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

OMB No. 1545-0052

u Do not enter social security numbers on this form as it may be made public. Department of the Treasury

		dar year 2014 or tax year beginning 12/01/14,			at www.i	rs.gov/rormssopr.	open to I abno mopeonen
		undation	and ending II/	30/13	A Emple	oyer identification number	
		CONLEY CHARITABLE & EDUCATION	N		,	-,	
		DATION			**.	-***8809	
		d street (or P.O. box number if mail is not delivered to street address)	F	Room/suite	 	none number (see instructions	s)
P	о в	OX 1419					
		n, state or province, country, and ZIP or foreign postal code			C If ever	mption application is pending,	check here
_K	ILM	ARNOCK VA 22482-1	419		4		
G	Check	all that apply: Initial return Initial retu	rn of a former public	charity	D 1. Fo	reign organizations, check he	ere
		Final return Amended	return		2. Fo	reign organizations meeting t	the
		Address change Name cha	ange		85	% test, check here and attach	n computation ,,
НС	heck	type of organization: X Section 501(c)(3) exempt private	e foundation		E If priva	ate foundation status was terr	minated under
		n 4947(a)(1) nonexempt charitable trust Other taxab			section	n 507(b)(1)(A), check here	
I Fa	air mai	rket value of all assets at J Accounting method:	X Cash Ac	crual	F If the	foundation is in a 60-month to	ermination
er	nd of y	rear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	nere,
lin	e 16)	u \$ 4,810 (Part I, column (d) must	be on cash basis.)				
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vootmont	(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
				\			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	23,959	,			
	2	Check u if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
ne	b	Net rental income or (loss)					
en	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b	Gross sales price for all assets on line 6a			0		
œ	7	Capital gain net income (from Part IV, line 2)				0	
	8	Net short-term capital gain				0	
	9 10a	Income modifications					
	b	Gross sales less returns and allowances					
	C	Less: Cost of goods sold Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	23,959	<u>, </u>	0	0	
	13	Compensation of officers, directors, trustees, etc.		0			
enses	14	Other employee salaries and wages					
Sus	15	Pension plans, employee benefits					
ĝ	16a	Legal fees (attach schedule)					
Exp	b	Accounting fees (attach schedule) STMT 1	1,300		650		650
Administrative	c	Other professional fees (attach schedule)	_,,,,				
rati	17	Interest					
<u>st</u>	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion					
þ	20	Occupancy					
⋖	21	Travel, conferences, and meetings					
and	22	Printing and publications					
	23	Other expenses (att. sch.) STMT 2	139	9	139		
Operating	24	Total operating and administrative expenses.					
rai		Add lines 13 through 23	1,439	9	789	0	650
þe	25	Contributions, gifts, grants paid	18,375				18,375
	26	Total expenses and disbursements. Add lines 24 and 25	19,814	Ł	789	0	19,025
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	4,145	5			
	b	Net investment income (if negative, enter -0-)			0		
	c	Adjusted net income (if negative, enter -0-)				0	

D	art II	Ralanco Chaots Attached schedules and amounts in the description column	Beginning of year	End o	f year
	ait II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	665	4,810	4,810
	2	Savings and temporary cash investments			
	3	Accounts receivable u			
		Less: allowance for doubtful accounts ${f u}$			
	4	Pledges receivable u			
		Less: allowance for doubtful accounts ${f u}$			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule) ${f u}$			
		Less: allowance for doubtful accounts ${f u}$ 0			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass	10a	Investments – U.S. and state government obligations (attach schedule)			
1	b	Investments – corporate stock (attach schedule)			
	C	Investments – corporate bonds (attach schedule)			
.	11	Investments – land, buildings, and equipment: basis u			
	• •	Less: accumulated depreciation (attach sch.) u			
.	12				
	13	Investments – mortgage loans			
	14				
	14	Land, buildings, and equipment: basis u			
Ι.	15	Less: accumulated depreciation (attach sch.) u			
	-	Other assets (describe u)			
	16	Total assets (to be completed by all filers – see the	665	4,810	4,810
+.	17	instructions. Also, see page 1, item I)	003	4,010	4,010
	17	Accounts payable and accrued expenses			
- 1	18	Grants payable			
:≛	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable (attach schedule)			
4	22	Other liabilities (describe u)	0		
+	23	Total liabilities (add lines 17 through 22)	U	U	
		Foundations that follow SFAS 117, check here u X and complete lines 24 through 26 and lines 30 and 31.			
Seo				4 010	
		Unrestricted	665	4,810	
Bal	25	Temporarily restricted			
힐	26	Permanently restricted			
Net Assets or Fund Balan		Foundations that do not follow SFAS 117, check here u and complete lines 27 through 31.			
<u>ō</u>	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
188	29	Retained earnings, accumulated income, endowment, or other funds			
,	30	Total net assets or fund balances (see instructions)	665	4,810	
; اِحّ	31	Total liabilities and net assets/fund balances (see			
		instructions)	665	4,810	
Pá	art II	,		,	
		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with		
		f-year figure reported on prior year's return)	•	1	665
2	Enter	amount from Part I, line 27a		2	4,145
3 (Other	increases not included in line 2 (itemize) u		3	,
		ines 1, 2, and 3			4,810
		eases not included in line 2 (itemize) u			-,-20
		net assets or fund halances at end of year (line 4 minus line 5) – Part II. column (l			4.810

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(a) List and desc	cribe the kind(s) of property sold (e.g., real estate, arehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a N/A			D - Doriation		
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		or (loss)) minus (g)
a					
b					
С					
d					
e					
Complete only for assets showing	g gain in column (h) and owned by the fo	oundation on 12/31/6	59		(h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any		less than -0-) or om col. (h))
а					
b					
С					
d					
е	If you also sets in	Dant I line 7			
2 Capital gain net income or (net o	'L If (loss), enter -0- in I	Part I, line 7		2	
If gain, also enter in Part I, line 8	ss) as defined in sections 1222(5) and (6 B, column (c) (see instructions). If (loss), e	enter -0- in			
	nder Section 4940(e) for Reduce		Investment Inc	3	
	e foundations subject to the section 4940			Jille	
	·	(a) tax on not invoci	arione income.)		
If section 4940(d)(2) applies, leave the	iis part biarik.				
	tion 4942 tax on the distributable amount		pase period?		X Yes N
	lify under section 4940(e). Do not comple				
	each column for each year; see the instru	uctions before makir	ng any entries.		(-0)
(a) Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value	(c) e of noncharitable-use asse		(d) ribution ratio divided by col. (c))
2013					
2012					
2011					
2010					
2009					
2 Total of line 1 column (d)				2	
3 Average distribution ratio for the	5-year base period – divide the total on lii	ne 2 by 5, or by the		····· -	
<u> </u>	nas been in existence if less than 5 years			3	
4 Enter the net value of noncharita	ble-use assets for 2014 from Part X, line	5		4	
5 Multiply line 4 by line 3				5	
	me (1% of Part I, line 27b)				
8 Enter qualifying distributions from	n Part XII, line 4			8	

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.

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or

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

4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"

(or designate) of each state as required by General Instruction G? If "No," attach explanation N/A

complete Part XIV

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X

Х

8b

9

NONE

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 2014?

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Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	u
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

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•

Total. Add lines 1 through 3

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

Pa	Int X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foundat	ions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	2,238
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,238
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e C)	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,238
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	34
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,204
6	Minimum investment return. Enter 5% of line 5	6	110
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	foundatio	ns
	and certain foreign organizations check here u and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	110
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	110
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	110
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	110
Pa	rt 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	19,025
b	Program-related investments – total from Part IX-B	1b	
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:		
а	Suitability test (prior IRS approval required)	3a	
b	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	19,025
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	19,025
-	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the found		

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Pa	rt XIII Undistributed Income (see in	nstructions)				
	·		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,		Corpus	Years prior to 2013	2013	2014
	line 7					110
2	Undistributed income, if any, as of the end of 2014					
	Enter amount for 2013 only					
	Total for prior years: 20 , 20 , 20					
3	Excess distributions carryover, if any, to 2014:					
	From 2009					
b	From 2010	10,254				
С	From 2011	10,315				
d	From 2012	10,529				
е	From 2013	9,904				
f	Total of lines 3a through e		41,002			
4	Qualifying distributions for 2014 from Part XII,					
	line 4: u \$19,025					
а	Applied to 2013, but not more than line 2a					
	Applied to undistributed income of prior years					
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Election					
	required – see instructions)					
d	Applied to 2014 distributable amount					110
	Remaining amount distributed out of corpus		18,915			
5	Excess distributions carryover applied to 2014					
	(If an amount appears in column (d), the same					
	amount must be shown in column (a).)					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		59,917			
b	Prior years' undistributed income. Subtract					
	line 4b from line 2b					
С	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					
d	Subtract line 6c from line 6b. Taxable					
	amount – see instructions					
е	Undistributed income for 2013. Subtract line					
	4a from line 2a. Taxable amount – see					
	instructions					
T	Undistributed income for 2014. Subtract lines					
	4d and 5 from line 1. This amount must be					0
7	distributed in 2015					0
7	Amounts treated as distributions out of corpus					
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be					
8	required—see instructions) Excess distributions carryover from 2009 not					
J	applied on line 5 or line 7 (see instructions)					
9	Excess distributions carryover to 2015.					
•	Subtract lines 7 and 8 from line 6a		59,917			
10	Analysis of line 9:		33,317			
а	Excess from 2010	10,254				
a b	Excess from 2011	10,315				
C	Excess from 2012	10,529				
d	Excess from 2013	9,904				
•	Excess from 2014	18 915				

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Pa	rt XIV Private Operating Fou	indations (see ins	structions and Par	t VII-A, question 9)			
1a	If the foundation has received a ruling or	determination letter th	at it is a private opera	ting			
	foundation, and the ruling is effective for 2	2014, enter the date o	f the ruling	u			
b	Check box to indicate whether the foundation	tion is a private opera	ating foundation descri	bed in section 49	42(j)(3) or 494	2(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total	
	investment return from Part X for						
	each year listed						
b	85% of line 2a						
С	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						
е	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:						
а	"Assets" alternative test – enter:						
u	(1) Value of all assets						
	(2) Value of assets qualifying under						
	section 4942(j)(3)(B)(i)						
b	"Endowment" alternative test – enter 2/3						
	of minimum investment return shown in						
	Part X, line 6 for each year listed						
С	"Support" alternative test – enter:						
٠	(1) Total support other than gross						
	investment income (interest,						
	dividends, rents, payments on						
	securities loans (section						
	512(a)(5)), or royalties)						
	(2) Support from general public						
	and 5 or more exempt						
	organizations as provided in						
	section 4942(j)(3)(B)(iii)						
	an exempt organization						
Pa	art XV Supplementary Inform	ation (Complete	this part only if	the foundation ha	d \$5,000 or more	in assets at	
	any time during the ye			ine roundation na	α ψο,οοο οι πιοι	o iii assots at	
1	Information Regarding Foundation Ma		tionory				
а	List any managers of the foundation who	=	e than 2% of the total	contributions received h	ov the foundation		
-	before the close of any tax year (but only				•		
	N/A	ii iiloy havo commode	σα ποιο τιαπ φο,σσο).	(000 000.011 001 (4)(2)	.,		
b	List any managers of the foundation who	own 10% or more of t	the stock of a corporat	ion (or an equally large	portion of the		
	ownership of a partnership or other entity)		•	, , , ,			
	N/A		J				
2	Information Regarding Contribution, G	rant. Gift. Loan. Sch	olarship, etc., Progra	ams:			
	Check here u if the foundation only makes contributions to preselected charitable organizations and does not accept						
	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under						
	other conditions, complete items 2a, b, c,		(. ,	3		
а	The name, address, and telephone numb		of the person to whom	applications should be	addressed:		
	JEAN LIGHT 804-435-4		,				
	PO BOX 1419 KILMARNO		2				
b	The form in which applications should be			ey should include:			
	NONE						
С	Any submission deadlines:						
	NONE						
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fi	elds, kinds of institution	s, or other		
	factors:	., 3,-3,-6	-,	,			

Form 990-PF (2014) BEN CONLEY CHARITABLE & EDUCATION **-***8809 Page **11** Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year SEE STATEMENT 3 18,375 u 3a 18,375 Total **b** Approved for future payment N/A

u 3b

Total

Part XVI-A	Analysis of Income-Producing Act	VILICS				
Enter gross amo	ounts unless otherwise indicated.	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions.)
1 Program se				-		(CCC Included Cite)
				-		
				-		
				-		
e				 		
T	d contracts from more results and the			 		
	nd contracts from government agencies			-		
	dues and assessments			 		
	savings and temporary cash investments			 		
	nd interest from securities					
	come or (loss) from real estate:					
a Debt-fina	anced property			 		
b Not deb	t-financed property			1		
	come or (loss) from personal property					
Other invest	tment income					
	s) from sales of assets other than inventory			<u> </u>		
	or (loss) from special events			<u> </u>		
	or (loss) from sales of inventory					
	ue: a					
				+		
e						
	ld columns (b), (d), and (e)		C		0	0
					13	0
13 Total. Add I	ine 12, columns (b), (d), and (e)				13	0
13 Total. Add I	ine 12, columns (b), (d), and (e)					0
13 Total. Add I (See worksheet	ine 12, columns (b), (d), and (e)	complishm	ent of Exempt P	urpose	es	•
13 Total. Add I See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Activities	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
13 Total. Add I See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3
See worksheet Part XVI-B Line No.	in line 13 instructions to verify calculations.) Relationship of Activities to the Activities below how each activity for which income	complishm	ent of Exempt P	urpose -A contril	es buted importantly to the	3

orm 990)-PF (201	4) BEN CONLE	Y CHAI	RITABLE &	EDUCATI	ON **-**8809			Pag	<u>je 13</u>
Part)		Information Rega Exempt Organiza	_	ansfers To and	d Transactio	ns and Relationships Wi	th Noncharitabl	е		
1 Did				e in any of the foll	owing with any	other organization described			Yes	No
in s org	section 50 anizations	01(c) of the Code (others?	er than section	on 501(c)(3) organ	izations) or in se	ection 527, relating to political				
		m the reporting found			-					
(1)	Cash							1a(1)		_ <u>X</u> _
								1a(2)		_ <u>X</u> _
	ner transa									
(1)	Sales of	assets to a noncharit	able exempt	organization				1b(1)		X
(2)	Purchas	es of assets from a n	oncharitable	exempt organization	on			1b(2)		x
(3)	Rental o	f facilities equipment	or other ass	sets				1b(3)		x
(4)	Reimhur	sement arrangements	3					1b(4)		x
(5)	I nane n	r Ioan guarantees						1b(5)		X
(6)	Perform	ence of services or m	amharchin a	r fundraising solici	tations			1b(6)		<u>x</u>
(0)	oring of f	acilities equipment m	ailing liete o	than according solici	d amplayage			1c		x
								IC		
						mn (b) should always show the fa				
						the foundation received less than				
valı	ue in any	transaction or sharing	arrangemer	nt, show in column	(d) the value of	the goods, other assets, or serv	ices received.			
(a) Lir	ne no.	(b) Amount involved	(c) Name	e of noncharitable exemp	ot organization	(d) Description of transfers, tr	ansactions, and sharing are	rangeme	nts	
N/A										
des	scribed in	,	Code (other			k-exempt organizations n 527?	[Ye	s X	No
) Name of organization		(b) Type of o	rganization	(c) Descrip	otion of relationship			
N/Z		· · · · · · · · · · · · · · · · · · ·				,,,	•			
, =	-									
Sign Here						Leadules and statements, and to the best of which preparer has any knowledge.	May the IRS discu with the preparer (see instructions)	iss this re	eturn	No
ICI C					1	N DDEG	TDENTT			
	Ciana	ture of officer or trustee			Data	Title	IDENT			
	T				Date		Г			
	Print/Typ	pe preparer's name			Preparer's signatu	re	Date		Check	if
Paid								,	self-emp	oloyed
Preparer	C DW	IGHT CLARKE		3.DIF			05/31		ا داد داد	
Jse Only	I Firm's n				D., P.C.		FIIN	***		
	Firm's a	"	BOX 42				Firm's EIN " **-			
		IRVIN	IGTON,	VA 22480)		Phone no. 804	-438	3-56	556

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

Schedule of Contributors

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service u Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

BEN CONLEY CHARITABLE & EDUCATION FOUNDATION

Employer identification number

-*8809

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						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
or more (in money or p	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, line 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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) (2014)

Name of organization

Employer identification number

BEN	CONLEY CHARITABLE & EDUCATION	**	<u>-***8809</u>
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BEN D CONLEY 117 FITCHETT DRIVE WHITE STONE VA 22578	\$ 23,959	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

3512 BEN CONLEY CHARITABLE & EDUCATION

Federal Statements

FYE: 11/30/2015

-*8809

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total		Net Investment		Adjusted Net		Charitable Purpose	
CPA TAX PREPARATION	\$	1,300	\$	650	\$		\$	650
TOTAL	\$	1,300	\$	650	\$	0	\$	650

Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total		Net Investment		Adjusted Net		Charitable Purpose	
EXPENSES	\$	_	\$	_	\$		\$	
BANK CHARGES MEETINGS		46 93		46 93				
TOTAL	\$	139	\$	139	\$	0	\$	0

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3512 BEN CONLEY CHARITABLE & EDUCATION
-*8809 Federal Statements

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FYE: 11/30/2015

	Description	
ONE		
	Form 990-PF, Part XV, Line 2c - Submission Deadlines	
	Description	
ONE		
	Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations	
	Description	
NE		

-*8809

FYE: 11/30/2015

Federal Statements

Statement 3 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address			
Address	Relationship	Status	Purpose	Amount
AMERICAN CANCER SOCIETY	PO BOX 648	0		
GLEN ALLEN VA 23058	NONE	501 C	HEALTH	500
AMERICAN LEGION	PO BOX 561			
MATHEWS VA 23109	NONE	501 C	HEALTH	1,000
CHRISTOPHER NEWPORTUNIV	1 UNIVERSI			
NEWPORT NEWS VA 23606	NONE	501 C	EDUCATION	4,000
HABITAT FOR HUMANITY	S MAIN ST	F01 ~		
KILMARNOCK VA 22482	NONE	501 C	HUMANITARIAN	500
KILMARNOCK LANCASTER RESC	PO BOX 33	F01 ~		
KILMARNOCK VA 22482	NONE	501 C	SAFETY	500
LANCASTER LIONS CLUB	RT3	F01 ~		1 000
WHITE STONE VA 22578	NONE	_ 501 C	HUMANITARIAN	1,000
LONGWOOD UNIVERSITY	201 HIGH S			1 000
FARMVILLE VA 23909	NONE	501 C	EDUCATION	1,000
MORATTICO BAPTIST CHURCH		TICO CHURCH		1 500
KILMARNOCK VA 22482	NONE	501 C	RELIGIOUS	1,500
NORTHERN NECK FOOD BANK	PO 93	F01 G		1 500
WHITE STONE VA 22578	NONE	501 C	HUMANITARIAN	1,500
NORTHER NECK FREE HEALTH	PO BOX 196			1 000
KILMARNOCK VA 22482	NONE	501 C	HEALTH	1,000
OLD DOMINION UNIVERSITY	5115 HAMPT		EDITOR ET ON	1 000
NORFOLK VA 23529	NONE	501 C	EDUCATION	1,000
RGH FOUNDATION	PO BOX 144			1 000
KILMARNOCK VA 22482	NONE	501 C	HEALTH	1,000
THE HAVEN	PO BOX 713			F00
WARSAW VA 22572	NONE	501 C	HEALTH	500
WHITE STONE FIRE DEPARTME	PO BOX 272 NONE		SAFETY	500
WHITE STONE VA 22578		501 C	SAFETY	500
WICOMICO CHURCH KILMARNOCK VA 22482	37 CHASE S NONE		RELIGIOUS	1 500
WILLIAM AND MARY UNIV	NONE 104 JAMEST	501 C	VETTGIOOD	1,500
WILLIAM AND MARY UNIV WILLIAMSBURG VA 23185	NONE TO 4 DAMEST	501 C	EDUCATION	1,000
DANESHA WALTERS	PO BOX 141		EDUCATION	1,000
KILMARNOCK VA 22482	NONE	. ブ	NURSING TEST	375
KILMARNUCK VA 22402	INOINE		TGTI DNITCYDNI	3/5

3512 BEN CONLEY CHARITABLE & EDUCATION

Federal Statements

-*8809

FYE: 11/30/2015

Statement 3 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Name	Ad	dress		
	Address	Relationship	Status	Purpose	Amount
TOTAL	ı				18,375

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