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Form **990-PF**

EXTENDED TO NOVEMBER 15, 2016 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.

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf .	Open to Public Inspection
	15
Name of foundation A Employer identification	
VALENTINE FAMILY FOUNDATION 47-53094	
Number and street (or P O box number if mail is not delivered to street address) Room/suite Room/suite	
1487 LANGHORNE ROAD 434-941-	
City or town, state or province, country, and ZIP or foreign postal code LYNCHBURG, VA 24503	n is pending, check here
G Check all that apply: X Initial return Initial return of a former public charity D 1. Foreign organiza	ations, check here
Final return Amended return	on meeting the 95% test
	ns meeting the 85% test, ach computation
	n status was terminated
	b)(1)(A), check here
	in a 60-month termination
(from Part II, col (c), line 16) Under section 507(i	b)(1)(B), check here
Part Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (a) Adjusted not	(d) Disbursements
(a) Revenue and expenses of nevertible and expenses (b), (c), and (d) may not necessarily equal the amounts in column (a)) (a) Revenue and expenses per books income income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received 310,600.	A 4 4 1 1 2 1 4 1
2 Check ▶ If the foundation is not required to attach Sch B	
Interest on savings and temporary cash investments	
4 Dividends and interest from securities 462. 462.	STATEMENT 1
5a Gross rents	
68 Net gain or (loss) from sale of assets not on line 10	
b Gross sales price for all assets on line 6a 25,546.	KECFIVED
b Gross sales price for all 25,546. 7 Capital gain net income (from Part IV, line 2) 8 Not short-term capital gain	
o Net Short-term capital gain	NOV 2.8 2016 6
9 Income modifications Gross sales less returns	(4)
108 and allowances	-deneal in
b Less Cost of goods sold	GREW DI
c Gross profit or (loss)	
11 Other income 12 Total. Add lines 1 through 11 336,608. 26,008.	
12 Total. Add lines 1 through 11 336,608. 26,008.	0.
14 Other employee salaries and wages	<u></u>
15 Pension plans, employee benefits	
16a Legal fees	
	-
b Accounting fees c Other professional fees	
e 17 Interest	
17 Interest 18 Taxes STMT 2 10. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	0.
19 Depreciation and depletion	1 1 1/6 1 1 1 1
20 Occupancy	
22 Printing and publications	
24 Total operating and administrative expenses. Add lines 13 through 23 Contributions gifts greats paid	_
expenses. Add lines 13 through 23	0.
25 Contributions, grians paid	0.
26 Total expenses and disbursements.	
Add lines 24 and 25 27 Subtract line 26 from line 12:	0.
27 Supractinie 20 nominie 12.	
8 Excess of revenue over expenses and disbursements	
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	
I A MINDRED HER HIGHER IN GRADUAL SHEET I A	Form 990-PF (2015)

Beginning of year

47-5309465

End of year

Page 2

336,598. Form 990-PF (2015)

VALENTINE FAMILY FOUNDATION

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2015) VALE Part V Capital Gains a	NTINE FAMILY FOR	UNDATION	N ncome			47	-5309	465 Page 3
(a) List and descri					How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)		(d) Date sold (mo., day, yr.)
1a CAPITAL GAINS D				Ť	Donation			
<u>b</u>								
<u>c</u>				-				
<u>d</u>	····	·		╀		 -		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis	_		(h) Gain (e) plus (f	or (loss)	1)
a 25,546.	\(\frac{1}{2}\)	, , , , , , , , , , , , , , , , , , ,				(5) [1.20]	,	25,546.
b	· · · · · · · · · · · · · · · · · · ·							
С								
d		ļ						
<u> </u>	-1 (1) 1 1 b		10/01/00					·
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	ess of col. (ı)	_	C	(I) Gains (Col. ol. (k), but not Losses (fre	less than	-0-) or
	as 01 12/3 1/09	Over C	ol. (j), if any			<u>`</u>		25 546
<u>a</u>		<u> </u>						25,546.
b c				\neg				
d		 						
6								
2 Capital gain net income or (net cap	If gain, also enter If (loss), enter -0			}	2			25,546.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		ıd (6) <u>:</u>		}			NT / D	
If (loss), enter -0- in Part I, line 8 Part V Qualification Un	der Section 4940(e) for	Reduced 1	ax on Net	Inve	stment Inc	ome	N/A	
(For optional use by domestic private f								N/A
	•	io io (u) tax oii ii	01 1117 00111101111 111	001110	•1			
If section 4940(d)(2) applies, leave this	s part blank.							
Was the foundation liable for the section if "Yes," the foundation does not qualify	y under section 4940(e). Do not co	mplete this part.	·					Yes No
	ich column for each year; see the in	istructions befor	e making any er	ntries.			 ,	
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	tributions	(c) Net value of noncharitable-use assets			Distribution ratio (col. (b) divided by col. (c))		
2014								 -
2013	 							
2012 2011						 -		
2010								
					 <u></u> -			- · -
2 Total of line 1, column (d)						2		
3 Average distribution ratio for the 5-	-year base period - divide the total (on line 2 by 5, o	r by the number	of yea	ars			
the foundation has been in existence	ce if less than 5 years					3		
4 Enter the net value of noncharitable	e-use assets for 2015 from Part X, I	line 5				4		
5 Multiply line 4 by line 3						5		
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6		
7 Add lines 5 and 6	-					7		
8 Enter qualifying distributions from	Part XII. line 4					8		
	line 7, check the box in Part VI, line	1b, and comple	ete that part usin	ıg a 19	% tax rate.	<u></u>		· · · · · · · · · · · · · · · · · · ·
500 the Fall of Medicality							East	rm 990-PF (2015)

Page 3

	1 990-PF (2015) VALENTINE FAMILY FOUNDATION Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	4940(a) or 40		5309		Page 4
			7-0 - [2:397]	See III		(18) (34:37)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instru		<u>&</u> &			520.
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here at Part I line 07h	170	-	2 3 ₂ 3 ₂ 3	80 / 1 YZ & 8.5	320.
_	of Part I, line 27b	od (b)				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, or	:OI. (U).)			All Hall	0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3			520.
3	Add lines 1 and 2 Subtitle A (magne) toy (demostra postran 4047(a)(4) trusts and toyable foundations only. Others enter, 0.)		4	 		0.
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			520.
-	Credits/Payments;		- 3	36. A	7. X + . X	<u> </u>
	2015 estimated tax payments and 2014 overpayment credited to 2015					2.7
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld 6d					
	Total credits and payments. Add lines 6a through 6d		7		Me as - Mais,	0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8			8.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			528.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10			
11		Refunded >	11			
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it part	icipate or intervene	in		Ye:	s No
	any political campaign?				1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruction	s for the definition)?		1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any n	naterials publishe	d or			2 1
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?				10	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	_				
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$	0.				. No. 18
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed o	n foundation				
	managers. ▶ \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2	X
_	If "Yes," attach a detailed description of the activities.					Same 1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	of incorporation, of				2
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3	$\frac{x}{x}$
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	48	+
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		11	, 13	4b	$\frac{1}{x}$
3	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
·	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that co	nflict with the state	law			
	remain in the governing instrument?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6 X	- A
7		(c) and Part XV			7 X	
	The state of the s	(0), 4/10 / 4/1 / 1			WE TO THE	155× 2
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					131
	VA					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	designate)				
	of each state as required by General Instruction G? If "No," attach explanation				8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	4942(j)(5) for caler	ndar			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV				9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names a	nd addresses	TMT		10 X	
				F	QQA_PE	10015

Form	990-PF (2015) VALENTINE FAMILY FOUNDATION	47-5309	465		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)				
] [Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		1 1		
	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 adviso	ry privileges?	1 1		
	If "Yes," attach statement (see instructions)		12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	<u> </u>
	Website address ► N/A				
14		no. ► 434-94		<u> 75</u>	
	Located at ► 1487 LANGHORNE ROAD, LYNCHBURG, VA	ZIP+4 ▶ <u>24</u>	503		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here				· 🗀
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		`	Yes	No
	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 the			1. 1	
	foreign country				- KAN 1
Pa	rt 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.		1 24	Yes	No
1a	During the year did the foundation (either directly or indirectly):			, N	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No		* .	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				**************************************
	a disqualified person?	Yes X No		`\ \	. 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No		. J	N. W.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available				
	for the benefit or use of a disqualified person)?	Yes X No	13.1	*	¥ 1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			*1	
	if the foundation agreed to make a grant to or to employ the official for a period after			h, */	
	termination of government service, if terminating within 90 days.)	Yes X No	1	104	j P
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here			. 4	84. 186
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				(a.y
	before the first day of the tax year beginning in 2015?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	on		N. Y	Y W.
	defined in section 4942(j)(3) or 4942(j)(5)):			N , "!	1
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) begin		13.5	- 3	
	before 2015?	Yes X No			
	If "Yes," list the years				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incompare the provisions of section 4942(a)(2)).				* .
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and at			M.	Ad
	statement - see instructions.)	N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				ar al
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			34	
	during the year?	Yes X No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons				y N
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to	•			i de l
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedul				
	Form 4720, to determine if the foundation had excess business holdings in 2015)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		48		X
Þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purp	ose that			7,4
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?		4b		<u>X</u>
		For	m 990 -	-PF (2015)

orm 990-PF (2015) VALENTINE FAMILY FOUNDAY.			47-53094	65 Page 6		
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be R	equired (contin	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		_	es X No			
(2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive?	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?					
(3) Provide a grant to an individual for travel, study, or other similar purposes		_	es X No es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions)	n described in section		es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		68 75 110			
the prevention of cruelty to children or animals?			es 🗶 No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit section 53.4945 or in a current notice regarding disaster assistance (see instru		n Regulations	N/A	50 3.124 14.5 J		
Organizations relying on a current notice regarding disaster assistance check h	•		▶□ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr						
expenditure responsibility for the grant?		I/A	es 📖 No 🕍			
If "Yes," attach the statement required by Regulations section 53 4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •					
a personal benefit contract?		Y	es 🗓 No 🖺			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b. file Form 8870	ersonal benefit contract?		9	6b X		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	es, Foundation Mar	nagers, Highly				
List all officers, directors, trustees, foundation managers and their of	compensation.	·				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense		
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances		
MICHAEL VALENTINE, MD 487 LANGHORNE ROAD	TRUSTEE			-		
	1 00	١ ,	ا م ا	•		
YNCHBURG, VA 24503 CHANNON VALENTINE	1.00 TRUSTEE	0.	0.	0.		
.487 LANGHORNE ROAD	IKUSIBB		}			
YNCHBURG, VA 24503	1.00	0.	0.	0.		
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, e	enter "NONE."	<u> </u>			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other		
NONE	devoted to position	(C) Compensation	and deterred compensation	allowances		
ANON		ľ				
		<u> </u>				
otal number of other employees paid over \$50,000		L		0		
			Form	990-PF (2015)		

Form 990-PF (2015) VALENTINE FAMILY FOUNDATION 4	47-5309465 Page
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	ce (c) Compensatio
NONE	
	ł
Total number of others receiving over \$50,000 for professional services Part∛IX-A Summary of Direct Charitable Activities	> (
Yang ang Yang ang ang Yang ang ang ang ang ang ang ang ang ang 	
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
1N/A	
	 -
· · · · · · · · · · · · · · · · · · ·	
2	
3	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
N/A	 -
	
<u> </u>	
All other program-related investments. See instructions.	
3	1
Total. Add lines 1 through 3	▶ 0.
	Form 990-PF (2015

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	305,580.
ь	Average of monthly cash balances	1b	149.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	305,729.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	305,729.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,586.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	301,143.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	2,021.
P	art 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.)	nd certain	
1	Minimum investment return from Part X, line 6	1	2,021.
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	520.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,501.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,501.
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	1,501.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes;	3%	 _
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
b	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:	11	
a	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	0.
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	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for	

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	1 Distributable amount for 2015 from Part XI, line 7				
:	2 Undistributed income, if any, as of the end of 2015		, , , , , , , , , , , , , , , , , , ,		1,501
	a Enter amount for 2014 only			0.	
	b Total for prior years:		0.		
:	Excess distributions carryover, if any, to 2015:	N. G. A. W. N. N.	MANUAL T		
	a From 2010				
	b From 2011				
	c From 2012				
	d From 2013				
	e From 2014				
	f Total of lines 3a through e	0.			
4	3		N: N: N: N: N: N	N. 1. 1. 1. 1. 1. 1. 1. 1. 1.	. 1 10 10 10 10 10 10
	Part XII, line 4: ► \$ 0.				
	a Applied to 2014, 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				
	(Election required - see instructions)	0.			
	d Applied to 2015 distributable amount				0.
5	e Remaining amount distributed out of corpus	0.			
3	Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			0.
6	must be shown in column (a)) Enter the net total of each column as indicated below:				
	2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
	Prior years' undistributed income. Subtract	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
	line 4b from line 2b		0.		
	Enter the amount of prior years'				
	undistributed income for which a notice of		l l		
	deficiency has been issued, or on which the section 4942(a) tax has been previously				
	assessed				
(Subtract line 6c from line 6b. Taxable		,		· 1. 1 4 1
	amount - see instructions		0.		
(Undistributed income for 2014. Subtract line		Na N	*	
	4a from line 2a. Taxable amount - see instr.			0.[3	
T	Undistributed income for 2015. Subtract			2 2 V 2 V 3 V V	
	lines 4d and 5 from line 1. This amount must	344 N. N. N. N.			
7	be distributed in 2016				1,501.
•	Amounts treated as distributions out of corpus to satisfy requirements imposed by				C. C
	section 170(b)(1)(F) or 4942(g)(3) (Election	*			
	may be required - see instructions)				
8	Excess distributions carryover from 2010	0.			
-	not applied on line 5 or line 7				, \$ 4. 人为一个人
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9:			* *	2 4 7 3
	Excess from 2011				
	Excess from 2012				A. A
	Excess from 2013				1 1 M 1 - 1 M
	Excess from 2014			8 V 4 7 1 1 1 1 4 8	
	Excess from 2015				
52358	1 11-24-15			* * * * * *	Form 990-PF (2015)
					Form 990-PF (2015)

Form 990-PF (2015) VALENTI	47-5309465 Page				
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2015, enter the date of	the ruling	▶ ـ		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for		N.			
each year listed		L	Í		
b 85% of line 2a	L	<u> </u>			
c Qualifying distributions from Part XII,		1	ľ		
line 4 for each year listed	L		<u> </u>	<u> </u>	
d Amounts included in line 2c not	ł.	l			
used directly for active conduct of	ł	1	ł		
exempt activities			l	_ <u> </u>	
e Qualifying distributions made directly	Ì	}	1		
for active conduct of exempt activities.	1	1	1		
Subtract line 2d from line 2c			<u> </u>		
3 Complete 3a, b, or c for the					
alternative test relied upon; a "Assets" alternative test - enter;					
(1) Value of all assets		<u></u>	<u> </u>	1	
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)				 	
b "Endowment" alternative test - enter 2/3 of minimum investment return	j		1	1	
shown in Part X, line 6 for each year listed				<u></u>	
c "Support" alternative test - enter;	1		!		
(1) Total support other than gross	Ì	1		ì	
investment income (interest, dividends, rents, payments on		1		1	
securities loans (section	}	\	,	- [
512(a)(5)), or royalties)	L	<u></u>			
(2) Support from general public		ĺ			
and 5 or more exempt organizations as provided in]		ļ	1	
section 4942(j)(3)(B)(iii)	L		<u></u>		
(3) Largest amount of support from	1	}	1		
an exempt organization	<u></u>				
(4) Gross investment income					
Part XV Supplementary Info			the foundation	had \$5,000 or mor	e in assets
at any time during t		uctions.)			
 Information Regarding Foundation List any managers of the foundation wh 	•	than 2% of the total contr	ibutions received by the	foundation before the close	of any tay
year (but only if they have contributed n			ibalions received by the	touridation before the close	or any tax
NONE		·			
b List any managers of the foundation wh other entity) of which the foundation ha	o own 10% or more of the s a 10% or greater interes	e stock of a corporation (cst.	or an equally large portio	n of the ownership of a par	tnership or
NONE					
2 Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
Check here X if the foundation of the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable o	organizations and does n	ot accept unsolicited reque	sts for funds. If
a The name, address, and telephone num	`				
a The name, address, and telephone num	ber or e-man address or t	ne person to whom applic	auons snould be addres	sea.	
L. The form on which applications about it	a nubwatted and informat	han and materials that ah	auld maluday		
b The form in which applications should t	e submitted and informat	and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographica	ıl areas, charitable fields, l	kınds of ınstitutions, or c	other factors:	
			,		- 000 55
523601 11-24-15					Form 990-PF (2015)

Form 990-PF (2015)
Part XV Su VALENTINE FAMILY FOUNDATION 47-5309465 Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of recipient Amount Name and address (home or business) Paid during the year NONE **▶** 3a Total 0. **b** Approved for future payment NONE Total **▶** 3b

523611 11-24-15 Form 990-PF (2015)

Part XVI-A	Analysis	of Income	-Producing	Activities
------------	----------	-----------	------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)		
gross and and annoted that will maistable	(a) Business	(b)	(C)	(d)	Related or exempt		
1 Program service revenue:	code	Amount	sion	Amount	function income		
a							
b	Ĺ <u></u>						
c	L	<u></u>	L_	<u> </u>			
d	ļ		L	<u> </u>			
e	L	<u> </u>	<u> </u>	<u> </u>			
f	<u> </u>	ļ	<u> </u>	<u> </u>			
g Fees and contracts from government agencies	ļ				 		
2 Membership dues and assessments		<u></u>	<u> </u>				
3 Interest on savings and temporary cash	1	}					
investments			ļ				
4 Dividends and interest from securities	<u> </u>		14				
5 Net rental income or (loss) from real estate:	1 1/2 1/2 1	VARANCE	· * * *	1 1 2 0 0 X X X X X X	7 * 8 4 No. 3c * 5		
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal	1		ĺ				
property	<u> </u>		.				
7 Other investment income		 	<u> </u>				
8 Gain or (loss) from sales of assets other	i		۱.,				
than inventory	 	<u> </u>	14	25,546.			
9 Net income or (loss) from special events	 	ļ	}_				
10 Gross profit or (loss) from sales of inventory			<u> </u>	<u> </u>			
11 Other revenue:		}	1				
8					ļ— —		
b		 					
c	ļ						
d							
e	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	-2 5	26 000			
12 Subtotal. Add columns (b), (d), and (e)	1 V 1	0.	1	26,008.			
13 Total. Add line 12, columns (b), (d), and (e)				¹³	26,008.		
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities to	the Acco	emplishment of Exe	empt	Purposes			
Line No. Explain below how each activity for which income	me is reported	in column (e) of Part XVI-Δ	contrit	outed importantly to the accom	nlishment of		
the foundation's exempt purposes (other than it			COMM	rated importantly to the accom-	pholinetti vi		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
							
							
							
							
——————————————————————————————————————							
							
		·					
							
							
				·			
							
							
							
							
				······································			
							
523621 11-24-15					Form 990-PF (2015)		

orm 990-PF (2		TINE FAMI				47-530		<u>Pa</u>	ige 13
Part XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	hips With Nonchar	table		
1 Did the or	ganization directly or indi	rectly engage in any	of the following	ng with any other organizati	ion described in sect	tion 501(c) of	4:33	Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									* 3.
a Transfers	from the reporting found	ation to a noncharita	ble exempt or	ganization of:					
(1) Cash							1a(1)		X
(2) Other	assets						1a(2)		X
b Other tran	sactions:								3
(1) Sales	of assets to a noncharita	ble exempt organiza	tion				16(1)		X
(2) Purci	hases of assets from a no	ncharitable exempt o	organization				16(2)		X
(3) Renta	al of facilities, equipment,	or other assets					16(3)		X
(4) Reim	bursement arrangements						1b(4)		_X_
(5) Loan	s or Ioan guarantees						1b(5)		X
(6) Perfo	rmance of services or me	mbership or fundrai	sing solicitatio	ns			1b(6)		X
•	f facilities, equipment, ma		•				10	1	<u>X</u>
or service	s given by the reporting fo	oundation. If the fou	ndation receive			market value of the goods, on or sharing arrangement, sl		ets,	
COIUMN (C	 the value of the goods, Amount involved 	,		e exempt organization	(d) Description	n of transfers, transactions, and s	haring are		
(a) Line no	(b) Amount involved	(c) Name o	N/A	cxempt or gamzation	(u) Descriptio	n of vansiers, vansactions, and s	naring arre	ngemen	ts
									
				· 					
		<u> </u>		<u></u>	- }				
		ļ							
		 							
		 							
				 /					
		· · · · · · · · · · · · · · · · · · ·							
ın section	ndation directly or indirect 501(c) of the Code (other complete the following sch	r than section 501(c	-	or more tax-exempt organ ion 527?	izations described		Yes	X] No
	(a) Name of org			(b) Type of organization	T	(c) Description of relations	מור		
	N/A					``			
					ļ				
Linder	panelties of persury I declared	hat I have examined this	return including	accompanying schedules and s	tatements, and to the he	et of my knowledge			
				taxpayer) is based on all informa	ation of which preparer h	as any knowledge May retu sho	the IRS d on with the wn below (preparer	, [
Sign	nature of officer or trustee			Date	Title				لـــــ
	Print/Type preparer's na	ıme	0 00	2016.	1 9a:01	Check If PTIN			
.	4		Show ?	· Johnson 09:22	-na -na'nn'	self- employed			
Paid	SAMUEL JOH		<u></u>	V 09.22	ا ٥٥٠- وم.		019		
Preparer Use Only	Firm's name ► CHE	KKY BEKAE	KT LLP			Firm's EIN ► 56-05	7444	14	
Ose Only	Firm's address ▶ 82	O MATH CO	ermo	1901		 			
		8 MAIN ST NCHBURG,	-			Phone no. 434-84	7-64	342	
	1	MCHIDONG,	VA 433	<u> </u>			rm 99 0		2015)
						10		/	_0 (0)

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

2015

Name of the organization

Employer identification number

VA	ALENTINE FAMILY FOUNDATION	<u>47-5309465</u>
Organization type (check o	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	
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	See instructions
Note: Only a section 50 (c)	(r), (o), or (ro) organization can check boxes for both the deficial null a special null	i. Ode instructions.
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling to one contributor. Complete Parts I and II. See instructions for determining a contributor's	•
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, o or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount 1, line 1. Complete Parts I and II.	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an artions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educa cruelty to children or animals. Complete Parts I, II, and III.	· ·
year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled monere the total contributions that were received during the year for an exclusively religious, complete any of the parts unless the General Rule applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box , charitable, etc.,
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

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) (2015)

Name of organization

Employer identification number

VALENTINE	FAMILY	FOUNDATION

_5300465

TINE FAMILY FOUNDATION		-3309465
Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
C. MICHAEL VALENTINE, MD 1487 LANGHORNE ROAD LYNCHBURG, VA 24503	\$\$ 310,600.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s	Person Payroll Oncash Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26-15	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2015)
	Contributors (see instructions). Use duplicate copies of Part I (b) Name, address, and ZIP + 4 C. MICHAEL VALENTINE, MD 1487 LANGHORNE ROAD LYNCHBURG, VA 24503 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) Total contributions C. MICHAEL VALENTINE, MD 1487 LANGHORNE ROAD LYNCHBURG, VA 24503 (b) (c) Total contributions (b) Name, address, and ZIP + 4 (c) Total contributions \$

Employer identification number

VALENTINE FAMILY FOUNDATION

47-5309465

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
	SECURITIES		
_1			
		\$ 310,600.	11/25/15
(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
3453 10-26		Schedule R /Form 9	90, 990-EZ, or 990-PF) (2

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

C. MICHAEL VALENTINE, MD

FORM 990-PF	DIVIDEND	S AND	INTER	EST F	ROM SECUR	ITIES	SI	TATEMENT 1
SOURCE	GROSS AMOUNT	(APITAL GAINS VIDENDS		(A) REVENUE ER BOOKS	(B) NET INV MENT IN		(C) ADJUSTED NET INCOME
STOCK	26,008	•	25,546	6.	462.		462.	
TO PART I, LINE 4	26,008		25,546	6. ===	462.		462.	
FORM 990-PF			TAXI	ES			SI	CATEMENT 2
DESCRIPTION		EXPE	A) NSES BOOKS	NET	(B) INVEST- INCOME	(C) ADJUSTI NET INCO		(D) CHARITABLE PURPOSES
FOREIGN TAXES			10.		0.			0.
TO FORM 990-PF, PG	L, LN 18		10.		0.			0.
	=			====				
FORM 990-PF		COL	RPORATE	E STO				'ATEMENT 3
		COL		E STO	CK	K VALUE		
FORM 990-PF DESCRIPTION SECURITIES		COI		3 STO	CK	K VALUE 336,300	FA	'ATEMENT 3
DESCRIPTION	F, PART II		RPORATE	E STO	CK		FA	'ATEMENT 3 IR MARKET VALUE
DESCRIPTION SECURITIES TOTAL TO FORM 990-PI		, LINI	RPORATE		CK BOO	336,300	FA	TATEMENT 3 IR MARKET VALUE 300,982.
DESCRIPTION SECURITIES	LIST OF	, LINI	RPORATE	L CON	CK BOO	336,300	FA	'ATEMENT 3 IR MARKET VALUE 300,982.

1487 LANGHORNE ROAD LYNCHBURG, VA 24503