# EXTENSION GRANTED TO 11/15/2018 2949120200906 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation on not enter social security numbers on this form on the foundation

Depa	rtment al Rev	t of the Treasury renue Service				rs.gov/Form990PF for inst				Open to Public Inspection
For	calen	dar year 2017	or tax year	beginning			, and e	nding		
Nar	ne of	foundation							A Employer identification	number
				NG FOUN				Room/suite	54-1324304	
_P	0 1	BOX 762	7					Hoom/suite	B Telephone number 434-973-43	33
-		own, state or pro		ntry, and ZIP or		oostal code 5 – 7 6 2 7			C If exemption application is p	ending, check here
		all that apply		Initial return		Initial return of a fi	ormer public o	harity	D 1. Foreign organizations	s, check here
			=	Final return Address change	9	Amended return  Name change			Foreign organizations me check here and attach co	eting the 85% test, emputation
H		type of organiz		X Section 50 pt charitable true	• •	xempt private foundation Other taxable private found	ation	of	E If private foundation sta under section 507(b)(1)	tus was terminated
I Fa		rket value of all			Account	ing method <sup>.</sup> X Cash	Accr	ual /	F If the foundation is in a	•
	om P •\$	Part II, col. (c), l	ine 16) 451	781 (Pa	O [] rt I, colur	ther (specify) mn (d) must be on cash bas	ıs.)	<del></del>	under section 507(b)(1)	(B), check here
_	ert I	Analysis of R (The total of amonecessarily equi	evenue and	d Expenses		(a) Revenue and expenses per books	(b) Net in	vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1			s, etc., received		40,000.			N/A	
	2			is not required to attac	h Sch B				<del></del>	
	3	Interest on saving cash investments				552.	ļ	552.	ļ	STATEMENT 1
$\vec{0}$	4	Dividends and	interest fro	m securities		7,181.	ļ	7,181.		STATEMENT 2
	-	Gross rents Net rental income	a or (loss)							<del> </del>
				assets not on line 1	0	70,815.			-	
Revenue	b	Gross sales price assets on line 6a	o for all	449,2						
eve	7	Capital gain net i		Part IV, line 2)			7	0,815.		
<u></u>	8	Net short-term		n						
	9 10a	Income modifi Gross sales less and allowances					ļ			
	l	Less Cost of goo	ods sold							
	I .	Gross profit or	_		_					
•	11	Other income		. •						
<u>5</u> _	12	Total. Add line	es 1 through	h 11		118,548.	7	<u>8,548.</u>		<u> </u>
	13	•		ctors, trustees, etc		0.		0.		0.
Z	14	Other employe		-						
Es	1	Pension plans, Legal fees	, employee	Dellelits		-				
₽å	Ь	Accounting fee	es	STMT	1 3	2,225.	<del></del>	0.	1 RI	2,225.
땑	C	Other professi		STMT		5,299.		5,299.	18/	0.
and Administrative Expens	17	Interest							18/ JUI	1/1-7
## ##	18	Taxes		STMI	' 5	263.		32.	6 20	· / 3/ 25.
<b>FINE STATE</b>	19	Depreciation a	nd depletio	n					OGD	
Œ	20	Occupancy Travel, conference	and and a	maatinaa					S/V. 1/7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
þ	21	Printing and p	•	neemys			-		<b></b>	<b>—</b>
ğ	23	Other expense		STMT	· 6	251.		0.		249.
atin	24	Total operation						·· <del>···································</del>		
Operating		expenses Ad	d lines 13 th	hrough 23		8,038.		5,331.		2,499.
0	25	Contributions,	-			191,000.		<del></del>	ļ	191,000.
	26	Total expense		ursements.		100 000		E 224		102 400
	27	Add lines 24 a Subtract line 2		12:	-	199,038.	<del> </del>	5,331.		193,499.
	27 a			IZ. ses and disbursem	ente	-80,490.			1	
	1			ses and dispursem finegative, enter -0		30,430.	7	3,217.		<del> </del>
	1	Adjusted net i							N/A	

Forr	ŋ <b>9</b> 9	90-PF (2017) THE BETTER LIVING FOUND			1324304 Page 2
Pa	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<del></del>
		Colomin Should be for the Cripture and the	(a) Book Value	(b) Book Value	(c) Fair Market Value
ſ		Cash - non-interest-bearing	50.000	26 412	26 412
\		Savings and temporary cash investments	52,220.	26,413.	26,413.
ŀ	3	Accounts receivable >			
ł		Less: allowance for doubtful accounts			
ļ	4	Pledges receivable -			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
1	_	disqualified persons			
i	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
Assets	8	Inventories for sale or use			<del></del>
Ass	9	Prepaid expenses and deferred charges	25 040		
		Investments - U.S. and state government obligations	25,048.	0.	0.
		Investments - corporate stock STMT 7	395,183.	365,548.	425,368.
		Investments - corporate bonds	··	<del></del>	<del></del>
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			<del></del>
		Investments - mortgage loans			
1	13	Investments - other			
	14	Land, buildings, and equipment: basis			
	4-	Less accumulated depreciation			<del></del>
		Other assets (describe )	-		<del></del>
	16	Total assets (to be completed by all filers - see the	470 451	201 061	451 701
-	47	instructions. Also, see page 1, item I)	472,451.	391,961.	451,781.
		Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue	-		
Ā	20	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable			
E	21	, ,			
	22	Other liabilities (describe			
	22	Total liabilities (add lines 17 through 22)	0.	0.	
-	23	Foundations that follow SFAS 117, check here	- 0.	<u> </u>	
		and complete lines 24 through 26, and lines 30 and 31.			
sa	24	Unrestricted			
ž	25	Temporarily restricted			
3ala	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31			
þ	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ASS	29	Retained earnings, accumulated income, endowment, or other funds	472,451.	391,961.	
Net	30	Total net assets or fund balances	472,451.	391,961.	
z		Total list access of folia balances	1,2,131.	331,301.	
	31	Total liabilities and net assets/fund balances	472,451.	391,961.	
				0,5-1,5-02-1	<del></del>
	arτ	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	l net assets or fund balances at beginning of year - Part II, column (a), line	30		
1	(mu	st agree with end-of-year figure reported on prior year's return)		1	472,451.
2	Ente	r amount from Part I, line 27a		2	-80,490.
		er increases not included in line 2 (itemize)		3	0,
4	Add	lines 1, 2, and 3		4	391,961.
5	Deci	reases not included in line 2 (itemize)	<del></del>		0.
6	Tota	ıl net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	391,961.
					Form <b>990-PF</b> (2017)

(a) List and describe 2-story brick wa					) Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)			
1a FIDELITY INVES	TMEN	rs-nominee				P			
b CHARLES SCHWAB					<u> </u>	P			
c CAPITAL GAINS	DIVI	DENDS			<del> </del>				<del></del>
<u>d</u>									<del></del>
<u>e                                      </u>		Danis and an all accord	(-) 0	t as other boos	۲		Щ_	(h) Com or (h	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis xpense of sale		<u> </u>	((	(h) Gain or (lo e) plus (f) min	us (g))
a 262,409.			ļ	236,60	$\overline{}$				25,809
b 173,171.				141,81	4.				31,357
c 13,649.			<del> </del>						13,649
<u>d</u>			<del> </del>						
Complete and for some about		column (h) and award by	the foundation	on 12/21/60				(0-1 (1-)	
Complete only for assets showing								ains (Col. (h) g ), but not less	
(i) FMV as of 12/31/69	•	(j) Adjusted basis as of 12/31/69		cess of col (1) col. (j), if any	j			osses (from co	
				(),,					25,809
<u>a</u> b			<del> </del>						31,357
c			<del> </del>						13,649
d		<del></del>							
e			<del> </del>						
<del></del>		C If name also anto	r in Part I line	7	7				
Capital gain net income or (net ca	pital loss	If gain, also ente If (loss), enter -0	)- ın Part I, line	7	}	2		<u> </u>	70,815
Net short-term capital gain or (los	ss) as defi	,							
If gain, also enter in Part I, line 8,			(0).		}	}			
If (loss), enter -0- in Part I, line 8  Part V   Qualification U		Section 4940(e) for	<del></del>			3		N	<u>'A</u>
For optional use by domestic private	foundati	ons subject to the section	4940(a) tax on	net investment ii	ncome	3.)	-		
			. (,			,			
If section 4940(d)(2) applies, leave the	his part bi	ank.							
Was the foundation liable for the sec	tion 4942	tax on the distributable ar	nount of any ye	ear in the base pe	rıod?				Yes X No
f "Yes," the foundation doesn't qualit									
1 Enter the appropriate amount in	each colu		instructions be	fore making any e					(4)
(a) Base period years	,	(b) Adjusted qualifying dis	etrihiitione	Net value of no	(C) nocha		ecate	Dis	(d) stribution ratio
Calendar year (or tax year beginni	ng in)							(001 (0)	divided by col (c))
2016			75,675. 56,373.			589,2 719,6			. 29814: . 23118
2015 2014			27,942.			905,0			• 25185
2014			6,340.			921,0			• 21315
2012			8,821.			999,3			. 20896
		<u></u>	, , , , , , , ,	· · · · · · · · · · · · · · · · · · ·					
2 Total of line 1, column (d)							1	2	1.20329
3 Average distribution ratio for the	5-vear ba	se period - divide the total	on line 2 by 5	0, or by the numb	er of	years			
the foundation has been in existe			•	•		•		3	.24066
		•							
								1 4 1	100 501
Enter the net value of noncharitat	ole-use as	sets for 2017 from Part X,	, lıne 5					<u> 4                                   </u>	488,581
4 Enter the net value of noncharitat	ole-use as	sets for 2017 from Part X,	, line 5					4	488,581
	ole-use as	sets for 2017 from Part X,	, line 5					5	
	ole-use as	sets for 2017 from Part X,	, line 5						117,582
5 Multiply line 4 by line 3			, line 5						117,582
5 Multiply line 4 by line 3 3 Enter 1% of net investment incor			line 5					5	117,582
5 Multiply line 4 by line 3 3 Enter 1% of net investment incor			line 5					5	117,582
5 Multiply line 4 by line 3 6 Enter 1% of net investment incor 7 Add lines 5 and 6	ne (1% o	f Part I, line 27b)	, line 5					5 6 7	117,582 732 118,314
4 Enter the net value of noncharitat 5 Multiply line 4 by line 3 6 Enter 1% of net investment incor 7 Add lines 5 and 6 8 Enter qualifying distributions from	ne (1% oi n Part XII	f Part I, line 27b) , line 4						5	488,581 117,582 732 118,314 193,499
5 Multiply line 4 by line 3 6 Enter 1% of net investment incor 7 Add lines 5 and 6	ne (1% oi n Part XII	f Part I, line 27b) , line 4		plete that part usi	ng a 1	% tax rate		5 6 7	117,582 732 118,314

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Part VI Excise Tax Based on Investment Income (Section 49	40(a), 4940(b), 4940(e), or					
1a Exempt operating foundations described in section 4940(d)(2), check here  and		1				
Date of ruling or determination letter: (attach copy of letter if no						
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1		7.	32.	
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	4% of Part I, line 12, col. (b).					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	2			0.	
3 Add lines 1 and 2		3		7	32.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4			0.	
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-		5		7	32.	
6 Credits/Payments;						
a 2017 estimated tax payments and 2016 overpayment credited to 2017		<u>) .  </u>				
<b>b</b> Exempt foreign organizations - tax withheld at source	6b C	<u> </u>				
c Tax paid with application for extension of time to file (Form 8868)	6c 1,550					
d Backup withholding erroneously withheld	[6d] C	<u>) .                                   </u>				
7 Total credits and payments. Add lines 6a through 6d		7		<u>1,5</u>	<u>50.</u>	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	8		_	<u>14.</u>	
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>9</b>				
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	004	10		8	04.	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	804 · Refunded ▶	<u> </u>			0.	
Part VII-A Statements Regarding Activities				Yes	No	
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	distation of did it participate of interve	ene in	40	163	X	
<ul><li>any political campaign?</li><li>b Did it spend more than \$100 during the year (either directly or indirectly) for political purp</li></ul>	acces? See the instructions for the de	of Institute	<u>1a</u> 1b		X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies		5111111011	10			
distributed by the foundation in connection with the activities.	s of any materials published of		1			
c Did the foundation file Form 1120-POL for this year?			1c		X	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t	he vear		"			
(1) On the foundation. > \$ (2) On foundation manage		).	1			
e Enter the reimbursement (if any) paid by the foundation during the year for political exper		<u> </u>	Ì			
managers. ▶ \$ 0.	,		-			
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.						
3 Has the foundation made any changes, not previously reported to the IRS, in its government	g instrument, articles of incorporation	n, or	ļ	[ [		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the y	ear?		4a		<u>X</u>	
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ır?		5		<u>X</u>	
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.				- ~	
<ul> <li>By language in the governing instrument, or</li> </ul>			- [			
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandat</li> </ul>	ory directions that conflict with the s	tate law	-	]		
remain in the governing instrument?			6	X		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	nplete Part II, col. (c), and Part XV		7	X		
6 Falsakia alaka kanada ka						
8a Enter the states to which the foundation reports or with which it is registered. See instruc	tions. $\blacktriangleright$		- [			
VA	Attornou Congrel (as descents)					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Autorney General (or designate)		01	X		
of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of	section 4042/i/(3) or 4042/i/(5) for	salandar	86	^		9
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," co		Jaionudi	9		y	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sche			10	<del>                                     </del>	X	
The second secon	The state of the s	F	orm 99	0-PF	(2017)	

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4a

X

N/A

of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

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

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

Form 990-PF (2017) THE BETTER LIVING FOUNDA		)	<u>54-13243</u>	04	P	age <b>6</b>
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be H	tequirea (contin	uea)		<u> </u>	- NI -
5a During the year, did the foundation pay or incur any amount to:			}		/es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No			
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		\		Ì	
any voter registration drive?		Ye	s X No		1	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	-	- 1	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section					
4945(d)(4)(A)? See instructions		Ye	s X No		1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo	or				
the prevention of cruelty to children or animals?	, , , , , , , , , , , , , , , , , , , ,		s X No	ļ	- }	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described in					
section 53.4945 or in a current notice regarding disaster assistance? See instr		Trogolationo	N/A	5b	ļ	
Organizations relying on a current notice regarding disaster assistance, check it				-		
· · · · · · · · · · · · · · · · · · ·		nad			l	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				ļ		
expenditure responsibility for the grant?	IN	/A Ye	s L No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
a personal benefit contract?		Ye	es X No	Ì	1	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		_	<u>6b</u>		<u> </u>
If "Yes" to 6b, file Form 8870.				}	)	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		N/A	7b		
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	1			
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.	<del> </del>				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	Expe	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acc	llowan	other
RICHARD L. NUNLEY	PRES/DIR					
PO BOX 7627						
CHARLOTTESVILLE, VA 22906-7627	2.00	0.	0.	1		0.
JULIA G. NUNLEY	SEC/TREAS/DIR			+		
PO BOX 7627	DIC, INDAD, DIN			ĺ		
CHARLOTTESVILLE, VA 22906-7627	1.00	o.	^			0.
			0.			<u> </u>
	DIRECTOR	]				
PO BOX 7627	4 00					•
CHARLOTTESVILLE, VA 22906-7627	1.00	0.	0.	-		0.
	DIRECTOR					
PO BOX 7627		_		1		
CHARLOTTESVILLE, VA 22906-7627	1.00	<u> </u>	0,	J		<u>0.</u>
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(al) 0-11-1-11-11	T .		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	acc	e) Expo	ense other
(4)	devoted to position	(C) componential	compensation	a	llowar	nces
NONE						
				_		
			l			
	]			1		
				1		
	1					
		<del></del>				
	1		[	1		
Total number of other employees paid over \$50,000		<del></del>				Ō
Total named of other employees paid of or woodood			Enra	990	DE	

Form **990-PF** (2017)

Part X Minimum Investment Return (All domestic foundations must complete this part f	Foreign foundations, se	a 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	453,593.
b Average of monthly cash balances	1b	453,593. 42,428.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	496,021.
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	496,021.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,440.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	488,581.
6 Minimum investment return Enter 5% of line 5	6	24,429.
Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(5) private operating for	undations and certain	
foreign organizations, check here  and do not complete this part )		
1 Minimum investment return from Part X, line 6	1	24,429.
2a Tax on investment income for 2017 from Part VI, line 5	732.	
b Income tax for 2017. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	732.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	23,697.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	23,697.
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	23,697.
Part XII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	193,499.
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:		
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	193,499.
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	732.
6 Adjusted qualifying distributions Subtract line 5 from line 4	6	192,767.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		
4940(e) reduction of tax in those years.	,	

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

· <del>-</del> -				
	(a) Corpus	(b) Years prior to 2016	(c) 2016	( <b>d</b> ) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				23,697.
2 Undistributed income, if any, as of the end of 2017			[	
a Enter amount for 2016 only			0.	
b Total for prior years		_	1	
,,		0.		<del></del>
3 Excess distributions carryover, if any, to 2017:			}	
a From 2012 160, 220.			ļ	
b From 2013 152, 761.				
c From 2014 184,735.			ĺ	
d From 2015 e From 2016 147,157.	}		}	
	776,811.			
f Total of lines 3a through e	170,011.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶\$ 193, 499.				
a Applied to 2016, but not more than line 2a	}		0.	
b Applied to undistributed income of prior	<del></del>		<del>``</del>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				23,697.
e Remaining amount distributed out of corpus	169,802.		<del> </del>	
5 Excess distributions carryover applied to 2017	0.			0.
(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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	946,613.			<del> </del>
b Prior years' undistributed income Subtract	j	_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.	1	
amount - see instructions				
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				
7 Amounts treated as distributions out of				<del></del>
corpus to satisfy requirements imposed by	ļ	}		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	160,220.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	786,393.			
10 Analysis of line 9:				
a Excess from 2013 152,761.		Ì		
b Excess from 2014 184, 735.	<b>}</b>		}	
c Excess from 2015 131, 938.			j	
d Excess from 2016 147, 157.				
e Excess from 2017 169, 802.				

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Form **990-PF** (2017)

	TER LIVING			54-13	24304 Page 10
Part XIV Private Operating Fo	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2017, enter the date of t	the ruling	<b>▶</b>		
b Check box to indicate whether the found	ation is a private operatir	ng foundation described i	n section	4942(j)(3) or49	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) 2017	(b) 2016	(c) 2015	(d) 2014	/(e) Tota I
investment return from Part X for					
each year listed				/	
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				,/	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(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					
c "Support" alternative test - enter:			<del>.</del>		
(1) Total support other than gross		/			
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)	/	ľ			
(2) Support from general public					
and 5 or more exempt		İ			
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				<del> </del>	
an exempt organization	L				
(4) Gross investment income	<del></del>				<del></del>
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during the				,	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	_	than 2% of the total cont	ributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 8					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	on of the ownership of a p	artnership or
NONE	<u>.</u>				
2 Information Regarding Contributi	on, Grant, Gift I gan	Scholarshin etc. Dr	ograms:		
Check here 🕨 🔲 If the foundation of	nly makes contributions	to preselected charitable	organizations and does r	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc ,			<del></del>	<del></del>	
a The name, address, and telephone numb	Jer or email address of th	ne person to whom applic	auons snould be addres	sea.	
SEE STATEMENT 9					
<b>b</b> The form in which applications should b	e submitted and informa	tion and materials they sl	nould include;		
c Any submission deadlines:					
d Any restrictions or limitations on awards	such as by neographic	al areas charitable fields	kinds of institutions or	other factore	
a rany restrictions of infinitations of awards	, sacii as by geograpiiic	ai ai 603, viiai liavie 116105,	minus or institutions, Of t	other lactors.	
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n (continued)			
	Payment		
If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
or substantial contributor	recipient		
N/A	PC	GENERAL PURPOSE OF	
		DONEE	
<del></del>		<del> </del>	1,000
N/A	PC	GENERAL PURPOSE OF	
	1	DONEE	
			5,00C
N/A	₽C	GENERAL PURPOSE OF	
		DONEE	
	<del> </del>	<del></del>	1,000
N/A	PC	GENERAL PURPOSE OF	
		DONEE	
			1,000
N/A	PC	GENERAL PURPOSE OF	
		DONEE	
			2,500
ONTINUATION SHE	ET(S)	<u>▶ 3a</u>	191 000
		1	
		1	
		+	
		<b>▶</b> 3b	0
	Year or Approved for Future  If recipient is an individual, show any relationship to any foundation manager or substantial contributor  N/A  N/A  N/A	Year or Approved for Future Payment	Year or Approved for Future Payment   It recipient is an individual to show any relationship of status of recipient   Purpose of grant or contribution   Purpose of ponee   Purpose of pon

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Tall Avi-A   Allalysis of moonic i roddoing Activities	Part XVI-A	Analysis of Income-Producing Activities
--	------------	---

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		section 512, 513, or 514	(e)
	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
c		<del></del>			
d					
e					
f	<u> </u>	<del></del> _			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash	<b>\</b>			550	
investments	<del> </del>	··	14	552.	
4 Dividends and interest from securities	<del></del>	<del></del>	14	7,181.	
5 Net rental income or (loss) from real estate:	<del></del>				
a Debt-financed property	<del></del>				
Not debt-financed property     Net rental income or (loss) from personal	<del></del>				
property					
7 Other investment income			<del>                                     </del>		<del></del> -
3 Gain or (loss) from sales of assets other			<del> </del>		
than inventory			18	70,815.	
9 Net income or (loss) from special events				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>
O Gross profit or (loss) from sales of inventory					<del></del>
1 Other revenue:					<del> </del>
a	}		<b>,</b> ,		
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		<u>————</u>	0.	78,548.	0
3 Total Add line 12, columns (b), (d), and (e)				13	78,548
See worksheet in line 13 instructions to verify calculations )		<del></del>			<del></del>
Part XVI-B Relationship of Activities t	o the Accom	plishment of	Exempt Po	ırposes	
Line No Explain below how each activity for which inco	me is reported in c by providing funds			importantly to the accomp	Irshment of

Line No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2017)

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orm 990-PF (2		ETTER LI	VING FO	UNDATION		54-132	4304	Page 13
Part XVII	Information Re Exempt Organi		nsfers to a	nd Transactions ar	nd Relationsh	nips With Noncha	ritable	
1 Did the ord			of the following	ig with any other organizatio	n described in secti	on 501(c)	T	es No
				g to political organizations?				
a Transfers	from the reporting foundat	tion to a nonchar	itable exempt or	ganization of:				
(1) Cash							1a(1)	X
(2) Other	assets						1a(2)	X_
<b>b</b> Other trans	sactions:							
	of assets to a noncharitab	, -					1b(1)	X
	ases of assets from a non	•	t organization				1b(2)	X
` '	l of facilities, equipment, o	or other assets					1b(3)	X
• •	bursement arrangements						1b(4)	X
	s or loan guarantees rmance of services or men	mharchin ar fundi	raicina calicitatio	200			1b(5) 1b(6)	X
, ,	f facilities, equipment, mail	•	-				1c	$\frac{\Lambda}{X}$
•		• ,		edule. Column (b) should alw	vavs show the fair n	narket value of the goods		
				ed less than fair market valu				٠,
	) the value of the goods, o				,	,		
a) Line no	(b) Amount involved	(c) Name	of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and	sharing arran	gements
			N/A					
				<del></del>				
					<del></del>	<del></del>		
					<del></del>	<u> </u>		
				<del></del> ,	<del> </del>			
					<del> </del>			
	<del></del>			<del></del>	<del> </del>			
<del></del>				·				
				<del> </del>	<del></del>			
	ndation directly or indirectl 501(c) (other than section	•	•	or more tax-exempt organiz	zations described	Γ	Yes	X No
	omplete the following sche		000110111 027			_		
	(a) Name of orga		· _ ·	(b) Type of organization		(c) Description of relations	ship	
	N/A							
1				ng accompanying schedules and in taxpayer) is based on all inform			ay the IRS dis	cuss this
Sign   and be Here		11ml	4	17/1/18	PDDGTT	sh	turn with the p	
<b>   </b>	nature of officer or trustee	10000	1	Date	PRESII	DENT.	X Yes	∐ No
	Print/Type preparer's nar		Preparer's s	ionature	Date	Check If PTIN		
	The type property of the	<i>V</i>		$\bigcap$	-1 1	self- employed		
Paid	ROBIN C. ST	WINK	Malun	n C. Swill	5/29/18		03982	36
Preparer	Firm's name ► HAN'		EBEL LI	P, CPA'S		Firm's EIN ► 54 – 0		
Use Only				, ~				_
	Firm's address ▶ 81	8 E. JEF	FERSON	ST., P.O. BO	X 1408			
	I .			VA 22902		Phone no. (434)	<u> 296-2</u>	156
		·		<del></del>			Form <b>990-</b>	

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## 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.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization Employer identification number 54-1324304 THE BETTER LIVING FOUNDATION Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** 🔟 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, 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.,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF)

religious, charitable, etc., contributions totaling \$5,000 or more during the year

purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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) (2017)

Employer identification number

#### THE BETTER LIVING FOUNDATION

54-1324304

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
1	BETTER LIVING, INC.  PO BOX 7627  CHARLOTTESVILLE, VA 22906	\$\$	Person X 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 I) 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
		s	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 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

Employer identification number

#### THE BETTER LIVING FOUNDATION

54-1324304

Part II	Noncash Property (see instructions) Use duplicate copies of F	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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-01-		ss	990, 990-EZ, or 990-PF) (20

Name of orga	nization	Employer identification number					
THE BE	TTER LIVING FOUNDATION	1	54-1324304				
Part III	Exclusively religious, charitable, etc., conthe year from any one contributor. Complete completing Part III, enter the total of exclusively religion.  Use duplicate copies of Part III if addition	Iributions to organizations described in a columns (a) through (e) and the followin is, charitable, etc., contributions of \$1,000 or less	section 501(c)(7), (8), or (10) that total more than \$1,000 for				
(a) No.	· · · · · · · · · · · · · · · · · · ·						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
.							
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	· · · · · · · · · · · · · · · · · · ·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
-	<del></del>						
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
] -							
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
-							
			·				
			0.1.1.0.15000.53000.55000				

Recipient  Name and address (home or business)	If recipient is an individual,			
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
LBEMARLE COUNTY POLICE FOUNDATION O. BOX 304	N/A	PC	GENERAL PURPOSE OF DONEE	
ROZET, VA 22932			DONEE	2,50
NNISFREE	N/A	PC	GENERAL PURPOSE OF	
505 WALNUT LEVEL ROAD			DONEE	
ROZET, VA 22932				3,00
MERICAN CANCER SOCIETY	N/A	PC	GENERAL PURPOSE OF	
445 E. RIO ROAD, SUITE 104 HARLOTTESVILLE, VA 22901			DONEE	E 00.
				5,000
MERICAN HEART ASSOCIATION	N/A	₽C	GENERAL PURPOSE OF	
217 PARK PLACE COURT	WA.		DONEE	
LEN ALLEN, VA 23060				2,50
MERICAN RED CROSS	N/A	PC	GENERAL PURPOSE OF	
105 ROSE HILL DRIVE			DONEE	
HARLOTTESVILLE, VA 22903				4,000
IG BROTHERS BIG SISTERS OF THE	Ñ/A	PC	GENERAL PURPOSE OF	
ENTRAL BLUE RIDGE			DONEE	
O. BOX 814				
HARLOTTESVILLE, VA 22902		<del> </del>		5,000
LUE RIDGE AREA FOOD BANK	NT / N	₽C	GENERAL BURDOGR OF	
O. BOX 937	N/A	PC	GENERAL PURPOSE OF DONEE	
ERONA, VA 24482				10,000
OY SCOUTS OF AMERICA	N/A	PC	GENERAL PURPOSE OF	
.O. BOX 813			DONEE	
AYNESBORO, VA 22980				3,000
WILDING GOODWING				
UILDING GOODNESS FOUNDATION O. BOX 4325	N/A	PC	GENERAL PURPOSE OF	
HARLOTTESVILLE VA 22905			DOMBE	3,000
AMP HOLIDAY TRAILS	N/A	₽C	GENERAL PURPOSE OF	
00 HOLIDAY TRAILS DRIVE			DONEE	
HARLOTTESVILLE VA 22903  Total from continuation sheets		<u> </u>		2,500 180,500

Part XV Supplementary Information	<del></del>			
3 Grants and Contributions Paid During the Yo		т		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
CHARLOTTESVILLE FREE CLINIC	N/A	PC	GENERAL PURPOSE OF	
1138 ROSE HILL DRIVE, #200	1		DONEE	
CHARLOTTESVILLE, VA 22903				5,000
CHARLOTTESVILLE-ALBEMARLE RESCUE	N/A	PC	GENERAL PURPOSE OF	
SQUAD			DONEE	
P.O. BOX 160			1	
CHARLOTTESVILLE VA 22902				3,000
CUIDCU OF OUR CAUTOUR	7.7	DC.		
CHURCH OF OUR SAVIOUR 1165 E. RIO ROAD	N/A	PC	GENERAL PURPOSE OF DONEE	
CHARLOTTESVILLE, VA 22901			DONEE	8,000
CLARENCE A. JONES SCHOLARSHIP	N/A	PC PC	GENERAL PURPOSE OF	
FOUNDATION			DONEE	
2071 AVIANO WAY				
CHARLOTTESVILLE VA 22911				500
DISABLED AMERICAN VETERANS	N/A	PC	GENERAL PURPOSE OF	
P.O. BOX 14301			DONEE	
CINCINNATI OH 45250	-			2,500
FELLOWSHIP OF CHRISTIAN ATHLETES	N/A	PC	GENERAL PURPOSE OF	
P.O. BOX 8290			DONEE	50/
CHARLOTTESVILLE, VA 22906				500
FLUVANNA COUNTY SPCA	N/A	₽C	GENERAL PURPOSE OF	
5239 UNION MILLS ROAD			DONEE	
TROY, VA 22974				2,000
-			-	
FLUVANNA MEALS ON WHEELS	N/A	PC	GENERAL PURPOSE OF	
105 CROFTON PLAZA, SUITE 8			DONEE	
PALMYRA, VA 22963				5,00
GIRL SCOUTS OF AMERICA	N/A	PC	GENERAL PURPOSE OF	
3663 PETERS CREEK ROAD, NW			DONEE	
ROANOKE VA 24019		<del> </del>		2,00
NOCRICE OF THE RIPHYOND	NI / D	mc.	DENERAL BURBOSE OF	
HOSPICE OF THE PIEDMONT 675 PETER JEFFERSON PARKWAY, SUITE 300	N/A	PC	GENERAL PURPOSE OF DONEE	
CHARLOTTESVILLE VA 22911			DONEE	2,50
Total from continuation sheets		4		2,50

3 Grants and Contributions Paid During the	<del></del>	<del>_</del>	<del></del>	
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
<u> </u>	or substantial contributor	recipient		
TORREDGOV, AREA ROADD FOR ACTIVO				
JEFFERSON AREA BOARD FOR AGING	N/A	PC	GENERAL PURPOSE OF	
74 HILLSDALE DRIVE, SUITE 9 CHARLOTTESVILLE, VA 22901			DONGE	5.0
ALLEN TO THE PARTY OF THE PARTY		ļ. <del>.</del>		
MADISON HOUSE	N/A	PC	GENERAL PURPOSE OF	
170 RUGBY ROAD			DONEE	
CHARLOTTESVILLE VA 22903				3,00
MEALS ON WHEELS	N/A	₽C	GENERAL PURPOSE OF	
2270 IVY ROAD			DONEE	
HARLOTTESVILLE, VA 22903		<del> </del>		5,00
MONTICELLO AREA COMMUNITY ACTION	N/A	PC	GENERAL PURPOSE OF	
AGENCY		1	DONEE	
1025 PARK STREET				
CHARLOTTESVILLE, VA 22901	<del></del>			5,00
MUSCULAR DYSTROPHY ASSOC.	N/A	PC	GENERAL PURPOSE OF	
1503 SANTA ROSA DRIVE #120			DONEE	
HENRICO, VA 23229				1,00
NATIONAL M.S. SOCIETY	N/A	PC	GENERAL PURPOSE OF	
1020 CARRINGTON PLACE			DONEE	
CHARLOTTESVILLE, VA 22901		<u> </u>	-	1,50
PACEM	N/A	PC PC	GENERAL PURPOSE OF	
P.O. BOX 14			DONEE	
CHARLOTTESVILLE VA 22902		<del> </del>		2,50
ATTENDOM OLGA TIM	.,,			
PIEDMONT CASA, INC. P.O. BOX 603	N/A	PC	GENERAL PURPOSE OF DONEE	
CHARLOTTESVILLE VA 22902			DONEE	1,50
PIEDMONT FAMILY YMCA	N/A	PC	GENERAL PURPOSE OF	15
442 WESTFIELD ROAD			DONEE	
CHARLOTTESVILLE VA 22901			+	25,00
PIEDMONT VIRGINIA COMMUNITY COLLEGE	N/A	PC	GENERAL PURPOSE OF	
501 COLLEGE DRIVE			DONEE	
CHARLOTTESVILLE VA 22902	<u> </u>	1		1,50

Part XV Supplementary Informat	ion			
3 Grants and Contributions Paid During th	e Year (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
		1		
READYKIDS	N/A	₽C	GENERAL PURPOSE OF	
1000 EAST HIGH STREET	, A		DONEE	
CHARLOTTESVILLE VA 22902			DONEE	5.00
.narloitesville, va 22302		<del>  -:                                   </del>		3,00
RONALD MCDONALD HOUSE	N/A	PC	GENERAL PURPOSE OF	
300 9TH STREET, SW			DONEE	
HARLOTTESVILLE, VA 22903		-		3,00
SARA	N/A	PC	GENERAL PURPOSE OF	
P.O. BOX 1565			DONEE	
CHARLOTTESVILLE, VA 22902				1,00
SENIOR CENTER	N/A	PC	GENERAL PURPOSE OF	
180 PEPSI PLACE			PONEE	
CHARLOTTESVILLE, VA 22901		<del></del>		2,50
SHELTER FOR HELP IN EMERGENCY	N/A	₽C	GENERAL PURPOSE OF	<b>,</b>
P.O. BOX 1013			DONEE	
CHARLOTTESVILLE, VA 22902		<del></del>	<del></del>	5.00
THE EMERGENCY FOOD BANK	N/A	₽C	GENERAL PURPOSE OF	
P.O. BOX 4373			DONEE	
CHARLOTTESVILLE, VA 22905				5,00
THE HAVEN	N/A	PC	GENERAL PURPOSE OF	
112 W. MARKET STREET			DONEE	
CHARLOTTESVILLE, VA 22902		<del> </del>		1,00
THE SALVATION ARMY	N/A	PC	GENERAL PURPOSE OF	
P.O. BOX 296			DONEE	
CHARLOTTESVILLE VA 22902			<del></del>	15,00
THOMAS JEFFERSON YOUTH FOOTBALL	N/A	PC	CEMPONI DIIDOGE OF	
LEAGUE	N/A	F-C	GENERAL PURPOSE OF DONEE	
350 PANTOPS SHOPPING CENTER			501100	
CHARLOTTESVILLE VA 22911		<u> </u>		1,00
ATROLINA DIGOGRAPIA MAGALLA				
VIRGINIA DISCOVERY MUSEUM	N/A	PC	GENERAL PURPOSE OF	ļ
P.O. BOX 1128			DONEE	
HARLOTTESVILLE VA 22902			_	1.00

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
VIRGINIA INSTITUTE OF AUTISM 1414 WESTWOOD ROAD CHARLOTTESVILLE, VA 22903-5149	N/A	PC	GENERAL PURPOSE OF	1,000
, , , , , , , , , , , , , , , , , , , ,				
SPECIAL OLYMPICS VIRGINIA - REGION 8 1600 5TH STREET, SUITE D CHARLOTTESVILLE, VA 22902	N/A	PC	GENERAL PURPOSE OF DONEE	1,000
THE BRIDGE MINISTRY P.O. BOX 2402 CHARLOTTESVILLE, VA 22902	N/A	₽C	GENERAL PURPOSE OF DONEE	1,500
UNITED WAY 806 E. HIGH STREET CHARLOTTESVILLE, VA 22902	N/A	₽C	GENERAL PURPOSE OF DONEE	10.000
				·· <del></del>
THE SOHO CENTER 1564 WEST HOOVER ROAD MADISON, VA 22727	N/A	PC	GENERAL PURPOSE OF	5,000
•	_			<del> </del>
		\$ •		
Total from continuation sheets				

FORM 990-PF INTERES	ST ON SAVIN	IGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A REVEI PER B	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOM	ε
CHARLES SCHWAB-NOMIN		5 <b>4</b> 6.					
TOTAL TO PART I, LIN	NE 3		552.		552.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
CHARLES SCWHAB-NOMINEE FIDELITY INVESTMENTS-NOMINE	860.		0.	860.	86	0.	
	19,970	13,64	9.	6,321.	6,32	11.	
TO PART I, LINE 4	20,830	13,64	9.	7,181.	7,18	:1.	
FORM 990-PF		ACCOUNTI	NG FEES	5		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		3) NVEST- INCOME	(C) ADJUSTED NET INCOM		
FORM 990-PF TAX PRE	P FEE	2,225.		0.		2,2	25.
TO FORM 990-PF, PG	 1, LN 16B	2,225.		0.	<del></del>	2,2	 25.

FORM 990-PF C	THER PROFES	SIONAL FEES	S	FATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WEBER ASSET MANAGEMENT FEE SCHWAB BROKERAGE FEE	4,461.			0.
TO FORM 990-PF, PG 1, LN 16C	5,299.	5,299.		0.
FORM 990-PF	TAX	ES	S	ratement 5
DESCRIPTION .	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
REGISTRATION AND FRANCHISE TAX EXCISE TAX PAYMENT FOREIGN TAXES	25. 206. 32.	0. 0. 32.		25. 0. 0.
TO FORM 990-PF, PG 1, LN 18	263.	32.		25.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DUES BANK SERVICE CHARGES	225. 26.			225. 24.
TO FORM 990-PF, PG 1, LN 23	251.	0.		249.

FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
FIDELITY CONTRAFUND-	FCNTX	44,204.	62,801.
FIDELITY SELECT INDU	STRIALS PORT-FCYIX	27,847.	34,169
FIDELITY SELECT TECH	NOLOGY-FSPTX	43,682.	61,816.
FIDELITY SELECT CNSM	ER DSCRTNRY PORT-FSCPX	31,009.	36,393.
FIDELITY LARGE CAP V	ALUE ENHANCED (FLVEX)	69,153.	69,627.
FIDELITY OVERSEAS (F	OSFX)	27,726.	29,341.
FIDELITY SELECT HEAL	TH CARE (FSPHX)	32,658.	32,312.
FIDELITY SELECT FINA		55,849.	62,830.
FIDELITY SELECT CHEM	ICALS (FSCHX)	33,420.	36,079.
TOTAL TO FORM 990-PF	, PART II, LINE 10B	365,548.	425,368.
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGE	ERS	STATEMENT 8

#### NAME OF MANAGER

RICHARD L. NUNLEY JULIA G. NUNLEY JOHN G. NUNLEY

FORM 990-PF

#### GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

RICHARD L. NUNLEY PO BOX 7627 CHARLOTTESVILLE, VA 22906-7627

TELEPHONE NUMBER

434-973-4333

#### FORM AND CONTENT OF APPLICATIONS

APPLICATION SHOULD BE IN WRITING AND INCLUDE DESCRIPTION AND EXEMPT STATUS OF ORGANIZATION AND NATURE OF REQUEST.

ANY SUBMISSION DEADLINES

NONE.

RESTRICTIONS AND LIMITATIONS ON AWARDS

GRANTS ARE ONLY MADE TO PUBLIC CHARITIES - NO GRANTS ARE MADE TO INDIVIDUALS.