 359,938 (Part I, column (d) mus	t be on cash basis	)			
	iil I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	inco		income	purposes
	1	Contributions, gifts, grants, etc , received (attach schedule)	367,84	43			(cash basis only)
	2	Check ► I if the foundation is <b>not</b> required to attach Sch I					
	3	Interest on savings and temporary cash investments			<del> </del>		
	4	Dividends and interest from securities			•	1.	
	5a	Gross rents					
a	b	Net rental income or (loss)					
2	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a					
8	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)			•		
	12	Total. Add lines 1 through 11	367,84	43	0	0	
Expenses	13	Compensation of officers, directors, trustees, etc		0			
Ë	14	Other employee salaries and wages					
Ř	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					
tive	b	Accounting fees (attach schedule) Other professional fees (attach schedule)					
<u>a</u>	C	Other professional rees (attach schedule)					
<u>is</u> t	17 18	Interest   Company   Compa				<del> </del>	<del> </del>
Ë	19	Taxes (attacheschedule)/(see ustructions) Depreciation (attach schedule) and depletion		-			
튭	20	Occupancy Occupancy	-	<del>                                     </del>			
< -	21	Travel, conferences, and meetings	<del></del>	<del></del>		<del>                                     </del>	
Ĭ.	22	Printing and publications		-			<del>-</del>
Ö	23	Other expenses (att sch )		<del>-</del>			
텵	24	Total operating and administrative expenses.					
Operating and Administra		Add lines 13 through 23		o	0	o	0
ğ	25	Contributions, gifts, grants paid		0			0
	26	Total expenses and disbursements. Add lines 24 and 25		0	0	0	0
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	367,8	43			
	b	Net investment income (if negative, enter -0-)			0		
	<u> </u>	Adjusted net income (if negative, enter -0-)				0	
For I	aper	work Reduction Act Notice, see instructions.					Form 990-PF (2016)

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If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

10

STMT

X

10

names and addresses

N/A

3b

4a

4b

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Form 990-PF (2016) JAMES AND JOYCE GILES FOUNDATION 81-4380924 Page 5 Statements Regarding Activities (continued) Yes No At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 X 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no ▶ 443-249-3721 The books are in care of ▶ JOYCE MARIE GILES 14 7310 KENT POINT ROAD ZIP+4 ▶ 21666 Located at ▶ STEVENSVILLE 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here 15 and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority No over a bank, securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of Part VII B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly) X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a X disqualified person? Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? No Yes (5) Transfer any income or assets to a disqualified person (or make any of either available for X No the benefit or use of a disqualified person)? Yes (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 X No termination of government service, if terminating within 90 days ) Yes If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations N/A 1b section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that N/A were not corrected before the first day of the tax year beginning in 2016? 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)). At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and X No 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years ▶ 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to N/A all years listed, answer "No" and attach statement - see instructions ) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise X No at any time during the year? Yes 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, Form 4720, to determine if the

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

foundation had excess business holdings in 2016)

	Statements Regarding Activities for Which Forn		o Boguired /	continued)	Page 0
		1 4/20 IVIAY D	e Required (	continuea)	
Эd	During the year did the foundation pay or incur any amount to	- 404E(-)\Q	$\Box$	Yes X No	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section)			Yes X No	
	(2) Influence the outcome of any specific public election (see section 4955), of	or to carry on,		Yes X No	
	directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes	2	<b></b>	Yes X No Yes X No	
	(4) Provide a grant to an organization other than a charitable, etc., organization			163 22 110	
	section 4945(d)(4)(A)? (see instructions)	on described in	Г ,	Yes X No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational		163 22 100	
	purposes, or for the prevention of cruelty to children or animals?	, or educational		Yes X No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify u	nder the exception		.00 [2]0	
	Regulations section 53 4945 or in a current notice regarding disaster assistar	•		N/A	5b
	Organizations relying on a current notice regarding disaster assistance check		,	▶ □	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption			- 🗀	
	because it maintained expenditure responsibility for the grant?		N/A 🗍 🕆	Yes No	
	If "Yes," attach the statement required by Regulations section 53 4945–5(d).				
6a		pav premiums			
	on a personal benefit contract?			Yes X No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit o	contract?		6b 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	shelter transaction	on? no	Yes X No	
b	If "Yes," did the foundation receive any proceeds or have any net income attri	butable to the trai	nsaction?	N/A	7b
H	Information About Officers, Directors, Trustees, I	oundation M	anagers, Hig	hly Paid Em	oloyees,
	and Contractors		<u>-</u>		
1 L	ist all officers, directors, trustees, foundation managers and their compe	ensation (see ins	tructions).		<del>,</del>
		(b) Title, and average	(c) Compensation	(d) Contributions to	
	(a) Name and address	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred	(e) Expense account, other allowances
		devoted to position	enter-0-)	compensation	
SE	E STATEMENT 4	i	ł	}	
				1	
	<del></del>		<u> </u>		<del>}</del>
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	<del></del>	<del>_</del>			<del>                                     </del>
				1	1
	Company Alice of Charles Indian American Company Control of the Alice of the Charles Company		<u> </u>	5	L
2	Compensation of five highest-paid employees (other than those include "NONE."	a on line 1 – see	instructions).	r none, enter	
	NONE.		<del>,                                     </del>	(d) Contributions to	<del></del>
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit	(e) Expense account,
	(a) Marile and address of each employee paid more than \$60,000	devoted to position	(o) compensation	plans and deferred compensation	other allowances
NO	NE:				
	·· <del>·</del>				}
	<del></del>			<del> </del>	<del> </del>
				<del> </del>	<del>                                     </del>
			ł	İ	1
	<del></del>				<del> </del>
		·	1		
					<b>-</b>
		1	l		
otal	number of other employees paid over \$50,000	<u> </u>			0
	<del></del>			Fo	m 990-PF (2016)

<u>Forr</u>	1990-PF (2016) JAMES AND JOYCE GILES FOUNDATION 81	- <u>4380924</u>	Page <b>7</b>
	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid	
3	Five highest-paid independent contractors for professional services (see instructions	). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N	DNE	1	
		<u> </u>	
	<del></del>	<del></del>	
			1
	<del></del>	<del></del>	<del></del>
l ota	I number of others receiving over \$50,000 for professional services		<u> </u>
P	Summary of Direct Charitable Activities		
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the anizations and other beneficianes served, conferences convened, research papers produced, etc.	e number of	Expenses
1	N/A		<del></del>
	•	[	
_		<b>_ _ _ _ _</b>	
2			
		Ì	
-	<del></del>		
3		l e	
٠,-	<del></del>		
4		1	
		ľ	
	Summary of Program-Related Investments (see instructions	3	
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	· · · · · · · · · · · · · · · · · · ·	Amount
1	N/A		
_	<del></del>		
2		ľ	
		Ì	
All o	ther program-related investments. See instructions		
3	• • • • • • • • • • • • • • • • • • • •	ľ	
		Ì	
Γota	l. Add lines 1 through 3	<u> </u>	
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3a

3b

4

5 6

3

4

Amounts set aside for specific charitable projects that satisfy the

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

	art XIII.	Undistributed Incom	e (see instructions	s)			
				(a)	(b)	(c)	(d)
1	Distributa	able amount for 2016 from Pai	rt XI,	Corpus	Years pnor to 2015	2015	2016
	line 7						441
2	Undistrib	uted income, if any, as of the	end of 2016				
а	Enter am	ount for 2015 only					
b	Total for	prior years 20,20	, 20				
3		istributions carryover, if any, t					
а	From 201						
b	From 201	12					
C	From 201	3					
d	From 201	4					
е	From 201	5					
f	Total of I	ines 3a through e					
4		g distributions for 2016 from P	art XII,				
	line 4 ▶						
а	Applied to	2015, but not more than line	2a				
b	Applied to	undistributed income of prior	r years				
	(Election	required - see instructions)					
С	Treated a	is distributions out of corpus (	Election				
	required -	- see instructions)	ı				
ď	Applied to	2016 distributable amount					
е	Remainin	g amount distributed out of co	orpus [				
5	Excess d	stributions carryover applied	to 2016				
	(If an amo	ount appears in column (d), th	ne same				
	amount n	nust be shown ın column (a) )					
6	Enter the	net total of each column as	5				
	indicated	l below:					
		Add lines 3f, 4c, and 4e Subtr					
b	Prior year	s' undistributed income Subt	ract		_		
	line 4b fro	om line 2b					
С		amount of prior years' undistr					
	income fo	r which a notice of deficiency	has				
	been issu	ed, or on which the section 49	942(a)				
		een previously assessed					
d	Subtract I	ine 6c from line 6b Taxable					
		see instructions					
е		ited income for 2015 Subtrac	t line				
		ne 2a Taxable amount - see					
	instruction						
Ŧ		ited income for 2016 Subtrac					
		from line 1 This amount must	be				
7	distributed	_					441
		reated as distributions out of	· ·				
		requirements imposed by sec					
		F) or 4942(g)(3) (Election ma	y be				
		-see instructions)		_ <del>-</del>			
		stributions carryover from 201					
		I line 5 or line 7 (see instructions carry over to 20)					
		istributions carryover to 20 nes 7 and 8 from line 6a	· · ·				
	Analysis o						
	Excess fro	i					
	Excess fro	}					
	Excess fro	· · · · · · · · · · · · · · · · · · ·					
	Excess fro		<del></del>				
	Excess fro						

Par XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or contribution show any relationship to status of Amount any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year N/A Total ▶ 3a **b** Approved for future payment N/A Total

	Or gross om	Analysis of Income-Producing A ounts unless otherwise indicated		d business income	T Evoludod	d by section 512, 513, or 514	<del></del>
	_		(a) Business code	d business income (b) Amount	(c) Exclusion code	(d)	(e) Related or exempt function income (See instructions)
7	=	rvice revenue	<b> </b>		<del> </del>	<del> </del>	<u> </u>
	а h		<del></del>	<del></del> -	<del> </del>	<del> </del>	
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			·		+		
	f		<b></b>		<del>                                     </del>	<del> </del>	
_		d contracts from government agencies	<b></b>			<u> </u>	
	•	dues and assessments	<del></del>		<del> </del> -	ļ	<del></del>
_		savings and temporary cash investments	<del></del>		-	<del> </del>	
4		nd interest from securities					
5		ncome or (loss) from real estate					
		anced property	<b> </b>	<del></del>	<del> </del>	<del> </del>	<del></del>
_		t-financed property	<del></del>	<del></del>	<del> </del>	<del> </del>	<del> </del>
		ncome or (loss) from personal property	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
		tment income	<del></del>	<del> </del>	<del>                                     </del>	<del> </del>	<del> </del>
		s) from sales of assets other than inventory	<del></del>	<del></del>	<del></del>	<del> </del>	<del> </del>
		or (loss) from special events	ļ		<del> </del>	<del> </del>	<del> </del>
		or (loss) from sales of inventory	<u> </u>	ļ. <del></del>	<del>                                     </del>	<del> </del>	<del></del>
11	Other reven		·	<del></del>		<del> </del>	<del></del>
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					+	<del></del>	
			1		1	1	]
	e				1		
	Subtotal Ad	dd columns (b), (d), and (e)				0	
13	Subtotal Add I	ine 12, columns (b), (d), and (e)				0 13 _	
13 (Se	Subtotal Add I Total. Add I e worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)				13 _	
13 (Se	Subtotal Add I Total. Add I e worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the	Accomplish	nment of Exemp	t Purp	oses	
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13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the
13 (Se	Subtotal Act Total. Add I e worksheet are Act E	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations )  Relationship of Activities to the  Explain below how each activity for which incolumns.	Accomplishme is reported i	nment of Exemp	<b>t Purp</b> XVI-A co	13	to the

# Form 990-PF (2016) JAMES AND JOYCE GILES FOUNDATION 81-4380924 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	d the organization section 501(c) of t	-		-	-	-				Yes	No
_	ganizations?										
	ansfers from the re Cash	eporting foun	dation to a r	noncharitable exe	empt organizatio	n of			1a(1)		X
	Other assets								1a(2)		X
	ner transactions										
(1)	Sales of assets t	o a nonchari	table exemp	t organization					1b(1)		X
	Purchases of ass		•	•	ation				1b(2)		X
(3)	Rental of facilitie	s, equipmen	t, or other as	ssets					1b(3)		X
(4)	Reimbursement	arrangement	ts						1b(4)		X
(5)	Loans or loan gu	arantees							1b(5)		X
(6)	Performance of	services or m	nembership (	or fundraising so	licitations				1b(6)		X
c Sh	aring of facilities,	equipment, n	nailing lists,	other assets, or	paid employees				1c	1	<u>X</u> _
	he answer to any			-	-	= :	=				
	ue of the goods, o			-	-						
	ue in any transac									<del></del> -	
(a) Li	ne no (b) Amo	ount involved	(c) Name	of nonchantable exen	npt organization	(d) Desci	nption of transfers, tra	ansactions, and sha	anng arrangeme	nts	
N/A								<del></del>			
		<del></del>		<del></del>		<del> </del>					
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des	he foundation dire	501(c) of the	Code (othe				anizations		Ye	s <b>X</b>	No
b_lf "\	res," complete the		chedule T		<del></del>			<del> </del>			
37/2	(a) Name of o	rganization		(b) Type of	organization		(c) Descrip	tion of relationship	<del></del>		
N/2	<u> </u>										
				<del></del>	<del></del>						—
	<del></del>										
$\overline{}$	Under penalties of pe	nury. I declare t	hat I have exam	nined this return, incli	uding accompanying	schedules and stat	ements, and to the b	est of my knowled	lge and belief.	t is true	e.
)	correct, and complete							<u> </u>	RS discuss this n		
Sign	^		. ()	_ 1					reparer shown be		_
Here	$\mathcal{L}$	$\cap$	IX I	$\mathcal{V}$	į	ı f		(see instru	uctions)?	Yes	No
	Ma	~~//	$Y \setminus A$	2/2	n.	1517	TRUS	3377			
- 1	Signature of office	er or trustee	- An	-412	Date	1+~ 1+ +-	Title	7111	<del></del>		
	PrintType preparer	s name	<del></del>	-t	Preparer's signatu				Date		$\overline{\Box}$
		mirro			, reparer a aignate	<del></del>				Check self-em	If
Paid	JAMES SCHI	CKNER			JAMES SCH	ICKNER		11	./14/17		,,
Preparer	Firm's name	SOURC	E ONE	BUSINES					P00801	310	<u> </u>
Use Only	Firm's address			RSITY BL					20-167		
			COTT C		21043-6				10-75		
									Form 990	)-PF	(2016)

81-4380924

## **Federal Statements**

## Statement 2 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount		
DIFFERENCE IN COST BASIS AND FAIR MARKET VALUE	\$	208,045	
TOTAL	\$	208,045	

81-4380924	Federa	Federal Statements	6		
Statement 3 - F	orm 990-PF, Part	VII-A, Line 10 - 9	Statement 3 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors	utors	
Name	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		Ċ	i	
JAMES GILES 2012 IRR TRUST 2724 THORNBROOK	OK RD	ELLICOTT	CITY MD 21	O42	
Statement 4 - Form 990-PF,	30-PF, Part VIII, Line	<b>─</b>	- List of Officers, Directors, Trustees, Etc.	ustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOYCE MARIE GILES 7310 KENT POINT ROAD STEVENSVILLE MD 21666	TRUSTEE	2.00	0	0	0
JAMES R GILES 7310 KENT POINT ROAD STEVENSVILLE MD 21666	TRUSTEE	2.00	0	0	0
JACQUELINE MARIE GILES 460 WEST 20TH STREET NEW YORK NY 10011	TRUSTEE	2.00	0	0	0
JESSICA CATHERINE GILES 2700 CLARENDON BOULEVARD ARLINGTON VA 22201	TRUSTEE	2.00	0	0	0
JULIANNE CHRISTINE GILES 110 VANGUARD LANE ANNAPOLIS MD 21401	TRUSTEE	2.00	0	0	0
JENNIFER NICOLE GILES 7310 KENT POINT ROAD STEVENSVILLE MD 21666	TRUSTEE	2.00	0	0	0
					40

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

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

Name of the organization

Employer identification number

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

JAMES AND JOY	CE GILES FOUNDATION	81-4380924				
Organization type (check on	ne)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation				
	527 political organization					
Form 990-PF	<b>▼</b> 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n				
	501(c)(3) taxable private foundation					
	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule See				
General Rule						
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contribut property) from any one contributor. Complete Parts I and II. See instruction tributions.					
Special Rules						
regulations under sec 13, 16a, or 16b, and t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 that received from any one contributor, during the year, total contributions are amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	or 990-EZ), Part II, line of the greater of <b>(1)</b>				
contributor, during the	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					
contributor, during the contributions totaled n during the year for an	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that respectively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any of the sto this organization because it received nonexclusively religious, charitable, etc., during the year.	ut no such that were received parts unless the				
990-EZ, or 990-PF), but it mu	t isn't covered by the General Rule and/or the Special Rules doesn't file S ist answer "No" on Part IV, line 2, of its Form 990, or check the box on line o certify that it doesn't meet the filing requirements of Schedule B (Form 99	e H of its Form 990-EZ or on its				

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

Name of organization

JAMES AND JOYCE GILES FOUNDATION

Employer identification number 81-4380924

	Contributors (See instructions) Use duplicate copies	of Part I if additional space	ıs needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES R. GILES 2012 IRR TRUST 2724 THORNBROOK ROAD ELLICOTT CITY MD 21042	\$ 367,843	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
	Trumo, auditodo, una ami - 7	\$	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)

Name of organization

JAMES AND JOYCE GILES FOUNDATION

Employer identification number 81-4380924

	Noncash Property (See instructions) Use duplication	ate copies of Part 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
1	480 SHARES OF AMAZON INC STOCK		
		\$ 367,843	12/22/16
(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
		\$	
(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
		\$	